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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2300 CHILDRENS PLAZA BOX 268

City or town, state or country, and ZIP + 4
CHICAGO, IL 606143394

D Employer identification number
36-3357004

E Telephone number
(312) 573-4578

G Gross receipts $ 35,298,178

F Name and address of Principal Officer
PAULA M NOBLE
2300 CHILDRENS PLAZA BOX 268
CHICAGO, IL 606143394

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW CHILDRENSMEMORIAL ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1984

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ESTABLISH, DEVELOP, PROMOTE & CONDUCT EDUCATIONAL PROGRAMS, SCIENTIFIC RESEARCH, HEALTHCARE FACILITIES & OTHER CHARITABLE & EDUCATIONAL ACTIVITIES DEVOTED TO HEALTH & WELFARE SERVICES TO INFANTS & CHILDREN

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	98
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	92
5	Total number of employees (Part V, line 2a)	5	183
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,607,598	3,594,207
9	Program service revenue (Part VIII, line 2g)	29,488,814	31,703,971
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	476,936	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,573,348	35,298,178
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,794,569	26,047,037
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,840,836	8,906,963
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	33,635,405	34,954,000
19	Revenue less expenses Subtract line 18 from line 12	1,937,943	344,178
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	5,868,048	6,263,464
21	Total liabilities (Part X, line 26)	2,833,249	3,596,558
22	Net assets or fund balances Subtract line 21 from line 20	3,034,799	2,666,906

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

▶ Signature of officer — Date: 2010-07-12

▶ Paula M Noble CFO & Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 233 SOUTH WACKER DRIVE CHICAGO, IL 60606			EIN ▶ Phone no ▶ (312) 879-2000

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 32,372,090 including grants of $) (Revenue $ 31,703,971)

The Children's Memorial Medical Center an Illinois not-for-profit corporation, is the sole member of The Children's Memorial Hospital (the "Hospital"), which, owns and operates the only full-service, independent, freestanding pediatric hospital in Illinois, with 270 licensed beds as well as a full range of inpatient and outpatient care and related ancillary services This not-for-profit, tertiary care hospital, founded in 1882, provides patient care 24 hours per day, 7 days per week The Hospital provides more care than any other hospital provider in Illinois in nearly every pediatric medical and surgical specialty As a major academic tertiary care medical center, the Hospital has served patients from every county in Illinois, as well as patients from every state and 36 countries The Hospital is a designated Level I pediatric trauma center for the City of Chicago, with a Level III neonatal nursery that serves as a regional referral center in the State of Illinois Perinatal Network The Hospital's ability to treat the most critically ill infants in its neonatal intensive care unit ("NICU") is demonstrated by statistics for fiscal year 2009 which show that 53% of all transports into its NICU were from other Level III nurseries in metropolitan Chicago and the Hospital treated three times more NICU babies with complex problems than the next leading hospital in metropolitan Chicago The Hospital has also been ranked among the best in the nation in a U S News & World Report opinion-based survey of top pediatric hospitals for the past three years The Hospital is the home to the world's first pediatric center for Autonomic Medicine and was the first pediatric hospital in Illinois to perform the Berlin Heart procedure, a breakthrough technology that helps children awaiting heart transplants In the fiscal year ending August 31, 2009, the Hospital, through nearly 505,000 patient visits, served more than 140,000 children who came from all over the State of Illinois and beyond to access the more than 70 specialties offered by the Hospital During this period there were 12,210 inpatient admissions In addition, there were over 498,771 outpatient visits, including 279,566 outpatient visits at the Lincoln Park campus, 103,593 outpatient visits at satellite facilities, 94,064 emergency room visits and 6,015 observation visits in Lincoln Park and our satellite facilities There were also 20,049 surgical procedures performed in our Lincoln Park and satellite facilities The Hospital is the largest provider of Medicaid services to Illinois children In total, during the State of Illinois' fiscal year 2009, the Hospital provided approximately 59% more outpatient and inpatient Medicaid services and 75% more of all Medicaid services than the next highest Illinois hospital The Hospital's pediatric-specialist physicians provide more specialty care to children insured by the State of Illinois' All Kids (Medicaid) program than any other specialty care provider The Hospital maintains a charity care policy under which it provides healthcare services free of charge or at a greatly reduced rate to children whose families are unable to pay for the charges associated with their medical care For the fiscal year ended August 31, 2009, the total unreimbursed care and community benefit provided by the Hospital and its affiliates was approximately $96 million, including $59 8 million in costs associated with unreimbursed services provided by the Hospital and its affiliated physician groups to children on Medicaid and $36 2 million for charity care and other community benefit including, but not limited to, resident and fellow expenses ($14 0 million), research funding ($4 6 million), operation of a community clinic support ($3 2 million), child advocacy programs ($643 thousand) and the provision of language assistance, pastoral care, social work, art and music therapies, hospital volunteer services, transplant family housing and other family support services ($7 4 million) The Hospital undertakes a broad range of services and activities in addition to patient care that support its charitable mission The Hospital functions as a teaching and research institution whose efforts have contributed considerably to improvements in the quality of life and healthcare for children The Hospital supports community medical needs through a variety of outreach programs and educational programs In December 2001, the Hospital became the first pediatric hospital in the nation and the first hospital in Illinois to receive the Magnet Award from the American Nurses Credentialing Center The Hospital was awarded this designation again in November 2005 Only 6% of the nation's hospitals currently hold this distinction The Hospital is one of the major pediatric teaching hospitals in the U S , serving as the pediatric teaching facility and the primary pediatric practice site of Northwestern University's Feinberg School of Medicine ("NUFSM") for resident physicians, fellows and medical students in pediatric specialties and sub-specialties This program is consistently one of the most sought after in the country In academic year 2010, 1,123 individuals applied for the 31 available positions Including the NUFSM pediatric residents and fellows, the Hospital has 113 residents and 95 fellows in various training programs The Hospital also offers clinical experiences in pediatrics to medical students, nursing students, and students in other allied health fields The Hospital is affiliated with 20 nursing education programs In fiscal year 2009, there were 1,000 student placements, including 273 third and fourth year medical students, 380 nursing students, and 347 allied health students The Hospital is undertaking the development, construction and equipping of a new, 288-licensed bed, acute care, pediatric hospital to replace its existing hospital facilities which will be named the "Ann & Robert H Lurie Children's Hospital of Chicago " This new facility, in close proximity to NUFSM, will facilitate the Hospital's ability to continue to build upon its academic and research ties in a family-centered environment and state-of-the-art pediatric care facility that will foster the provision of compassionate care The Hospital's role as a regional referral center for a variety of pediatric diseases and illnesses has created many research opportunities to study and treat them and the Hospital's research arm, Children's Memorial Research Center, is one of the nation's few centers dedicated solely to pediatric research See the tax information return of the Hospital's affiliate, Children's Memorial Research Center [36-3357005] Alone, or in conjunction with other community partners, the Hospital provides programs to support the health and well-being of children in our local community and beyond involving patient care and prevention, research, education and advocacy Much of the Hospital's community work is in schools, particularly for children with special health and learning needs and the capacities of school personnel serving them In the past 15 years, the Hospital has served more than 15,000 children and faculty of the Chicago Public Schools to enhance the health and safety programs and accommodations of chronically ill children Programs address specific conditions such as epilepsy, ADHD, HIV infection, and impaired hearing Other programs educate personnel about advanced medical technologies and aiding children transitioning from the hospital setting back to school Other community health activities include a partnership by Hospital hematologists with the American Red Cross Blood Services to launch a cooperative sickle cell blood donor program to increase the number of blood donations by African Americans to help children with sickle cell disease who require frequent blood transfusions The Hospital is a driving member of the Consortium to Lower Obesity in Chicago Children (CLOCC) to confront childhood obesity in Chicago CLOCC is currently working with the City of Chicago to promote healthy eating and physical activity and is also piloting programs in Englewood, Humboldt Park, Lower West Side, Rogers Park, West Garfield Park, and West Town neighborhoods in Chicago The Hospital operates an Injury Prevention and Research Center to educate and to improve public policy and foster protective environments, in addition to coordinating injury prevention initiatives at the Hospital The Hospital also has developed programs to teach children sports injury prevention The Hospital's Consortium for Children with Complex Medical Needs seeks to assist children with special health care needs to overcome barriers in obtaining care by assuring a medical home, building alliances to facilitate increased access to care and services, raising awareness, and helping those children to obtain the services needed to transition to adulthood The Hospital participates in a community partnership to create a one-stop

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses $ 32,372,090 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	183		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 98		
b	Enter the number of voting members that are independent . .	1b 92		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAULA M NOBLE
2300 CHILDRENS PLAZA BOX 268
CHICAGO,IL 606143394
(312) 573-4578

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								2,352,630	3,990,595	1,650,514

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 76

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
WELL CARE NEONATOLOGISTS SC 36W128 SILVER GLEN CT ST CHARLES, IL 60175	NEONATOLOGY PHS SVCS	1,191,417
MEDCENTRIX INC 15620 S WOOD ST HARVEY, IL 60426	BILLING SERVICES	796,775
NORTHWESTERN MEDICAL FACULTY FOUNDA 375 N ST CLAIR CHICAGO, IL 60611	PHYSICIAN SERVICES	523,463
SPRINGFIELD SERVICE CORP 2960 PROFESSIONAL DRIVE SPRINGFIELD, IL 62703	BILLING SERVICES	325,820
NORTHSHORE UNIVERSITY 1301 CENTRAL EVANSTON, IL 60201	NEONATOLOGY SERVICES	193,827

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	3,594,207			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	3,594,207			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REVENUE	622,110	17,288,137	17,288,137	
	b	OTHER OPERATING INCOME	622,110	5,433,220	5,433,220	
	c	Medicaid	622,110	4,541,173	4,541,173	
	d	Medical Administration and Training	923,110	4,255,187	4,255,187	
	e	Grant Recoveries	622,110	186,254	186,254	
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 31,703,971				
	3	Investment income (including dividends, interest other similar amounts) ▶	0			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶	$ 0			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	35,298,178	31,703,971		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	534,970	534,970		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	21,085,041	20,463,820		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	445,363	425,801	19,562	
9 Other employee benefits	2,888,999	2,762,102	126,897	
10 Payroll taxes	1,092,664	1,054,110	38,554	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	27,000		27,000	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	0			
g Other	103,516	103,501	15	
12 Advertising and promotion	0			
13 Office expenses	71,494	16,294	55,200	
14 Information technology	7,492	7,492		
15 Royalties . .	0			
16 Occupancy	2,208	2,208		
17 Travel	140,049	140,049		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	4,215	4,215		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	1,747,832	1,723,232	24,600	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Patient expenses	2,104,827	2,104,827		
b Bad debt provision	1,906,644	1,906,644		
c Billing and collection fees	1,668,861		1,668,861	
d Plan tax	802,541	802,541		
e Dues and licenses	113,367	113,367		
f All other expenses	206,917	206,917		
25 **Total functional expenses.** Add lines 1 through 24f	34,954,000	32,372,090	2,581,910	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	335,117	1	1,528,297
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,695,522	4	3,064,934
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis (10a)			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* (10b)		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	120,000	13	120,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	1,717,409	15	1,550,233
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	5,868,048	16	6,263,464
Liabilities	17	Accounts payable and accrued expenses	2,833,249	17	3,596,558
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	2,833,249	26	3,596,558
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,034,799	27	2,666,906
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,034,799	33	2,666,906
	34	Total liabilities and net assets/fund balances	5,868,048	34	6,263,464

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Employer identification number
36-3357004

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE CHILDREN'S MEMORIAL HOSPITAL	362170833	03	Yes		Yes		Yes		32372090
THE CHILDREN'S MEMORIAL FOUNDATION	363357006	07	Yes		Yes		Yes		0
Total									32,372,090

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 36-3357004
Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
John J Allen , Director	10	X						0	0	0
Stephen W Baird , Director	10	X						0	0	0
William L Bax , Director	10	X						0	0	0
Peter B Bensinger , Director	10	X						0	0	0
William J Best , Director	10	X						0	0	0
Barbara L Bowles , Director	10	X						0	0	0
Jill Brennan , Director	10	X						0	0	0
David Bunning , Director	10	X						0	0	0
Robert F Carr III , Director	10	X						0	0	0
Gregory C Case , Director	10	X						0	0	0
John A Challenger , Director	10	X						0	0	0
Alan Chapman , Director	10	X						0	0	0
Mrs Charles F Clarke Jr , Director	10	X						0	0	0
Michelle L Collins , Director	10	X						0	0	0
Kevin M Connelly , Director	10	X						0	0	0
John D Cooney , Director	10	X						0	0	0
John M Crocker Jr , Vice Chair & Director	10	X						0	0	0
LESTER CROWN , Director	10	X						0	0	0
Paula H Crown , Director	10	X						0	0	0
Leticia Peralta Davis , Director	10	X						0	0	0
Susan DePree , Director	10	X						0	0	0
James DeRose , Director	10	X						0	0	0
William J Devers Jr , Director	10	X						0	0	0
Charles W Douglas , Director	10	X						0	0	0
Dennis J Drescher , Director	10	X						0	0	0
Tyrone C Fahner , Director	10	X						0	0	0
Diana S Ferguson , Director	10	X						0	0	0
Michael W Ferro Jr , Director	10	X						0	0	0
John S Gates Jr , Director	10	X						0	0	0
Laurence S Geller , Director	10	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Bert A Getz Jr , Director	1 0	X						0	0	0
Thomas P Green MD , Ex-officio dir/pres& chair pff	1 0	X						0	600,348	34,375
David D Grumhaus , Director	1 0	X						0	0	0
Arlington Guenther , Director	1 0	X						0	0	0
Joseph D Gutman , Director	1 0	X						0	0	0
Bruce R Hague , Director	1 0	X						0	0	0
Paul F Hanzlik , Director	1 0	X						0	0	0
Brett J Hart , Director	1 0	X						0	0	0
Mary JC Hendrix PhD , Ex-Off Dir w/vote/pres/sci off	1 0	X						0	558,074	27,833
Daniel J Hennessy , Vice Chair & Director	1 0	X						0	0	0
Gary E Holdren , Director	1 0	X						0	0	0
Charles H James III , Director	1 0	X						0	0	0
J Larry Jameson MD , Ex-Officio Director w/vote	1 0	X						0	0	0
Kirk B Johnson , Director	1 0	X						0	0	0
Bennet A Kaye MD , Ex-Officio Director w/vote	1 0	X						0	0	0
George D Kennedy , Director	1 0	X						0	0	0
Anthony K Kesman , Director	1 0	X						0	0	0
Richard P Kiphart , Director	1 0	X						0	0	0
Fred L Krehbiel , Director	1 0	X						0	0	0
Adam A Kriger , Director	1 0	X						0	0	0
William Lamar Jr , Director	1 0	X						0	0	0
Gerald R Lanz , Director	1 0	X						0	0	0
Eric Lefkofsky , Director	1 0	X						0	0	0
Luis Lewin , Director	1 0	X						0	0	0
Lyle Logan , Director	1 0	X						0	0	0
Shelley A Longmuir , Director	1 0	X						0	0	0
Ann Lurie , Director	1 0	X						0	0	0
Patrick M Magoon , ex-officio dir/ceo, cmh/cmmc	1 0	X		X				0	1,169,205	633,750
Mitchell J Manassa , Director	1 0	X						0	0	0
John F Manley , Vice-Chair & Director	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Peter D McDonald , Director	1 0	X						0	0	0
Jack L McGinley , Director	1 0	X						0	0	0
Andrew J McKenna , Director	1 0	X						0	0	0
William J McKenna , Director	1 0	X						0	0	0
Andrew McNally IV , Director	1 0	X						0	0	0
James J McNulty , Director	1 0	X						0	0	0
Louise C Mills , Director	1 0	X						0	0	0
Robert S Murley , Vice Chair & Director	1 0	X						0	0	0
Leslie Newman , Ex-Officio Dir w/vote	1 0	X						0	0	0
Edward S Ogata MD , Ex-Officio director/cmo, cmh	1 0	X						0	590,128	233,190
Peer Pedersen , Vice-Chair & Director	1 0	X						0	0	0
Elizabeth Perlman MD , Ex-Off dir w/vote & chair	40 0	X						445,470	0	87,859
Lorna S Pfaelzer , Director	1 0	X						0	0	0
David C Pisor , Director	1 0	X						0	0	0
Ashish Prasad , Director	1 0	X						0	0	0
Gerald D Putnam , Director	1 0	X						0	0	0
Andrea Redmond , Director	1 0	X						0	0	0
Susan Regenstein , Director	1 0	X						0	0	0
Thomas R Reusche , Director	1 0	X						0	0	0
J Christopher Reyes , CMMC/CMH Chair	1 0	X						0	0	0
Marleta Reynolds MD , Ex-Officio Director w/vote	1 0	X						0	0	0
Peter C Roberts , Director	1 0	X						0	0	0
Manuel Sanchez , Director	1 0	X						0	0	0
Deborah M Sawyer , Director	1 0	X						0	0	0
H William Schnaper MD , Ex-Officio Director/PFF MD	1 0	X						0	278,900	32,869
Mrs Donald Shoemaker , Director	1 0	X						0	0	0
Stephen A Smith , Director	1 0	X						0	0	0
Thomas S Souleles , Director	1 0	X						0	0	0
Stephen T Steers , Director	1 0	X						0	0	0
Edward S Traisman MD , Ex-Officio Director w/vote	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Monsignor Kenneth Velo , Director	1 0	X						0	0	0
Matthew Walsh , Director	1 0	X						0	0	0
Edward J Wehmer , Director	1 0	X						0	0	0
Brian E Williams , Director	1 0	X						0	0	0
Linda S Wolf , Director	1 0	X						0	0	0
Gary Wolfson , Ex-Officio Director w/vote	1 0	X						0	0	0
James Wooten Jr , Director	1 0	X						0	0	0
Ms Jia Zhao , Director	1 0	X						0	0	0
Paula M Noble , CFO/Treasurer/cmmc& affiliates	1 0			X				0	460,025	140,050
Donna S Wetzler , gen cnsl&corp sec/cmmc&afflts	1 0			X				0	333,915	110,093
James Donaldson MD , chief radiologist	40 0					X		528,125	0	161,135
FRANCINE M KIM , Staff Radiologist	40 0					X		351,396	0	35,023
JEFFREY L LOUGHEAD , attending physician	40 0					X		355,410	0	45,068
CYNTHIA K RIGSBY , Division head, body imaging	40 0					X		327,804	0	53,269
RICHARD M SHORE , Staff Radiologist	40 0					X		344,425	0	56,000

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SERVICE REVENUE	622,110	17,288,137	17,288,137		
b OTHER OPERATING INCOME	622,110	5,433,220	5,433,220		
c Medicaid	622,110	4,541,173	4,541,173		
d Medical Administration and Training	923,110	4,255,187	4,255,187		
e Grant Recoveries	622,110	186,254	186,254		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

We are dedicated to the health and well-being of all children. As the pediatric teaching facility for Northwestern Universitys Feinberg School of Medicine, this commitment drives us to be a leader in: - Pediatric health care delivery - Research into the prevention, causes and treatment of diseases that affect children - Education for physicians, nurses and allied health professionals - Advocacy for Children As a charitable organization, we serve children and their families to the best of our abilities and to the limits of our resources.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Employer identification number
36-3357004

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

b If "Yes," explain why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM CDH	433,507
MISCELLANEOUS	411,278
Due from NCH	213,989
DUE FROM LA RABIDA	158,773
DUE FROM SCH	134,484
DUE FROM CMH	76,025
DUE FROM SILVER CROSS	58,252
DUE FROM SHERMAN	46,581
DUE FROM WSH	17,344
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,550,233

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Employer identification number
36-3357004

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James Donaldson MD	(i)	418,456	109,669	0	140,350	20,785	689,260	0
	(ii)	0	0	0	0	0	0	0
Thomas P Green MD	(i)	0	0	0	0	0	0	0
	(ii)	453,234	147,114	0	23,000	11,375	634,723	0
Mary JC Hendrix PhD	(i)	0	0	0	0	0	0	0
	(ii)	444,449	113,625	0	23,000	4,833	585,907	0
FRANCINE M KIM	(i)	287,396	64,000	0	21,007	14,016	386,419	0
	(ii)	0	0	0	0	0	0	0
JEFFREY L LOUGHEAD	(i)	347,234	8,176	0	19,423	25,645	400,478	0
	(ii)	0	0	0	0	0	0	0
Patrick M Magoon	(i)	0	0	0	0	0	0	0
	(ii)	659,513	509,692	0	616,433	17,317	1,802,955	0
Paula M Noble	(i)	0	0	0	0	0	0	0
	(ii)	327,816	132,209	0	125,343	14,707	600,075	0
Edward S Ogata MD	(i)	0	0	0	0	0	0	0
	(ii)	424,619	165,509	0	208,387	24,803	823,318	0
Elizabeth Perlman MD	(i)	353,047	92,423	0	73,200	14,659	533,329	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA K RIGSBY	(i)	276,504	51,300	0	22,791	30,478	381,073	0
	(ii)	0	0	0	0	0	0	0
H William Schnaper MD	(i)	0	0	0	0	0	0	0
	(ii)	246,426	32,474	0	23,000	9,869	311,769	0
RICHARD M SHORE	(i)	292,425	52,000	0	27,767	28,233	400,425	0
	(ii)	0	0	0	0	0	0	0
Donna S Wetzler	(i)	0	0	0	0	0	0	0
	(ii)	252,418	81,497	0	96,396	13,697	444,008	0
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION - SERP	SCHEDULE J, PART I, QUESTION 4B	The following individuals have an amount included in Schedule J, Part II, column (C) for an amount accrued but not vested under a Supplemental Retirement Plan ("SERP") - James Donaldson $112,752 Patrick Magoon $309,012 Paula M Noble $101,590 Edward Ogata $184,220 Elizabeth Perlman $51,950 Donna Wetzler $75,417 Benefits accrued under the SERP are nonvested forms of deferred compensation that fund the employee's eventual retirement benefit These benefits are provided in exchange for all of the employee's years of service to the organization The amounts are at risk and will not be paid unless the employee provides substantial future services If the employee were to leave the organization voluntarily during the year for which these amounts are being reported, the benefits will not have to be paid (except at the sole discretion of the Board, only if the participant has reached at least age 55) Participants who are less than age 55 and who terminate voluntarily forfeit their entire SERP benefit upon termination Also included in Schedule J, Part II, column (C) are amounts contributed to the 457(b) plan All contributions to the 457(b) plan are made at the election of the participating executive out of his or her compensation These amounts are at risk if the organization becomes insolvent
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 5A	Employed physicians are compensated on the basis of productivity that takes into account, in part, the revenues of the organization generated by the productivity of the physician
SUPPLEMENTAL COMPENSATION INFORMATION	Schedule J, Part I	Pursuant to the bylaws of the Childrens Memorial Medical Center (CMMC,), the Governance Committee of CMMC is charged to review and approve senior executive compensation for CMMC and its Affiliates

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3357004
Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James Donaldson MD	(I)	418,456	109,669	0	140,350	20,785	689,260	0
	(II)	0	0	0	0	0	0	0
Thomas P Green MD	(I)	0	0	0	0	0	0	0
	(II)	453,234	147,114	0	23,000	11,375	634,723	0
Mary JC Hendrix PhD	(I)	0	0	0	0	0	0	0
	(II)	444,449	113,625	0	23,000	4,833	585,907	0
FRANCINE M KIM	(I)	287,396	64,000	0	21,007	14,016	386,419	0
	(II)	0	0	0	0	0	0	0
JEFFREY L LOUGHEAD	(I)	347,234	8,176	0	19,423	25,645	400,478	0
	(II)	0	0	0	0	0	0	0
Patrick M Magoon	(I)	0	0	0	0	0	0	0
	(II)	659,513	509,692	0	616,433	17,317	1,802,955	0
Paula M Noble	(I)	0	0	0	0	0	0	0
	(II)	327,816	132,209	0	125,343	14,707	600,075	0
Edward S Ogata MD	(I)	0	0	0	0	0	0	0
	(II)	424,619	165,509	0	208,387	24,803	823,318	0
Elizabeth Perlman MD	(I)	353,047	92,423	0	73,200	14,659	533,329	0
	(II)	0	0	0	0	0	0	0
CYNTHIA K RIGSBY	(I)	276,504	51,300	0	22,791	30,478	381,073	0
	(II)	0	0	0	0	0	0	0
H William Schnaper MD	(I)	0	0	0	0	0	0	0
	(II)	246,426	32,474	0	23,000	9,869	311,769	0
RICHARD M SHORE	(I)	292,425	52,000	0	27,767	28,233	400,425	0
	(II)	0	0	0	0	0	0	0
Donna S Wetzler	(I)	0	0	0	0	0	0	0
	(II)	252,418	81,497	0	96,396	13,697	444,008	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Employer identification number
36-3357004

Identifier	Return Reference	Explanation
Family and Business Relationships	Form 990 Part VI Line 2	- William Aldinger has a business relationship with James H Wooten, Jr - Gregory Case has a business relationship with Andrew J McKenna - John Crocker, Bert Getz and Robert Horne have a business relationship - Lester Crown has a family relationship with Paula H Crown - William Devers, Michael W Ferro Jr , Andrew J McKenna and J Christopher Reyes have a business relationship - Bert A Getz, Jr , Charles H James III, and Edward J Wehmer have a business relationship - Anthony K Kesman had a business relationship during the reporting period with Daniel Hennessy - Adam M Kriger and Andrew J McKenna have a business relationship - Eric Lefkofsky has a business relationship with Linda S Wolf - Lyle Logan has a business relationship with Charles H James, III - Jack L McGinley and Edward Ogata, MD have a business relationship - Andrew J McKenna has a family and business relationship with William J McKenna - Ashish Prasad had a business relationship with Gary Holdren - Stephen A Smith has a business relationship with Peer Pederson - Michelle Collins has a business relationship with Fred Krehbiel

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	A copy of the organization's fiscal year 2009 tax return ("Form 990") was provided to each member of The Childrens Memorial Medical Center and The Childrens Memorial Hospital (CMMC/CMH) Audit Committee (of the Board) The Audit Committee is the committee of the parent organization charged with the oversight of audit and tax matters for the parent and affiliates During a special Audit Committee meeting, and before the Form 990 was filed, the Audit Committee was provided a detailed review of the Form 990 by the Chief Financial Officer ("CFO") and the organization's Director of Tax Compliance The CFO and Director of Tax Compliance also responded to the Audit Committee members' questions and afforded the opportunity for detailed discussion of the Form 990, prior to the Audit Committee taking action to approve the filing of the Form 990 As part of its tax preparation process, the organization on an ongoing basis consulted its tax consulting firm and outside tax legal counsel, both of which possess expertise in health care and tax-exempt return preparation, to advise and assist in the preparation of the Form 990 These advisors worked closely with the organization's finance and internal legal personnel and other members of the organization's team assembled to participate in the preparation of the Form 990 Prior to presenting the Form 990 to the Board's Audit Committee, the organization's team, including its advisors, met frequently to discuss and review drafts of the form

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	On an annual basis, the Childrens Memorial Medical Center and its affiliates (CMMC) submit a written questionnaire to its board members, senior management and purchasing personnel requiring disclosure of all interests that could give rise to actual or potential conflicts of interest CMMC initiates follow up contacts to those who do not respond and to clarify responses, where necessary CMMC reviews each disclosure and provides a summary of relevant disclosures for the review and approval of its Governance Committee

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a and 15b	The organization's Board of Directors pursuant to its bylaws has delegated the authority to review and approve executive compensation to the Governance Committee of the Board of Directors ("Governance Committee") The Governance Committee has adopted a written executive compensation philosophy which it follows when it reviews and approves the compensation and benefits of the organization's senior management, including the President/Chief Executive Officer and the other senior managers The compensation philosophy is subject to periodic review for continued appropriateness by the Governance Committee With the assistance of a compensation consultant and information from a variety of external sources (specified on Schedule J), the Governance Committee confirmed the total amounts to be paid were reasonable and comparable to amounts paid by similarly situated organizations Outside legal counsel also serves an integral role in advising the Governance Committee with respect to Federal tax requirements in setting compensation and the establishment of the rebuttable presumption of reasonableness The process followed by the Governance Committee, including a description of the data relied upon and the Governance Committee's decisions, was thoroughly and contemporaneously documented The Governance Committee has expressly reviewed the reasonableness of all such payments, and has concluded, as the result of a process that is designed to qualify for the rebuttable presumption of reasonableness under Federal tax law, that all such amounts are reasonable and do not exceed fair market value for the services provided The Governance Committee was comprised of members of The Children's Memorial Medical Center and The Children's Memorial Hospital Boards of Directors who were determined disinterested for these purposes The Governance Committee conducts an ongoing and periodic review of the disinterested status of its members, and will take appropriate action with respect to anyone having an interest with respect to one or more executives so as to preserve the application of the rebuttable presumption of reasonableness

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	The organization's financial statements are publicly available online at www dacbond com The organization's articles of incorporation and annual reports are available through the Illinois Secretary of State The organization also makes its general governing documents available to the general public upon request

Identifier	Return Reference	Explanation
AVERAGES HOURS PER WEEK FOR RELATED ORGANIZATIONS	FORM 990, PART VII	Elizabeth Perlman, MD is an employee of The Childrens Memorial Medical Center (CMMC) and generally works 40 hours per week Approximately 10 hours of her regular work week is spent providing services to CMMC affiliates The following individuals are employees of The Childrens Memorial Hospital (CMH) and generally work 40 hours per week In general, approximately 10 hours of their regular work week is spent providing services to CMH affiliates Patrick M Magoon Paula, M Noble Edward Ogata Donna Wetzler The following individuals are employees of Pediatric Faculty Foundation and generally work 40 hours per week Approximately 10 hours of their regular work week is spent providing services to PFF affiliates Thomas P Green, MD Mary J C Hendrix, PHD H William Schnaper, MD

Identifier	Return Reference	Explanation
Consolidated Financial Statements	Form 990, Part XI, Question 2 and Part IV, Line 12	PricewaterhouseCoopers audited the consolidated financial statements of Children's Memorial Medical Center and issued an unqualified opinion The audit is conducted for purposes of forming an opinion on the consolidated financial statements taken as a whole PricewaterhouseCoopers does not express an opinion on the financial position and results of operations of the individual entities However, the consolidating information, which includes The Children's Memorial Medical Center, has been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and as noted in the unqualified opinion by PricewaterhouseCoopers is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole The Childrens Memorial Medical Center, maintains an audit committee that is responsible for overseeing the audit of the financial statements, the selection of the independent auditors, and the process for preparing the Form 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195007240

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CHILDREN'S MEMORIAL MEDICAL CTR

Employer identification number
36-3357004

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
THE CHILDREN'S MEMORIAL MEDICAL GRP LLC 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-4187449	HEALTH CARE	IL	32,047,798	6,045,982	CMMC

Part II Identification of Related Tax-Exempt Organizations

(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
THE CHILDREN'S MEMORIAL RESEARCH CENTER 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-3357005	RESEARCH	IL	501(C)(3)	4	CMMC
THE CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-2170833	HOSPITAL	IL	501(C)(3)	3	CMMC
PEDIATRIC FACULTY FOUNDATION 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	11 III-FI	CMMC
CMH SELF INSURANCE FOUNDATION 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-6638400	INSURANCE	IL	501(C)(3)	11 III-FI	CMMC
THE CHILDREN'S MEMORIAL FOUNDATION 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-3357006	FUNDRAISING	IL	501(C)(3)	7	CMMC

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
CMMC INSURANCE CO LTD 2300 CHILDRENS PLAZA CHICAGO, IL60614 000000000	SELF INSURANCE	CJ	CMMC	CORPORATION	75,993	11,730,862	100 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Children's Memorial Hospital	C	3,594,207
(2)	Children's Memorial Hospital	O	10,670,409
(3)	Children's Memorial Hospital	Q	727,468
(4)	CMMC INSURANCE CO LTD	Q	4,167,574
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Earnings and Profits Other Adjustments Statement

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	38,050
MOVEMENT IN DEFERRED REINSURANCE PREMIUM	4,054,316

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Earnings and Profits Other Adjustments Statement

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	34,708
GROSS PREMIUMS WRITTEN	4,132,866

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Itemized Other Assets Schedule

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		LOSS RESERVES RECOVERABLE	11,013,000	8,543,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Itemized Other Current Assets Schedule

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		REINSURANCE PREMIUMS DEFERRED	2,403,255	2,364,755
		ACCRUED INVESTMENT INCOME	176	0
		PREPAID ASSET	6,317	6,767

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Other Deductions Schedule

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES		76,086
MOVEMENT IN DEFERRED REINSURNACE		38,050
PREMIUM		
REINSURANCE PREMIUMS CEDED		4,054,316

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Itemized Other Investments Schedule

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		SHORT TERM INVESTMENTS	124,268	125,230

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Itemized Other Liabilities Schedule

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OUTSTANDING LOSS RESERVES	11,013,000	8,543,000
		UEP RESERVE	2,445,547	2,410,839

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493195007240

TY 2008 Other Income Statement

Name: THE CHILDREN'S MEMORIAL MEDICAL CTR

EIN: 36-3357004

Description	Foreign Amount	Amount
CHANGE IN UNEARNED PREMIUMS		34,708