

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  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010**

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

**C** Name of organization: Children's Miracle Network  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) / Room/suite: 205 WEST 700 SOUTH  
 City or town, state or country, and ZIP + 4: SALT LAKE CITY, UT 84101

**D** Employer identification number: 87-0387205  
**E** Telephone number: (801) 214-7400  
**G** Gross receipts \$ 34,169,633

**F** Name and address of principal officer:  
 SCOTT J BURT  
 205 WEST 700 SOUTH  
 SALT LAKE CITY, UT 84101

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c) ( 3 ) (Insert no )  4947(a)(1) or  527  
**J** Website: http //www childrensmiracletnetwork org

**K** Form of organization:  Corporation  Trust  Association  Other  
**L** Year of formation: 1982 **M** State of legal domicile: UT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 CHILDREN'S MIRACLE NETWORK SAVES THE LIVES OF CHILDREN BY RAISING FUNDS AND RAISING AWARENESS FOR CHILDREN'S HOSPITALS AND FOUNDATIONS THROUGHOUT THE WORLD

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	135
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	65,853
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	17,365

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	13,850,058	11,769,926
	<b>9</b> Program service revenue (Part VIII, line 2g)	16,862,932	17,351,815
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,702	337,103
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,878,715	1,547,509
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,675,407	31,006,353
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,890,212	11,321,545
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	75,000	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>916,287</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	19,323,502	18,000,663
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	31,288,714	29,322,208	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,386,693	1,684,145	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	63,441,666	53,490,632
	<b>21</b> Total liabilities (Part X, line 26)	43,090,930	31,436,587
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	20,350,736	22,054,045

**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: 2011-01-12  
 Name and title: Claire Richards CFO

**Paid Preparer's Use Only**  
 Preparer's signature: BETHANN LONDYNSKY Date: \_\_\_\_\_  
 Check if self-employed:   
 Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, ONE CALIFORNIA STREET SUITE 2300, SAN FRANCISCO, CA 94111  
 EIN: \_\_\_\_\_ Phone no: (415) 986-3900

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

CHILDREN'S MIRACLE NETWORK SAVES THE LIVES OF CHILDREN BY RAISING FUNDS AND RAISING AWARENESS FOR CHILDREN'S HOSPITALS AND FOUNDATIONS THROUGHOUT THE WORLD

**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 \$ 14,052,268 including grants of \$ ) (Revenue \$ 9,782,088 )  
SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 12,272,229 including grants of \$ ) (Revenue \$ 8,542,964 )  
SEE SCHEDULE O

**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 \$ 26,324,497

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p></p>	<p>No</p>
<p><b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>	<p></p>	<p>No</p>
<p><b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>	<p></p>
<p><b>24a</b> 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>	<p><b>24a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p></p>	<p></p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	<p></p>	<p></p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	<p></p>	<p></p>
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>	<p></p>	<p>No</p>
<p><b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>	<p></p>	<p>No</p>
<p><b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>	<p></p>	<p>No</p>
<p><b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>	<p></p>	<p>No</p>
<p><b>28</b> 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)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>	<p></p>	<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>	<p>Yes</p>	<p></p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>	<p>Yes</p>	<p></p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>	<p></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>	<p></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>	<p></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>	<p></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .</p>	<p><b>34</b></p>	<p>Yes</p>	<p></p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35</b></p>	<p>Yes</p>	<p></p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>	<p></p>	<p>No</p>
<p><b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>	<p><b>37</b></p>	<p></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	<p></p>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 86		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 1		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 135		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> EI , UK , CA , AS See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI</b>
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>CLAIRES RICHARDS 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 (801) 214-7400</b>



<b>1b Total</b>	3,196,477	0	523,072
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**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 **▶**19

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
HOLLAND HART LLP PO Box 17283 DENVER, CO 80217	LEGAL SERVICES	153,744
GRANT THORNTON LLP 33960 TREASURY CENTER CHICAGO, IL 60694	ACCOUNTING SERVICES	137,040

**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 **▶**2

**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		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	11,769,926					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 969,825						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	11,769,926					
<b>Program Service Revenue</b>	<b>2a</b>	HOSPITAL FEES	515,100	17,351,815	17,285,962	65,853		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		17,351,815				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		399,922		399,922		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		0				
	<b>5</b>	Royalties . . . . . ▶		446,745		446,745		
	<b>6a</b>	Gross Rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	666,015				
			(ii) Other	1,684				
			<b>b</b>	Less cost or other basis and sales expenses	729,931			
			<b>c</b>	Gain or (loss)	-63,916			1,097
<b>d</b>	Net gain or (loss) . . . . . ▶		-62,819		-62,819			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from fundraising events . . . ▶		0			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>	77,064				
		<b>c</b>	Net income or (loss) from gaming activities . . . ▶	44,604	44,604			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>							
		<b>b</b>	Less cost of goods sold . . . <b>b</b>	2,481,249				
		<b>c</b>	Net income or (loss) from sales of inventory . . . ▶	2,400,302	80,947	80,947		
Miscellaneous Revenue		Business Code						
<b>11a</b>	ANCILLARY REVENUE	900,099	847,686	847,686				
<b>b</b>	FOREIGN CURRENCY GAIN	900,099	127,527		127,527			
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		975,213					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		31,006,353	18,259,199	65,853	911,375		

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,093,294	1,592,315	345,065	155,914
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	6,574,535	5,739,477	551,613	283,445
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	957,797	799,993	121,230	36,574
<b>9</b>	Other employee benefits . . . . .	1,130,013	1,039,183	66,291	24,539
<b>10</b>	Payroll taxes . . . . .	565,906	505,098	33,868	26,940
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	138,478	79,461	27,466	31,551
<b>c</b>	Accounting . . . . .	122,504	16,922	104,915	667
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	11,216	6,066	2,730	2,420
<b>g</b>	Other . . . . .	2,107,005	1,906,754	86,347	113,904
<b>12</b>	Advertising and promotion . . . . .	7,473,509	7,460,760	6,408	6,341
<b>13</b>	Office expenses . . . . .	682,495	552,987	112,651	16,857
<b>14</b>	Information technology . . . . .	228,136	209,337	12,232	6,567
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	434,735	308,675	63,957	62,103
<b>17</b>	Travel . . . . .	2,914,760	2,680,783	135,222	98,755
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	429,170	48,230	380,181	759
<b>23</b>	Insurance . . . . .	77,210	44,524	15,211	17,475
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	PROGRAM SUPPORT	2,394,477	2,394,477		
<b>b</b>	SPONSORSHIP SUPPORT	934,917	892,569	12,073	30,275
<b>c</b>	MISCELLANEOUS	52,051	46,886	3,964	1,201
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	29,322,208	26,324,497	2,081,424	916,287
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,302,003	<b>1</b>	7,650,645
	<b>2</b> Savings and temporary cash investments . . . . .	36,912,573	<b>2</b>	20,772,004
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,886,905	<b>4</b>	2,788,710
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	116,923	<b>9</b>	671,114
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,208,257		
	<b>b</b> Less accumulated depreciation . . . . .	1,155,355	<b>10c</b>	9,052,902
	<b>11</b> Investments—publicly traded securities . . . . .	9,848,097	<b>11</b>	10,738,784
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,064,874	<b>15</b>	1,816,473
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	63,441,666	<b>16</b>	53,490,632	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,962,418	<b>17</b>	2,699,344
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	9,129,157	<b>19</b>	7,389,035
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	24,019,489	<b>21</b>	16,584,688
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,903,426	<b>23</b>	4,763,520
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	76,440	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	43,090,930	<b>26</b>	31,436,587
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	17,753,972	<b>27</b>	18,957,054
	<b>28</b> Temporarily restricted net assets . . . . .	609,830	<b>28</b>	1,032,092
	<b>29</b> Permanently restricted net assets . . . . .	1,986,934	<b>29</b>	2,064,899
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	20,350,736	<b>33</b>	22,054,045	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	63,441,666	<b>34</b>	53,490,632	

**Part XI Financial Statements and Reporting**

**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? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 . . . .

**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 consolidated basis, separate 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? . . . . .

**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 . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Miracle Network

Employer identification number

87-0387205

**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 **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?  
 (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?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** 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—2008.** 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—2009.** 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—2008.** 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 IRC 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,806,764	18,337,821	18,026,950	13,850,008	11,769,926	70,791,469
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,290,100	11,174,177	16,519,854	20,588,628	20,614,897	78,187,656
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	18,096,864	29,511,998	34,546,804	34,438,636	32,384,823	148,979,125
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	4,273,070	8,184,375	7,597,752	6,969,361	4,730,360	31,754,918
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			64,441	395,627	557,767	1,017,835
<b>c</b> Add lines 7a and 7b	4,273,070	8,184,375	7,662,193	7,364,988	5,288,127	32,772,753
<b>8 Public Support</b> (Subtract line 7c from line 6)						116,206,372

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	18,096,864	29,511,998	34,546,804	34,438,636	32,384,823	148,979,125
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	894,652	3,080,195	2,981,844	1,200,218	1,051,258	9,208,167
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	894,652	3,080,195	2,981,844	1,200,218	1,051,258	9,208,167
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		57,087	26,032	25,371	14,760	123,250
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	18,991,516	32,649,280	37,554,680	35,664,225	33,450,841	158,310,542
<b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	73.404 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	72.474 %

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	5.817 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	6.104 %
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Children's Miracle Network

Employer identification number 87-0387205

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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?
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)?
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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance . . . . .	2,816,066	2,125,928			
<b>b</b> Contributions . . . . .	102,412	772,363			
<b>c</b> Investment earnings or losses . . . . .	122,633	-82,225			
<b>d</b> Grants or scholarships . . . . .	0	0			
<b>e</b> Other expenditures for facilities and programs . . . . .	0	0			
<b>f</b> Administrative expenses . . . . .	0	0			
<b>g</b> End of year balance . . . . .	3,041,111	2,816,066			

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

- a** Board designated or quasi-endowment ▶ 30 680 % %
- b** Permanent endowment ▶ 69 320 % %
- c** Term endowment ▶ 0 % %

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

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

**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
<b>1a</b> Land . . . . .		1,912,889		1,912,889
<b>b</b> Buildings . . . . .		6,808,382	282,547	6,525,835
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		1,486,986	872,808	614,178
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,052,902

**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
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (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
<b>Total.</b> (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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	0

2. Fin 48 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

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

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

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

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

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

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

**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
ESCROW ACCOUNT LIABILITY	FORM 990, SCHEDULE D, PART IV, Q 2B	CHILDREN'S MIRACLE NETWORK DEVELOPS RELATIONSHIPS AT THE NATIONAL OR HEADQUARTERS LEVEL OF BUSINESSES AND ORGANIZATIONS INTERESTED IN SUPPORTING HOSPITALS FOR CHILDREN WE BUILD RELATIONSHIPS WITHIN THESE COMMUNITIES BY CONDUCTING AWARENESS ACTIVITIES AND PUBLIC EDUCATION PROGRAMS CONCERNING CHILDREN'S HOSPITALS WE ALSO DEVELOP FUNDRAISING INITIATIVES THAT ARE INTRODUCED AT THE NATIONAL LEVEL OF THE COMPANY OR GROUP, AND THEN CARRIED OUT THROUGH THE LOCAL STORES OR CLUBS LEVEL MEMBER HOSPITAL REPRESENTATIVES CARRY OUT PUBLIC EDUCATION PROGRAMS AND SUPPORT THE FUNDRAISING AT A LOCAL LEVEL FUNDS FROM THESE ACTIVITIES ARE SOMETIMES GIVEN DIRECTLY TO THE LOCAL MEMBER HOSPITAL, AND SOMETIMES THE FUNDS ARE GIVEN TO CHILDREN'S MIRACLE NETWORK ON BEHALF OF THE MEMBER HOSPITALS WHEN THE FUNDS ARE GIVEN TO CHILDREN'S MIRACLE NETWORK, THEY ARE HELD IN A SEPARATE ACCOUNT UNTIL DISTRIBUTION FUNDS ARE RECEIVED THROUGHOUT THE YEAR AND ARE REMITTED ON A QUARTERLY BASIS TO THE HOSPITALS, WHICH HAVE ALSO BEEN DETERMINED TO BE 501(c)(3) ORGANIZATIONS
ENDOWMENT FUND	FORM 990, SCHEDULE D, PART V, Q 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE A PERMANENT SOURCE OF FUNDING FOR THE CREATION, DEVELOPMENT AND EXECUTION OF THE PROGRAMS, CAMPAIGNS, ACTIVITIES AND OPERATIONS OF CHILDREN'S MIRACLE NETWORK
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	ON SEPTEMBER 1, 2009 THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740-10 (FKA FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) THE ORGANIZATION ANALYZED ALL POSITIONS FOR ALL APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING US FEDERAL, UTAH STATE AND FOREIGN JURISDICTIONS FOR THE YEARS ENDED AUGUST 31, 2007 THROUGH AUGUST 31, 2009 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF THE DATE OF ADOPTION IN ADDITION, THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS FOR THE ABOVE TAX JURISDICTIONS SINCE SEPTEMBER 1, 2009, NOR WAS THERE A MATERIAL EFFECT DURING THE CURRENT YEAR NOR IS IT EXPECTED THAT THERE WILL BE A MATERIAL CHANGE IN THE 12 MONTHS FOLLOWING THE YEAR ENDED AUGUST 31, 2010

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Miracle Network

**Employer identification number**

87-0387205

**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 IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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
North America	1	10	Fundraising	COMM SVCS, SUPPORT	198,952
North America			Program Services	COMMUNITY SERVICES	1,591,618
Europe (Including Iceland and Greenland)			Investments		
North America			Investments		
East Asia and the Pacific			Investments		
<b>Totals . . . . . ▶</b>	1	10			1,790,570









**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Direct Expenses</b>	<b>1</b> Gross revenue . . . . .	0	0	77,064	77,064
	<b>2</b> Cash prizes . . . . .	0	0	0	0
	<b>3</b> Non-cash prizes . . . . .	0	0	27,690	27,690
	<b>4</b> Rent/facility costs . . . . .	0	0	0	0
	<b>5</b> Other direct expenses . . . . .	0	0	4,770	4,770
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>90 000</u> % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					32,460
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					44,604

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities <u>NV</u>		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b> Yes	
<b>b</b> If "No," Explain		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	No
<b>b</b> If "Yes," Explain		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	0 %
<b>b</b> An outside facility . . . . .	<b>13b</b>	100 000 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ STACY WEIGHT

Address ▶ 205 WEST 700 SOUTH  
SALT LAKE CITY, UT 84101

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

**15a** Yes No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ VAL DURRANT SENIOR DIRECTOR DEVELO

Gaming manager compensation ▶ \$ 3,080

Description of services provided ▶ SUPERVISES VOLUNTEERS, DEPOSITS MONEY

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**17a** Yes No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Children's Miracle Network

Employer identification number

87-0387205

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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

**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

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

**4** During the year, did any person listed 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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
JAMES L HALL II	(i)	0	0	168,750	0	0	168,750	0
	(ii)	0	0	0	0	0	0	0
SCOTT BURT	(i)	367,889	0	281,257	46,485	19,123	714,754	135,723
	(ii)	0	0	0	0	0	0	0
CLAIRE RICHARDS	(i)	161,728	0	0	30,266	6,094	198,088	0
	(ii)	0	0	0	0	0	0	0
STEVE SWENSON	(i)	0	0	230,371	26,345	14,272	270,988	0
	(ii)	0	0	0	0	0	0	0
CRAIG SORENSEN	(i)	216,709	0	0	41,741	21,449	279,899	0
	(ii)	0	0	0	0	0	0	0
BRIAN HAZELGREN	(i)	216,338	0	0	40,785	14,812	271,935	0
	(ii)	0	0	0	0	0	0	0
ALLAN HENDERSON	(i)	219,552	0	0	39,935	505	259,992	0
	(ii)	0	0	0	0	0	0	0
SHIRLEY M ROGERS	(i)	133,728	0	0	23,841	5,416	162,985	0
	(ii)	0	0	0	0	0	0	0
JOHN HARTMAN	(i)	208,700	0	0	20,870	3,066	232,636	0
	(ii)	0	0	0	0	0	0	0
ANTHONY REHMER	(i)	167,041	0	0	30,208	14,734	211,983	0
	(ii)	0	0	0	0	0	0	0
TERI NESTEL	(i)	126,494	0	44,229	31,085	14,734	216,542	0
	(ii)	0	0	0	0	0	0	0
DON HARRIS	(i)	164,237	0	0	17,160	2,076	183,473	0
	(ii)	0	0	0	0	0	0	0
ROBERT BANNER	(i)	133,091	0	0	23,828	14,734	171,653	0
	(ii)	0	0	0	0	0	0	0
PERRY ESLER	(i)	135,532	0	0	13,553	3,066	152,151	0
	(ii)	0	0	0	0	0	0	0
STEVE OSHIN	(i)	220,831	0	0	0	2,889	223,720	0
	(ii)	0	0	0	0	0	0	0

**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
SCHEDULE J, PART I, Q 1A		<p>DISCRETIONARY SPENDING ACCOUNT THE ORGANIZATION PROVIDES FOR THE PAYMENT OF CAR EXPENSES, INCLUDING GAS, MAINTENANCE, AND INSURANCE ON A COMPANY CAR PROVIDED TO THE CEO THE ARRANGEMENT IS OUTLINED IN THE CEO EMPLOYMENT CONTRACT THE VALUE OF THE PERSONAL USE AND RELATED EXPENDITURES IS INCLUDED IN W-2 INCOME OF THE CEO AND CONSTITUTES AN ELEMENT OF THE CEO'S OVERALL REASONABLE/COMPETITIVE COMPENSATION PACKAGE HOUSING ALLOWANCE A HOUSING ALLOWANCE WAS GRANTED TO TERI NESTEL, A US RESIDENT WHO MOVED TO THE UK AS CHIEF OPERATING OFFICER, UK &amp; IRELAND THIS ARRANGEMENT TERMINATED UPON MS NESTEL'S RETURN TO THE US IN JULY 2009, FROM WHICH TIME NO HOUSING ALLOWANCES HAVE BEEN AUTHORIZED OR PAID SCHEDULE J, PART I, Q 4A AND Q 4B SEVERANCE, CHANGE OF CONTROL, AND SUPPLEMENTAL RETIREMENT PLAN PAYMENTS JAMES L HALL (\$168,750), CHANGE IN CONTROL PAYMENT STEVEN SWENSON (\$230,031), SEVERANCE PAYMENT FURTHER EXPLANATION OF JAMES L HALL'S COMPENSATION JAMES L HALL II WAS APPOINTED PRESIDENT &amp; CEO ON JANUARY 1, 2006 AND SERVED THROUGH SEPTEMBER 19, 2008 WHILE THIS RETURN IS REPORTING THE ORGANIZATION'S FISCAL YEAR FROM SEPTEMBER 1, 2009 THROUGH AUGUST 31, 2010, ALL COMPENSATION REPORTED ON FORM 990, SCHEDULE J REFLECTS EARNINGS FROM JANUARY 1 THROUGH DECEMBER 31, 2009 AT THE END OF HIS EMPLOYMENT AS PRESIDENT &amp; CEO, CHILDREN'S MIRACLE NETWORK ENTERED INTO A TRANSITION AGREEMENT WITH MR HALL TO CONTINUE IN AN ADVISORY CAPACITY THROUGH THE CHANGE OF CONTROL THAT WAS IN EFFECT THROUGH THE END OF 2009 AND INTO EARLY 2010 HE WAS PAID ON A MONTHLY BASIS AT A RATE THAT WAS ROUGHLY EQUIVALENT TO HIS NORMAL SALARY AND BENEFITS WHICH TOTALED \$168,750 AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III) FURTHER EXPLANATION OF SCOTT J BURT'S COMPENSATION SCOTT BURT WAS APPOINTED PRESIDENT &amp; CEO ON SEPTEMBER 19, 2008 IN ADDITION, MR BURT'S COMPENSATION AGREEMENT INCLUDED PROVISIONS FOR A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE AMOUNTS EARNED EACH YEAR UNDER THE PLAN WERE REPORTED AS DEFERRED COMPENSATION ON THE APPROPRIATE FORM 990 WHILE THESE AMOUNTS WERE ALREADY REPORTED OVER THE NUMBER OF YEARS MR BURT SERVED AS THE ORGANIZATION'S COO, AND SUBSEQUENTLY, PRESIDENT &amp; CEO, THE RULES REQUIRED THAT THE COMPENSATION BE REPORTED AGAIN AS THE ACCUMULATED AMOUNT OF RETIREMENT BENEFITS WAS PAID OUT TO MR BURT DURING THE CALENDAR YEAR REPORTED IN THIS FORM 990 IN ADDITION TO THE SERP PAYOUT, MR BURT WAS ALSO PROVIDED WITH AN EXECUTIVE LIFE INSURANCE POLICY AND AUTO ALLOWANCE AS PART OF HIS EMPLOYMENT CONTRACT THE TOTAL AMOUNT OF THE SERP PAYOUT, THE EXECUTIVE LIFE INSURANCE POLICY AND THE AUTO ALLOWANCE ARE ALL INCLUDED IN THE OTHER REPORTABLE COMPENSATION AMOUNT OF \$248,257 WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III) NON-QUALIFIED DEFERRED COMPENSATION CHILDREN'S MIRACLE NETWORK EMPLOYEES PARTICIPATE IN A MONEY PURCHASE RETIREMENT PLAN THAT IS CONSIDERED TO BE A NON-QUALIFIED DEFERRED COMPENSATION PLAN THE CURRENT YEAR ACCRUAL FOR THIS BENEFIT FOR THE EMPLOYEES THAT ARE LISTED ON SCHEDULE J IS REFLECTED IN SCHEDULE J-1, COLUMN C</p>

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Children's Miracle Network

**Employer identification number**  
87-0387205

**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	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 From		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	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
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**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MOUNTAIN AMERICA CREDIT UNION	OFFICER IS VOL BOARD MEMB	2,453,437	MORTGAGE		No

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Children's Miracle Network

Employer identification number

87-0387205

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, etc.

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

Table with 2 columns: 29, Yes/No

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Questions about property holding periods, gift acceptance policy, and non-cash contributions.

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
Children's Miracle Network

**Employer identification number**

87-0387205

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
FORM 990, PART III, Q 4A	PROGRAM SERVICE ACCOMPLISHMENTS	<p>CHILDREN'S MIRACLE NETWORK SAVES THE LIVES OF CHILDREN BY RAISING FUNDS AND RAISING AWARENESS FOR CHILDREN'S HOSPITALS AND FOUNDATIONS THROUGHOUT THE WORLD IN COLLABORATION WITH NATIONAL CORPORATE AND MEDIA SPONSORS, CHILDREN'S MIRACLE NETWORK DESIGNS, ORGANIZES AND FACILITATES FUNDRAISING CAMPAIGNS AND PROGRAMS TO BENEFIT LOCAL CHILDREN'S HOSPITALS IN ADDITION CHILDREN'S MIRACLE NETWORK WORKS WITH ITS NATIONAL CORPORATE AND MEDIA SPONSORS TO CREATE AWARENESS AND PUBLIC EDUCATION PROGRAMS FOCUSED ON CHILDREN'S HOSPITALS AND CHILDREN'S HEALTHCARE RAISING FUNDS FOR CHILDREN'S HOSPITALS AND FOUNDATIONS FUNDS RAISED THROUGH CHILDREN'S MIRACLE NETWORK PROGRAMS STAY IN THE COMMUNITY WHERE THEY ARE RAISED THIS PHILOSOPHY ASSURES CONTRIBUTORS THAT THEIR DONATIONS BENEFIT CHILDREN IN THEIR COMMUNITY AND CREATES AN AFFINITY WITH THE LOCAL CHILDREN'S HOSPITAL IN 2009, THE COMBINED EFFORTS OF CHILDREN'S MIRACLE NETWORK AND ITS PARTNERS RAISED MORE THAN \$225 MILLION TO HELP CHILDREN AT AFFILIATED CHILDREN'S HOSPITALS CHILDREN'S MIRACLE NETWORK RESULTS ARE DISTRIBUTED AS DISCRETIONARY FUNDS TO EACH HOSPITAL TO ALLOW THEM TO ADDRESS THE MOST CRITICAL CHILDREN'S HEALTHCARE NEEDS IN THEIR RESPECTIVE COMMUNITIES CHILDREN'S MIRACLE NETWORK HOSPITALS PROVIDE HIGHLY SPECIALIZED MEDICAL CARE, CONDUCT RESEARCH, AND PROVIDE PUBLIC EDUCATION PROGRAMS CONCERNING THE HEALTH CARE NEEDS OF CHILDREN EACH YEAR, THE NETWORK OF 170 HOSPITALS PROVIDES MEDICAL CARE TO MORE THAN 17 MILLION CHILDREN WITH CANCER, HEART PROBLEMS, BIRTH DEFECTS, CYSTIC FIBROSIS, DIABETES, MUSCULAR DYSTROPHY AND MANY OTHER SERIOUS ILLNESSES AND INJURIES THE LIST OF WHAT CHILDREN'S MIRACLE NETWORK FUNDS HAVE PURCHASED IS EXHAUSTIVE, BUT THE FOLLOWING EXAMPLES ARE JUST A FEW WAYS DONATIONS HAVE MADE AN IMPACT ON NATIONAL AND LOCAL PRIORITIES AT OUR CHILDREN'S HOSPITALS CHILDREN'S MIRACLE NETWORK HELPED FUND IV POLES, PUMPS, RECLINING CHAIRS AND EXAMINATION TABLES AT ARNOLD PALMER MEDICAL CENTER (ORLANDO, FL) THAT HELPED TREAT CARSON FOR CANCER INTRA OPERATIVE MAGNETIC RESONANCE IMAGING EQUIPMENT AT CHILDREN'S HEALTHCARE OF ATLANTA (ATLANTA, GA) WAS FUNDED BY CHILDREN'S MIRACLE NETWORK THE EQUIPMENT ALLOWED DOCTORS TO VIEW IMAGES OF ALISON'S BRAIN AFTER SHE FRACTURED HER SKULL AT ST LUKE'S CHILDREN'S HOSPITAL (BOISE, ID), FUNDS RAISED BY CHILDREN'S MIRACLE NETWORK BOUGHT A SPECIALIZED FILTRATION SYSTEM TO PREVENT PATIENTS LIKE ZACH FROM GETTING INFECTIONS WHILE UNDERGOING TREATMENT FOR LEUKEMIA WHEN JACK CONTRACTED ROCKY MOUNTAIN SPOTTED FEVER, HE AND HIS FAMILY FOUND SOLACE IN ST JOHN'S CHILDREN'S HOSPITAL'S (SPRINGFIELD, IL) ROOFTOP HEALING GARDEN THAT WAS FUNDED BY CHILDREN'S MIRACLE NETWORK CHILDREN'S MIRACLE NETWORK FUNDED MEDICAL EQUIPMENT AND GAMES AT ST LUKE'S REGIONAL MEDICAL CENTER (SIOUX CITY, IA) THAT KEPT ANDRES STRONG AND POSITIVE THROUGH BONE CANCER TREATMENTS CHILDREN'S MIRACLE NETWORK ALSO HELPED PAY FOR THE 48 OUT-OF-STATE TRIPS ANDRES HAD TO MAKE FOR SPECIAL CANCER TREATMENT AT ST LUKE'S REGIONAL MEDICAL CENTER CHILDREN'S MIRACLE NETWORK HELPED PROVIDE A MOTORIZED WHEELCHAIR FOR AMERICA WHO HAS SPINA BIFIDA AND WAS TREATED AT ST FRANCIS HEALTH CENTER (TOPEKA, KS) DURING THE 25 SURGERIES ABBY UNDERWENT IN HER FIRST TWO YEARS OF HER LIFE, SHE STAYED IN A GIRAFFE BED (AVERAGE COST \$47,000) PURCHASED BY CHILDREN'S MIRACLE NETWORK FOR KENTUCKY CHILDREN'S HOSPITAL (LEXINGTON, KY) CHILDREN'S MIRACLE NETWORK HELPED FUND A FAMILY RESOURCE CENTER AT GILLETTE CHILDREN'S SPECIALTY HEALTHCARE (ST PAUL, MN) THAT HELPED BELLA'S FAMILY MAKE TREATMENT DECISIONS CHILDREN'S MIRACLE NETWORK PURCHASED OXYGEN AND APNEA MONITORS AT RENOWN CHILDREN'S HOSPITAL (RENO, NV) THAT MONITORED PREMATURE TWINS KATY AND PAIGE DURING THEIR FIRST NINE MONTHS OF LIFE CHILDREN'S MIRACLE NETWORK SUPPORTS THE CHILD LIFE PROGRAM AT MARIA FARERI CHILDREN'S HOSPITAL AT WESTCHESTER MEDICAL CENTER (VALHALLA, NY) THAT HELPED FRANKIE OVERCOME INJURIES THAT WERE THE RESULT OF BEING MAULED BY A PIT BULL CHILDREN'S MIRACLE NETWORK FUNDED A SCHOOL RE-ENTRY PROGRAM AT MERITCARE CHILDREN'S HOSPITAL (FARGO, ND) TO HELP ALYSSA TRANSITION BACK INTO SCHOOL AFTER SHE BATTLED LEUKEMIA CHILDREN'S MIRACLE NETWORK SUPPORTED CYSTIC FIBROSIS RESEARCH AT CHILDREN'S HOSPITAL FOUNDATION (WINNIPEG, MB) THAT HELPED SAVE SHEA'S LIFE WHEN 4-YEAR-OLD OLIVIA WAS BORN, SHE HAD SERIOUS TROUBLE BREATHING AND WAS IMMEDIATELY PLACED ON A VENTILATOR AT SANFORD CHILDREN'S HOSPITAL (SIOUX FALLS, SD) THE VENTILATOR WAS PURCHASED BY CHILDREN'S MIRACLE NETWORK A SANFORD CHILDREN'S HOSPITAL ASSISTANCE PROGRAM (SIOUX FALLS, SD), SUPPORTED BY CHILDREN'S MIRACLE NETWORK, HELPED OLIVIA'S FAMILY WITH MEALS, MILEAGE, AND LODGING WHILE THEY STOOD BY THEIR DAUGHTER'S SIDE HOPING FOR A MIRACLE CHILDREN'S MIRACLE NETWORK HELPED PURCHASE THE IMRI MACHINE (AVERAGE COST \$3 MILLION) AT COOK CHILDREN'S MEDICAL CENTER (FT WORTH, TX) THAT WAS USED IN SAM'S SURGERY FOR HEREDITARY DYSTONIA BECAUSE OF THE SUPPORT OF CHILDREN'S MIRACLE NETWORK, CONOR HAD ACCESS TO CHILD LIFE SERVICES AND A PEDIATRIC SOCIAL WORKER AT VERMONT CHILDREN'S HOSPITAL AT FLETCHER ALLEN HEALTH CARE (BURLINGTON, VT), WHILE HE RECEIVED TREATMENT FOR LEUKEMIA PRACTICALLY EVERYTHING USED AT VIRGINIA BAPTIST HOSPITAL (LYNCHBURG, VA) TO KEEP JAYDEN ALIVE WHEN HE WAS BORN PREMATURE WAS PAID FOR BY CHILDREN'S MIRACLE NETWORK A WARMING BED, SPECIAL EQUIPMENT TO TREAT JAUNDICE, TINY BLOOD PRESSURE CUFFS, HEART MONITORS, AND LITTLE STETHOSCOPES CHILDREN'S MIRACLE NETWORK HELPED BUY PHYSICAL THERAPY EQUIPMENT AT GUNDERSEN LUTHERAN HEALTH SYSTEM (LA CROSSE, WI), INCLUDING AN ADAPTIVE HAND CYCLE AND MOBILE STANDER, TO BOOST WYATT'S STRENGTH AND SELF-CONFIDENCE</p>

Identifier	Return Reference	Explanation
FORM 990, PART III, Q 4B	RAISING AWARENESS FOR CHILDREN'S HOSPITALS & FOUNDATIONS	<p>CHILDREN'S MIRACLE NETWORK HAS DEVELOPED RELATIONSHIPS WITH A WIDE RANGE OF NATIONAL CORPORATE AND MEDIA SPONSORS TO CREATE AWARENESS AND PUBLIC EDUCATION PROGRAMS CHILDREN'S MIRACLE NETWORK CREATES NATIONAL PUBLIC AWARENESS THROUGH RADIO AND TELEVISION PROGRAMS THAT FOCUS ON THE STORIES OF CHILDREN AND THEIR FAMILIES WHO HAVE EXPERIENCED SERIOUS ILLNESSES OR INJURIES AND WERE CARED FOR AT A LOCAL CHILDREN'S HOSPITAL KEY CHILDREN'S MIRACLE NETWORK PUBLIC EDUCATION AND AWARENESS CAMPAIGNS OF 2009 INCLUDED 1) CHILDREN'S MIRACLE NETWORK TELETHON, 2) CHILDREN'S MIRACLE NETWORK RADIOTHON, 3) CHAMPIONS ACROSS AMERICA/CANADA AND 4) REAL MIRACLES PUBLIC EDUCATION CAMPAIGN AS AN UMBRELLA ORGANIZATION FOR 170 HOSPITALS FOR CHILDREN, CHILDREN'S MIRACLE NETWORK PROVIDES COMPREHENSIVE EDUCATION, SUPPORT, INFORMATION AND RESOURCES TO ITS NETWORK OF AFFILIATED HOSPITALS FOR RAISING FUNDS, CREATING AWARENESS AND PUBLIC EDUCATION PROGRAMS FOR THE HEALTHCARE NEEDS OF CHILDREN AND THE IMPORTANT WORK OF THE CHILDREN'S HOSPITALS THAT CARE FOR THEM TO JOIN THE NETWORK, A HOSPITAL SIGNS A MEMBERSHIP AGREEMENT CHILDREN'S MIRACLE NETWORK THEN PROVIDES AN ANNUAL INTERNATIONAL EDUCATION CONFERENCE, MONTHLY NATIONAL NETWORK CONFERENCE CALLS, ONLINE EDUCATION, INFORMATION AND NETWORKING TOOLS, PUBLICATIONS, TRAINING AND PROGRAM CONTENT FOR RADIO AND TELEVISION SPONSORS AND TRAINING SUPPORT FOR AFFILIATES IN NATIONAL PROGRAMS AS APPROPRIATE AND NECESSARY TO ACHIEVE THE ORGANIZATION'S PURPOSES FORM 990, PART VI, SECTION A, Q 2 FAMILY RELATIONSHIP TWO BOARD MEMBERS SHARE A FAMILY RELATIONSHIP MARIE OSMOND AND JIMMY OSMOND ARE SIBLINGS FORM 990, PART VI, SECTION B, Q 11A REVIEW OF FORM 990 CHILDREN'S MIRACLE NETWORK'S IRS FORM 990 IS PREPARED BY A PROFESSIONAL TAX PREPARER ONCE IT IS COMPLETE, THE DRAFT IS PRESENTED BY THE PROFESSIONAL TAX PREPARER TO THE AUDIT &amp; COMPLIANCE COMMITTEE OF THE CHILDREN'S MIRACLE NETWORK BOARD OF TRUSTEES THE AUDIT &amp; COMPLIANCE COMMITTEE CAREFULLY REVIEWS THE DOCUMENT AN ELECTRONIC COPY OF THE IRS FORM 990 IS THEN SENT TO THE FULL BOARD OF TRUSTEES AT A MEETING OF THE FULL BOARD, THE CHAIR OF THE AUDIT &amp; COMPLIANCE COMMITTEE PROVIDES A REPORT AND RECOMMENDATION TO THE FULL BOARD TO APPROVE THE FORM 990 FOR FILING WITH THE IRS THE FULL BOARD APPROVES THE FORM 990 IN ADVANCE OF ITS FILING WITH THE INTERNAL REVENUE SERVICE FORM 990, PART VI, SECTION B, Q 12C CONFLICT OF INTEREST AT THE BEGINNING OF EACH FISCAL YEAR, THE CHAIR OF THE AUDIT &amp; COMPLIANCE COMMITTEE OF CHILDREN'S MIRACLE NETWORK ASKS EACH BOARD MEMBER AND EMPLOYEE TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND THEN SIGN A STATEMENT CONFIRMING THAT THEY ADHERE TO CHILDREN'S MIRACLE NETWORK POLICIES AND PROCEDURES INCLUDING AVOIDANCE OF ANY ACTS THAT ARE CONTRARY TO THE CHILDREN'S MIRACLE NETWORK'S EXEMPT PURPOSES OR ANY ACTS THAT CONFLICT WITH THEIR RESPONSIBILITIES AT CHILDREN'S MIRACLE NETWORK BOARD MEMBERS ARE ALSO ASKED TO DISCLOSE ANY CONFLICTS THAT THEY ARE AWARE OF OR ANY POTENTIAL CONFLICTS OF INTEREST EACH STATEMENT IS PRESENTED TO THE AUDIT &amp; COMPLIANCE COMMITTEE OF THE CHILDREN'S MIRACLE NETWORK BOARD OF TRUSTEES EACH CONFLICT OR POTENTIAL CONFLICT IS THEN REVIEWED AND RESOLVED BY THE COMMITTEE AND A REPORT IS GIVEN TO THE FULL BOARD OF TRUSTEES DOCUMENTING THE DISPOSITION OF THE CONFLICT OR POTENTIAL CONFLICT FORM 990, PART VI, SECTION B, Q 15A AND Q 15B EXECUTIVE COMPENSATION AN EXTENSIVE REVIEW AND ANALYSIS OF EXECUTIVE COMPENSATION WAS UNDERTAKEN BY THE EXECUTIVE COMMITTEE OF THE CHILDREN'S MIRACLE NETWORK BOARD OF TRUSTEES IN 2008 WITH THE ASSISTANCE OF A THIRD PARTY CONSULTING FIRM COMPENSATION OF PAID EXECUTIVES IN 2008 WAS SET BASED ON THE COMPARISONS AND RECOMMENDATIONS OF THE CONSULTING FIRM AND THE BOARD AGREED TO ENGAGE AN OUTSIDE REVIEW EVERY FIVE YEARS THE NEXT REVIEW IS TO BE CONDUCTED IN 2013 THE FINANCIAL CRISIS OF 2008 AND SUBSEQUENT ECONOMIC DOWNTURN HAD AN IMPACT ON FUNDRAISING RESULTS IN 2009 MANAGEMENT RECOMMENDED TO THE BOARD OF TRUSTEES THAT COMPENSATION REMAIN FLAT IN 2009 THE BOARD OF TRUSTEES DELIBERATED THE EFFECTS AND ADOPTED THE RECOMMENDATION MINUTES WERE TAKEN TO RECORD THE DISCUSSION AND THE CONCLUSIONS REACHED THE PROCESS IS IN KEEPING WITH THE CHILDREN'S MIRACLE NETWORK BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE AND IS ALSO INTENDED TO COMPORT WITH THE RULES AND REGULATIONS TO PREVENT ANY EXCESS BENEFIT TRANSACTIONS AS PROMULGATED BY THE DEPARTMENT OF TREASURY FORM 990, PART VI, SECTION C, Q 19 PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST THE ORGANIZATION INCLUDES ITS AUDITED FINANCIAL STATEMENTS IN ITS ANNUAL REPORT WHICH IS MADE AVAILABLE ON ITS WEBSITE SCHEDULE R, PART V FROM TIME TO TIME, CHILDREN'S MIRACLE NETWORK WILL PAY INVOICES ON BEHALF OF FOREIGN RELATED ENTITIES THAT ARE REIMBURSED BY THOSE ENTITIES</p>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Children's Miracle Network

**Employer identification number**  
87-0387205

**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
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**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
CHILDREN'S MIRACLE NETWORK UK FORESTERS HOUSE CROMWELL AVE BROMLEY, BR2 9BF, UK	CHARITABLE	UK		N/A	NA
CHILDREN'S MIRACLE NETWORK IRELAND	CHARITABLE	EI		N/A	NA
CHILDREN'S MIRACLE NETWORK AUSTRALIA SUITE 14 LEVEL 2 37 BLIGH ST SYDNEY, NSW, 2000 AS	CHARITABLE	AS		N/A	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CHILDRENS MIRACLE NETWORK ENTERPRISES LT FORESTERS HOUSE CROMWELL AVENUE BROMLEY, BR2 9BF UK UK	SUPPORT CHARITY	UK	NA	C CORP	100	100	100 000 %
CHILDRENS MIRACLE NETWORK AUS PTY LTD SUITE 14 LEVEL 2 37 BLIGH STREET SYDNEY, NSW, 2000 AS	SUPPORT CHARITY	AS	NA	C CORP	100	100	100 000 %

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

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)		No
<b>c</b> Gift, grant, or capital contribution from other organization(s)		No
<b>d</b> Loans or loan guarantees to or for other organization(s)		No
<b>e</b> Loans or loan guarantees by other organization(s)		No
<b>f</b> Sale of assets to other organization(s)		No
<b>g</b> Purchase of assets from other organization(s)		No
<b>h</b> Exchange of assets		No
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		No
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		No
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		No
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		No
<b>n</b> Sharing of paid employees		No
<b>o</b> Reimbursement paid to other organization for expenses		No
<b>p</b> Reimbursement paid by other organization for expenses	Yes	
<b>q</b> Other transfer of cash or property to other organization(s)		No
<b>r</b> Other transfer of cash or property from other organization(s)		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
(1)	CHILDRENS MIRACLE NETWORK ENTERPRISES LIMITED	P	141,423
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(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) Disproportionate 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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 87-0387205  
**Name:** Children's Miracle Network

**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			
TOM SARGENT BOARD MEMBER PART YEAR	2 0	X						0	0	0
DIANNA MORGAN CHAIRMAN OF THE BOARD	2 0	X		X				0	0	0
MARIO PILOZZI IMMEDIATE PAST CHAIR	2 0	X						0	0	0
JIM SHMERLING VICE CHAIR OF THE BOARD	2 0	X		X				0	0	0
JIMMY ALEXANDER BOARD MEMBER	2 0	X						0	0	0
DR STEPHEN ALTSCHULER BOARD MEMBER	2 0	X						0	0	0
JOHN BEL CHAIR HOSPITAL RELATIONS COMT	2 0	X						0	0	0
DON BLACK BOARD MEMBER	2 0	X						0	0	0
JOHN BOZARD SECRETARY CHAIR AUDIT COMPL	2 0	X		X				0	0	0
NANA MENSAH BOARD MEMBER	2 0	X						0	0	0
MARIE OSMOND BOARD MEMBER	2 0	X						0	0	0
JIMMY OSMOND BOARD MEMBER	2 0	X						0	0	0
JOHN SCHNEIDER BOARD MEMBER	2 0	X						0	0	0
TOM SULLIVAN BOARD MEMBER	2 0	X						0	0	0
JON VICE CHAIR STRATEGY COMMITTEE	2 0	X						0	0	0
STEVE WEISZ TREASURER CHAIR FINANCE COMT	2 0	X		X				0	0	0
KEVIN CHURCHWELL BOARD MEMBER	2 0	X						0	0	0
ORA PESCOVITZ BOARD MEMBER	2 0	X						0	0	0
KEN POTROCK BOARD MEMBER	2 0	X						0	0	0
PATRICIA WYATT CHAIR BOARD OF GOVERNORS	2 0	X						0	0	0
IGNACIO PEREZ LIZAU BOARD MEMBER	2 0	X						0	0	0
SCOTT BURT PRESIDENT AND CEO	50 0			X				649,146	0	65,608
CLAIRE RICHARDS CHIEF FINANCIAL OFFICER	50 0			X				161,728	0	36,360
CRAIG SORENSEN CHIEF MARKETING OFFICER	50 0			X				216,709	0	63,190
BRIAN HAZELGREN CHIEF DEVELOPMENT OFFICER	50 0				X			216,338	0	55,597

**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			
ALLAN HENDERSON SVP BROADCAST COMMUNICATIONS	50 0				X			219,552	0	40,440
JOHN HARTMAN CHIEF INTERNATIONAL OFFICER	50 0				X			208,700	0	23,936
ANTHONY REHMER SVP INFORMATION TECHNOLOGY	50 0				X			167,041	0	44,942
STEVE OSHIN SVP RADIOTHON	50 0				X			220,831	0	2,889
SHIRLEY M ROGERS SVP DEVELOPMENT	50 0					X		133,728	0	29,257
TERI NESTEL SVP CORPORATE INTEGRITY	50 0					X		170,723	0	45,819
DON HARRIS SVP LONG TERM DEVELOPMENT	50 0					X		164,237	0	19,236
ROBERT BANNER VP DIRECT MARKETING	50 0					X		133,091	0	38,562
PERRY ESLER VP INTERNATIONAL	50 0					X		135,532	0	16,619
JAMES L HALL II FORMER PRESIDENT AND CEO	0 0						X	168,750	0	0
STEVE SWENSON FORMER CHIEF GENERAL COUNSEL	0 0						X	230,371	0	40,617