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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

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

C Name of organization
The Children's Memorial Medical Center

Doing Business As

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

Room/suite

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 $ 17,560,951

F Name and address of principal officer
Patrick M Magoon
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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHILDRENSMEMORIAL ORG

K Form 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 net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	107
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	99
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	86
	6 Total number of volunteers (estimate if necessary)	**6**	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,553,621	743,847
	9 Program service revenue (Part VIII, line 2g)	17,544,841	16,817,104
	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)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,098,462	17,560,951
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,358,107
	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)	13,226,816	13,181,881
	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)	4,839,304	3,836,582
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,066,120	19,376,570
	19 Revenue less expenses Subtract line 18 from line 12	2,032,342	-1,815,619

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	7,523,416	5,532,040
	21 Total liabilities (Part X, line 26)	2,824,168	2,648,411
	22 Net assets or fund balances Subtract line 21 from line 20	4,699,248	2,883,629

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-06-07

PAULA M NOBLE CFO & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 155 NORTH WACKER DRIVE CHICAGO, IL 60606				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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 UNIVERSITY'S 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

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 501(c)(4) organizations and section 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 $ 17,862,847 including grants of $) (Revenue $ 16,817,104)

The Children's Memorial Medical Center ("CMMC"), an Illinois not-for-profit corporation, engages in budget approval, asset management, resource allocation, investment oversight and strategic planning for Affiliates Affiliates include organizations for which CMMC is either a controlling member or a controlling shareholder Currently, CMMC has the following affiliates The Children's Memorial Hospital, The Children's Memorial Foundation, Children's Memorial Research Center, Children's Memorial Medical Group, LLC and Pediatric Faculty Foundation, Inc Children's Memorial Medical Group, LLC ("CMMG") is an Illinois limited liability company whose sole member is CMMC By virtue of CMMC's tax-exempt status, CMMG is considered to be an organization described under Section 501(c)(3) of the Code CMMG employs pathologists, radiologists, psychiatrists and dentists who practice at The Children's Memorial Hospital ("CMH") CMMG's pathologists comprise CMH's Department of Pathology and Laboratory Medicine which provides comprehensive services in both Anatomic and Clinical Pathology, utilizing extensive expertise and state-of-the-art technology Consultative services are provided across the country in collaboration and coordination with the CMH's medical, surgical and ancillary departments The children encompass a cross-section of diagnoses and the department assists in the diagnosis and management of acute and chronic diseases CMMG psychiatrists practice within CMH's Department of Child and Adolescent Psychiatry which offers children and their families specialized services in pediatric mental health Clinicians in the department provide state-of-the art psychiatric and psychological services, education, and advocacy CMMG psychiatrists provide national leadership in the education of mental health care professionals and advancement of knowledge through research CMMG psychiatrists treat children of all ages and from every socioeconomic background for a wide variety of problems including adjustment disorders, emotional problems related to pediatric disorders, psychoses, mood disorders, anxiety, developmental delays, behavior disorders, ADHD, autism spectrum disorders, and learning disabilities CMMG dentists provide comprehensive and preventive oral health care for infants, children, adolescents, and patients of CMH with special health care needs CMH's dentistry service provides a child-centered environment and a comprehensive program emphasizing total health and prevention CMMG dentists provide care related to infant oral healthcare with parent education, nursing and baby bottle caries, dental caries, oral trauma, anxious child, comprehensive oral healthcare for patients of CMH's medical specialties (including hematology, oncology, infectious disease, allergy, cardiology, neurology and services to address cleft lip and palate), and services requiring sedation and general anesthesia Radiologists employed by CMMG staff CMH's Department of Medical Imaging which serves pediatric patients in a manner aimed to help minimize radiation dose used during each procedure The Department performs approximately 109,000 procedures each year, including 9,800 MRIs of which 80 percent are done on medically complex and/or sedated children All of the radiologists are board certified with subspecialty training in pediatric radiology, interventional radiology and/or neuroradiology CMMG's physicians are members of the faculty practice plan at CMH, which represents the largest provider of pediatric Medicaid services in Illinois In FY 2011, CMMG physicians had over 4,000 combined inpatient and outpatient Medicaid encounters for 2,269 patients Medicaid represents over 43 2% of its payor mix In FY 2011, Medicaid reimbursement for physician services for care to children treated by CMMG physicians was approximately $1 9 million less than the costs associated with providing such services CMMC through its management and CMMG's services assists CMH, 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 and provides more pediatric healthcare than any other hospital provider in Illinois in nearly every pediatric medical and surgical specialty As a major academic tertiary care medical center, CMH has served patients from every county in Illinois, as well as patients from every state and 35 countries CMH 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 CMH's ability to treat the most critically ill infants in its neonatal intensive care unit ("NICU") is demonstrated by statistics for calendar year 2011 which show that 60% of all transports into its NICU were from other Level III nurseries in metropolitan Chicago CMH 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 CMH 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, 2011, CMH, through nearly 549,700 patient visits, served more than 148,000 children who came from all over the State of Illinois and beyond to access the more than 70 specialties offered by CMH During this period there were 465,818 visits including 315,658 outpatient visits in Lincoln Park (including 6,541 observation cases), including 61,691 emergency room visits and 88,469 outpatient visits at the satellite facilities

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** ▶ $ 17,862,847

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school 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 United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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 sections 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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		
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	86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		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 line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	107		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	99		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,563,734	6,007,845	1,384,314

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 39

			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 on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
Medcentrix Inc 15620 S Wood Street HARVEY, IL 60426	BILLING SERVICES	641,213
Northwestern Medical Faculty Founda 375 North St Clair CHICAGO, IL 60611	PHYSICIAN SERVICES	559,146
Springfield Service Corporation 2960 Professional Drive SPRINGFIELD, IL 62703	billing services	388,602

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	743,847				
	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 . . . . . ▶		743,847			
Program Service Revenue		Business Code				
	2a Net patient revenue	621110	10,323,323	10,323,323		
	b Medical Administration & Teaching	621110	3,102,936	3,102,936		
	c Miscellaneous operating income	621110	1,552,114	1,552,114		
	d Medicaid	621110	1,838,731	1,838,731		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		16,817,104			
	3 Investment income (including dividends, interest and 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 . . . 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 . 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.** See Instructions . . . ▶		17,560,951	16,817,104	0	0

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	2,358,107	2,358,107		
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	531,391	508,865	22,526	
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	10,073,665	9,643,706	429,959	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	104,726	99,492	5,234	
9 Other employee benefits	1,705,360	1,622,133	83,227	
10 Payroll taxes	766,739	745,258	21,481	
a Fees for services (non-employees) Management	0			
b Legal	0			
c Accounting	13,500		13,500	
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	128,279	128,260	19	
12 Advertising and promotion	86,227	28,627	57,600	
13 Office expenses	0			
14 Information technology	9,077	9,077		
15 Royalties	0			
16 Occupancy	3,716	3,716		
17 Travel	83,540	83,540		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,066	2,066		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	217,116	204,816	12,300	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Bad debt provision	388,105	388,105		
b Billing and collection fees	867,311		867,311	
c Patient expenses	1,277,894	1,277,894		
d Plan tax	587,394	587,394		
e Dues and licenses	93,129	93,129		
f All other expenses	79,228	78,662	566	
25 **Total functional expenses.** Add lines 1 through 24f	19,376,570	17,862,847	1,513,723	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	6,396,584	1	4,360,044
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	561,468	4	601,747
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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 or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	120,000	13	120,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	445,364	15	450,249
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,523,416	16	5,532,040
Liabilities	17	Accounts payable and accrued expenses	2,824,168	17	2,648,411
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables 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 to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,824,168	26	2,648,411
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	4,699,248	27	2,883,629
	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	4,699,248	33	2,883,629
	34	Total liabilities and net assets/fund balances	7,523,416	34	5,532,040

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	17,560,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,376,570
3	Revenue less expenses Subtract line 2 from line 1	3	-1,815,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,699,248
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,883,629

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - 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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) THE CHILDREN'S MEMORIAL HOSPITAL	362170833	03	Yes		Yes		Yes		17,862,847
(B) THE CHILDREN'S MEMORIAL FOUNDATION	363357006	07	Yes		Yes		Yes		0
(C) PEDIATRIC FACULTY FOUNDATION	363279680	0	Yes		Yes		Yes		0
(D) THE CHILDREN'S MEMORIAL RESEARCH CENTER	363357005	04	Yes		Yes		Yes		0
Total									17,862,847

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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) Accumulated 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 category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) 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
(1) DUE FROM CMMC INSURANCE	76,025
(2) MISCELLANEOUS	374,224
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	450,249

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

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

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	Other losses	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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	0	Program Services	Insurance	3,519,866
3a Sub-total	0	0			3,519,866
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			3,519,866

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 36-3357004
Name: The Children's Memorial Medical Center

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA CHICAGO,IL 60614	36-2170833	501(C)(3)	2,358,107				NET ASSET TRANSFER

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	We review all grant funds on a monthly basis Financial reports are generated monthly and distributed electronically to all fund directors and the Office of Sponsored Projects (OSP) for review Expenditures are reviewed for appropriateness and against budgetary guidelines by the Finance Office (Fund Accounting) OSP and Fund Accounting work with the investigators to monitor their activity and make sure they are in compliance with the terms of the award

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
(1) James Donaldson MD	(i)	429,422	86,890	1,987	115,539	20,637	654,475	0
	(ii)	0	0	0	0	0	0	0
(2) Thomas P Green MD	(i)	0	0	0	0	0	0	0
	(ii)	463,491	189,408	792	24,500	30,932	709,123	0
(3) Mary JC Hendrix PhD	(i)	0	0	0	0	0	0	0
	(ii)	455,307	147,110	516	24,500	20,026	647,459	0
(4) Patrick M Magoon	(i)	0	0	0	0	0	0	0
	(ii)	652,966	587,146	35,522	583,079	14,987	1,873,700	137,833
(5) Edward Ogata MD	(i)	0	0	0	0	0	0	0
	(ii)	417,187	213,082	1,652,165	19,647	24,689	2,326,770	1,216,586
(6) H William Schnaper MD	(i)	0	0	0	0	0	0	0
	(ii)	249,067	36,089	792	24,500	25,517	335,965	0
(7) Paula M Noble	(i)	0	0	0	0	0	0	0
	(ii)	342,846	173,529	1,546	125,105	14,507	657,533	0
(8) Donna S Wetzler	(i)	0	0	0	0	0	0	0
	(ii)	256,438	131,159	1,687	80,490	16,114	485,888	0
(9) Tamar E Ben-Ami MD	(i)	267,107	98,813	1,833	16,530	27,825	412,108	0
	(ii)	0	0	0	0	0	0	0
(10) Elizabeth Perlman MD	(i)	368,915	69,410	894	30,491	14,915	484,625	0
	(ii)	0	0	0	0	0	0	0
(11) Frank M Prendergast MD	(i)	287,780	96,205	1,536	14,886	22,828	423,235	0
	(ii)	0	0	0	0	0	0	0
(12) Cynthia K Rigsby MD	(i)	301,103	133,802	1,650	18,162	29,556	484,273	0
	(ii)	0	0	0	0	0	0	0
(13) Richard M Shore MD	(i)	304,752	98,483	13,152	22,321	22,031	460,739	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

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	Schedule J, Part I, Line 3	Pursuant to the bylaws of The Children's Memorial Medical Center ("CMMC"), the Governance Committee of CMMC is charged to review and approve senior executive compensation for CMMC and its affiliates Schedule J, Part I, Question 4b The following listed individuals have an amount included in Schedule J, Part II, Column (C) for an amount accrued but not vested under a supplemental executive retirement plan ("SERP") James Donaldson, MD $ 93,402 Patrick M Magoon $448,147 Paula M Noble $105,908 Elizabeth J Perlman, MD $ 14,028 Donna S Wetzler $ 64,327 Benefits earned under the SERP are non-vested 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, and the cost of the benefits will vary from year to year based on interest rates, age, and many other factors The amounts are at risk and will not be paid unless and until the employee has provided substantial future services to the organization Benefits under the SERP vest at age 62 and are forfeited if the employee leaves the organization voluntarily before age 62 (except upon the sole discretion of the Board, and only if the participant has reached at least age 55 with at least 10 years of service) Participants who voluntarily leave the organization before age 55 forfeit their entire SERP benefit upon termination Also in response to question 4b, Edward Ogata, MD became vested in supplemental retirement benefits under the SERP, and therefore had multi-year SERP benefits of $1,623,308 included in his taxable income The vested and taxable amount represents the value of benefits earned over many years of service to the organization, and which became vested and taxable in 2010 These benefits were subject to a substantial risk of forfeiture before 2010 Of the amount reported on Form 990, the amount already reported on Forms 990 in prior years for Dr Ogata was, $1,216,586 and this amount is reported in Schedule J, Part II, Column (F) Schedule J, Part I, Question 5a Employed physicians are compensated on the basis of personal professional productivity that takes into account, in part, the revenues of the organization generated by the physician Schedule J, Part II The following individuals are not compensated by the reporting organization for his or her service as a director Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Pediatric Faculty Foundation for the individual's substantial and full-time services as an employee For more details, please refer to the 2010 Form 990 of Pediatric Faculty Foundation, EIN 36-3279680 Thomas P Green, MD Mary J C Hendrix, PhD H William Schnaper, MD is not compensated by the reporting organization for his service as a director Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Pediatric Faculty Foundation for the individual's substantial and full-time services as an employee The following individuals are not compensated by the reporting organization for his or her service as a director or officer Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by The Children's Memorial Hospital for the individual's substantial and full-time services as an employee For more details, please refer to the 2010 Form 990 of The Children's Memorial Hospital, EIN 36-2170833 Patrick M Magoon Edward Ogata, MD Paula M Noble Donna S Wetzler

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JP Morgan Chase	L Crown is a director	121,640	Financial Services		No
(2) JP Morgan Chase	P Crown is a director	121,640	Financial Services		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493160005032

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	*Gregory C Case has a business relationship with Andrew J McKenna *Lester Crown has a family relationship with Paula H Crown *William J McKenna has a family and business relationship with Andrew J McKenna *Lyle Logan has a business relationship with Charles H James III *William J Devers Jr has a business relationship with Andrew J McKenna *William J Devers Jr has a business relationship with Michael W Ferro Jr *John M Crocker Jr had a business relationship with Bert A Getz Jr *Bert A Getz Jr has a business relationship with Edward J Wehmer and Charles H James III *Anthony K Kesman has a business relationship with Daniel J Hennessy *Adam A Kriger has a business relationship with Andrew J McKenna *Stephen A Smith has a business relationship with Peer Pedersen *Linda S Wolf and Eric Lefkofsky have a business relationship

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11B	A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S FISCAL YEAR 2011 FORM 990 WAS PROVIDED TO EACH MEMBER OF THE CHILDREN'S MEMORIAL MEDICAL CENTER AND THE CHILDREN'S MEMORIAL HOSPITAL (''CMMC/CMH'') AUDIT COMMITTEE (OF THE BOARD) THE AUDIT COMMITTEE IS THE COMMITTEE OF THE PARENT ORGANIZATION (CMMC) 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 ANNUAL RETURN 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 CHILDREN'S MEMORIAL MEDICAL CENTER AND ITS AFFILIATES ("CMMC") SUBMIT A COMPREHENSIVE QUESTIONNAIRE TO 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 CONTACT WITH 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 Pursuant to the Conflicts of Interest Policy of The Children's Memorial Medical Center and affiliates ("Corporation"), directors, officers, physician leaders, and others who are subject to the policy are required to promptly and fully disclose in writing any actual, apparent or potential conflict of interest to the President of the Corporation and General Counsel This disclosure shall be provided to the Governance Committee of the Corporation which shall consider all conflicts of interest issues and, if appropriate, shall provide such written disclosure to the Directors, Board committees considering the proposed transaction or other appropriate parties In addition, on an annual basis, the Corporation surveys each individual subject to the policy as to the existence of actual or potential conflicts of interest The Corporation will not enter into an agreement, transaction or other arrangement involving a conflict of interest unless the disinterested members of the Governance Committee of the Corporation's Board of Directors determine by a majority vote that appropriate safeguards to protect the charitable mission of the Corporation have been implemented The subject interested person may not be present when the vote is taken If it is determined that a conflict of interest exists, a disinterested person or committee of disinterested members may be assigned to investigate alternatives to the proposed transaction or arrangement After exercising due diligence, the Board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement, with reasonable efforts, from a person or entity that would not give rise to a conflict of interest If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction is in the Corporation's best interest and for its own benefit and whether the transaction is fair and reasonable to the Corporation, and shall make its decision as to whether to enter into the transaction or arrangement

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, questions 15a and 15b	The authority to review and approve executive compensation has been delegated by the organization's Board of directors to its 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
AVERAGE HOURS PER WEEK FOR RELATED ORGANIZATIONS	FORM 990, PART VII	ELIZABETH J PERLMAN, MD AND JAMES DONALDSON, MD ARE EMPLOYEES OF THE CHILDREN'S MEMORIAL MEDICAL CENTER AND GENERALLY WORK 40 HOURS PER WEEK APPROXIMATELY 2 HOURS OF ADDITIONAL TIME EACH WEEK IS SPENT PROVIDING SERVICES TO RELATED ORGANIZATIONS THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF THE CHILDREN'S MEMORIAL HOSPITAL AND GENERALLY WORK 40 HOURS PER WEEK IN GENERAL, APPROXIMATELY 2 HOURS OF ADDITIONAL TIME EACH WEEK IS SPENT PROVIDING SERVICES TO RELATED ORGANIZATIONS PATRICK M MAGOON PAULA M NOBLE EDWARD OGATA, MD DONNA S WETZLER THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF PEDIATRIC FACULTY FOUNDATION AND GENERALLY WORK 40 HOURS PER WEEK APPROXIMATELY 2 HOURS OF ADDITIONAL TIME EACH WEEK IS SPENT PROVIDING SERVICES TO RELATED ORGANIZATIONS THOMAS P GREEN, MD MARY J C HENDRIX, PHD H WILLIAM SCHNAPER, MD

Identifier	Return Reference	Explanation
INFORMATION ABOUT SUPPORTED ORGANIZATION	SCHEDULE A, PART I	FOR A DESCRIPTION OF THE MANNER IN WHICH THE CHILDREN'S MEMORIAL MEDICAL CENTER SUPPORTS THE CHILDREN'S MEMORIAL HOSPTIAL, PLEASE SEE THE STATEMENT OF PROGRAM ACCOMPLISHMENTS INCLUDED IN SCHEDULE O

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
The Children's Memorial Medical Center

Employer identification number
36-3357004

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

(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
(1) THE CHILDREN'S MEMORIAL MEDICAL GRP LLC 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-4187449	HEALTH CARE	IL	17,117,022	5,336,015	CMMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE CHILDREN'S MEMORIAL RESEARCH CENTER 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-3357005	RESEARCH	IL	501(C)(3)	4	CMMC		
(2) THE CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-2170833	HOSPITAL	IL	501(C)(3)	3	CMMC		
(3) PEDIATRIC FACULTY FOUNDATION INC 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	11 III-FI	CMMC		
(4) CMH SELF INSURANCE FOUNDATION 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-6638400	INSURANCE	IL	501(C)(3)	11 III-FI	CMMC		
(5) THE CHILDREN'S MEMORIAL FOUNDATION 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-3357006	FUNDRAISING	IL	501(C)(3)	7	CMMC		

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CMMC INSURANCE CO LTD 2300 CHILDRENS PLAZA CHICAGO, IL60614 36-6638400	SELF INSURANCE	CJ	CMMC	CORPORATION	76,292	13,680,610	100 000 %

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

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	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) The Children's Memorial Hospital	B	2,358,107	
(2) The Children's Memorial Hospital	C	743,847	
(3) The Children's Memorial Hospital	O	5,500,393	
(4) CMMC Insurance Co LTD	Q	3,519,866	
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	1,056,433
MOVEMENT IN DEFERRED REINSURANCE PREMIUM	2,565,000

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	177,859
MOVEMENT IN DEFERRED REINSURANCE PREMIUM	3,519,866

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TY 2010 Itemized Other Assets Schedule

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		loss reserves recoverable	11,153,000	10,578,392

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TY 2010 Itemized Other Current Assets Schedule

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Reinsurance Premiums Deferred	2,185,323	2,010,555
		Prepaid Asset	7,271	7,269

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TY 2010 Other Deductions Schedule

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES		74,425
MOVEMENT IN DEFERRED REINSURNACE		
PREMIUM		1,056,433
REINSURANCE PREMIUMS CEDED		2,565,000

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TY 2010 Itemized Other Investments Schedule

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		short term investments	125,292	125,355

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TY 2010 Itemized Other Liabilities Schedule

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		outstanding loss reserves	11,153,000	10,578,392
		uep reserve	2,231,114	2,053,255

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TY 2010 Other Income Statement

Name: The Children's Memorial Medical Center

EIN: 36-3357004

Description	Foreign Amount	Amount
CHANGE IN UNEARNED PREMIUMS		177,859

Additional Data

Software ID:
Software Version:
EIN: 36-3357004
Name: The Children's Memorial Medical Center

Form 990, Schedule A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) THE CHILDREN'S MEMORIAL HOSPITAL	362170833	03	Yes		Yes		Yes		17862847
(B) THE CHILDREN'S MEMORIAL FOUNDATION	363357006	07	Yes		Yes		Yes		0
(C) PEDIATRIC FACULTY FOUNDATION	363279680	0	Yes		Yes		Yes		0
(D) THE CHILDREN'S MEMORIAL RESEARCH CENTER	363357005	04	Yes		Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 36-3357004
Name: The Children's Memorial Medical Center

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John J Allen Director	1 0	X						0	0	0
John Amboian Jr Director	1 0	X						0	0	0
Sarah Baine Ex-Officio Director w/vote	1 0	X						0	0	0
Stephen W Baird Director	1 0	X						0	0	0
Peter B Bensinger Director	1 0	X						0	0	0
Andrew T Berlin Director	1 0	X						0	0	0
Barbara L Bowles Director	1 0	X						0	0	0
Jill Brennan Director	1 0	X						0	0	0
David Bunning Director	1 0	X						0	0	0
Gregory C Case Director	1 0	X						0	0	0
John A Challenger Director	1 0	X						0	0	0
Alan Chapman Director	1 0	X						0	0	0
Robert Clark Director	1 0	X						0	0	0
Mrs Charles F Clarke Jr Director	1 0	X						0	0	0
Kevin M Connelly Director	1 0	X						0	0	0
John D Cooney Director	1 0	X						0	0	0
John M Crocker Jr Vice-Chair & Director	1 0	X						0	0	0
Lester Crown Director	1 0	X						0	0	0
Paula H Crown Director	1 0	X						0	0	0
Leticia Peralta Davis Director	1 0	X						0	0	0
Susan DePree Director	1 0	X						0	0	0
James DeRose Director	1 0	X						0	0	0
William J Devers Jr Director	1 0	X						0	0	0
John Doerge Jr Director	1 0	X						0	0	0
James Donaldson MD Ex-Officio Director w/vote	40 0	X						518,299	0	136,176

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles W Douglas Director	1 0	X						0	0	0
Dennis J Drescher Director	1 0	X						0	0	0
Michael Evangelides Director	1 0	X						0	0	0
Tyrone C Fahner Director	1 0	X						0	0	0
Mitchell Feiger Director	1 0	X						0	0	0
Diana S Ferguson Director	1 0	X						0	0	0
Michael W Ferro Jr Director	1 0	X						0	0	0
David Fox Jr Director	1 0	X						0	0	0
John S Gates Jr Director	1 0	X						0	0	0
Laurence S Geller Director	1 0	X						0	0	0
Bert A Getz Jr Director	1 0	X						0	0	0
Jeffrey Glassroth MD Director	1 0	X						0	0	0
Thomas P Green MD Ex-Officio Director w/vote	1 0	X						0	653,691	55,432
Joseph Gregoire Director	1 0	X						0	0	0
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	602,933	44,526
Daniel J Hennessy Vice Chair & Director	1 0	X						0	0	0
James Hickey Director	1 0	X						0	0	0
Gary E Holdren Director	1 0	X						0	0	0
Mark Hoppe Director	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles H James III Director	10	X						0	0	0
J Larry Jameson MD Ex-officio Director w/vote	10	X						0	0	0
Kirk B Johnson Director	10	X						0	0	0
W Bruce Johnson Director	10	X						0	0	0
Bennet A Kaye MD Ex-Officio Director w/vote	10	X						0	0	0
George D Kennedy Director	10	X						0	0	0
Anthony K Kesman Director	10	X						0	0	0
Richard P Kiphart Director	10	X						0	0	0
Fred L Krehbiel Director	10	X						0	0	0
Adam A Kriger Director	10	X						0	0	0
Gerald R Lanz Director	10	X						0	0	0
Eric Lefkofsky Director	10	X						0	0	0
Lyle Logan Director	10	X						0	0	0
Shelley A Longmuir Director	10	X						0	0	0
Daniel TW Lum MD Director	10	X						0	0	0
Patrick M Magoon Ex-Officio Dir/CEO, CMH/CMMC	10	X		X				0	1,275,634	598,066
Mitchell J Manassa Director	10	X						0	0	0
John F Manley Vice Chair & Director	10	X						0	0	0
Roxanne Martino Director	10	X						0	0	0
Peter D McDonald Director	10	X						0	0	0
Jack L McGinley Director	10	X						0	0	0
Andrew J McKenna Director	10	X						0	0	0
William J McKenna Director	10	X						0	0	0
James J McNulty Director	10	X						0	0	0
Louise C Mills Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert S Murley Vice Chair & Director	10	X						0	0	0
David Neithercut Director	10	X						0	0	0
Leslie Newman Director	10	X						0	0	0
Edward Ogata MD Ex-Officio Director/CMO, CMH	10	X						0	2,282,434	44,336
Nancy Pacher Director	10	X						0	0	0
Chaka Patterson Director	10	X						0	0	0
Peer Pedersen Vice Chair & Director	10	X						0	0	0
Lorna S Pfaelzer Director	10	X						0	0	0
David C Pisor Director	10	X						0	0	0
Ashish Prasad Director	10	X						0	0	0
Seth Prostic Director	10	X						0	0	0
Gerald D Putnam Director	10	X						0	0	0
Mohan Rao Phd Director	10	X						0	0	0
Andrea Redmond Director	10	X						0	0	0
Susan Regenstein Director	10	X						0	0	0
Thomas R Reusche Director	10	X						0	0	0
J Christopher Reyes CMMC/CMH Chair	10	X						0	0	0
Marleta Reynolds MD Ex-Officio Director w/vote	10	X						0	0	0
Peter C Roberts Director	10	X						0	0	0
Hilary Sallerson Ex-Officio Director w/vote	10	X						0	0	0
Manuel Sanchez Director	10	X						0	0	0
Deborah M Sawyer Director	10	X						0	0	0
H William Schnaper MD Ex-Officio Director/PFF MD	10	X						0	285,948	50,017
Christopher Segal Director	10	X						0	0	0
Mrs Donald Shoemaker Director	10	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
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
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	517,921	139,612
Donna S Wetzler Gen CNSL&Corp Sec/CMMC&Afflts	1 0			X				0	389,284	96,604
Tamar E Ben-Ami MD Staff Radiologist	4 0 0					X		367,753	0	44,355
Elizabeth Perlman MD Chair/Dept of Path & Lab Med	4 0 0					X		439,219	0	45,406
Frank M Prendergast MD Med Director Med Imaging CDH	4 0 0					X		385,521	0	37,714
Cynthia K Rigsby MD Division Head, Body Imaging	4 0 0					X		436,555	0	47,718
Richard M Shore MD Staff Radiologist	4 0 0					X		416,387	0	44,352