

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 private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHILDREN'S MIRACLE NETWORK

Doing business as
CHILDREN'S MIRACLE NETWORK HOSPITALS

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 province, country, and ZIP or foreign postal code
SALT LAKE CITY, UT 84101

D Employer identification number
87-0387205

E Telephone number
(801) 214-7400

F Name and address of principal officer
TERI NESTEL
205 WEST 700 SOUTH
SALT LAKE CITY, UT 84101

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

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

J Website: ▶ WWW.CHILDRENSMIRACLENETWORKHOSPITALS.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 (D/B/A) "CHILDREN'S MIRACLE NETWORK HOSPITALS") WORKS TO SAVE KIDS' LIVES BY RAISING FUNDS AND AWARENESS FOR CHILDREN'S HOSPITALS ACROSS NORTH AMERICA

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	210
6 Total number of volunteers (estimate if necessary)	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	270,667
7b Net unrelated business taxable income from Form 990-T, line 34	12,418

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,642,541	7,670,293
9 Program service revenue (Part VIII, line 2g)	35,656,403	35,691,948
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,136	1,095,497
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,709,153	971,167
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,220,233	45,428,905

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,744,103	20,562,044
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,313,487		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,879,422	23,492,326
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	46,623,525	44,054,370
19 Revenue less expenses Subtract line 18 from line 12	-1,403,292	1,374,535

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	100,012,044	115,800,036
21 Total liabilities (Part X, line 26)	77,368,816	90,218,809
22 Net assets or fund balances Subtract line 21 from line 20	22,643,228	25,581,227

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: 2018-06-13
TERI NESTEL CHIEF ADMINISTRATION OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: CHETT J CAMPBELL CPA
Preparer's signature: CHETT J CAMPBELL CPA
Date: _____
Check if self-employed PTIN: P01301037
Firm's name: EIDE BAILLY LLP
Firm's EIN: 45-0250958
Firm's address: 5 TRIAD CENTER STE 600
SALT LAKE CITY, UT 841801106
Phone no: (801) 532-2200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CHILDREN'S MIRACLE NETWORK (D/B/A) "CHILDREN'S MIRACLE NETWORK HOSPITALS") WORKS TO SAVE KIDS' LIVES BY RAISING FUNDS AND AWARENESS FOR CHILDREN'S HOSPITALS ACROSS NORTH AMERICA

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 29,836,091 including grants of \$) (Revenue \$ 27,059,926)
See Additional Data

4b (Code) (Expenses \$ 9,945,364 including grants of \$) (Revenue \$ 9,019,975)
See Additional Data

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 ▶ 39,781,455

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, MO, ME, ND, NC, NY, NM, NJ, NH, OH, OR, OK, TN, UT, VA, WA, WV, WI, NV, RI, PR, PA, SC
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SPENCER BROWN 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 (801) 214-7400

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,670,293				
	g Noncash contributions included in lines 1a-1f \$ _____		487,865				
	h Total. Add lines 1a-1f		7,670,293				
Program Service Revenue			Business Code				
	2a HOSPITAL FEES		515100	30,069,337	30,069,337		
	b DIRECT MAIL FEES		900099	4,756,747	4,486,080	270,667	
	c REGISTRATION FEES		900099	865,864	865,864		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		35,691,948					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			679,077		679,077	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			312,547		312,547	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		11,656,151	49,034		
		c Gain or (loss)		11,245,175	43,590		
		d Net gain or (loss)		410,976	5,444	416,420	416,420
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a ANCILLARY REVENUE		900099	613,037	613,037			
b FOREIGN CURRENCY EXCHANGE GAIN		900099	45,583	45,583			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			658,620				
12 Total revenue. See Instructions			45,428,905	36,079,901	270,667	1,408,044	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,757,558	3,313,854	311,501	132,203
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	161,210	142,115	12,744	6,351
7 Other salaries and wages	11,714,578	10,326,991	926,062	461,525
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,730,373	1,534,632	132,980	62,761
9 Other employee benefits	2,165,628	1,915,350	170,198	80,080
10 Payroll taxes	1,032,697	911,693	81,402	39,602
11 Fees for services (non-employees)				
a Management				
b Legal	19,299	16,894	1,621	784
c Accounting	108,452	94,937	9,107	4,408
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,746	57,226	7,040	2,480
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,437,798	2,945,147	365,356	127,295
12 Advertising and promotion	1,337,555	1,295,747	24,015	17,793
13 Office expenses	323,785	282,158	26,733	14,894
14 Information technology	282,080	250,966	21,048	10,066
15 Royalties				
16 Occupancy	274,570	236,333	26,402	11,835
17 Travel	4,177,125	3,737,082	284,574	155,469
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	128,832	112,777	10,819	5,236
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	689,563	603,037	58,427	28,099
23 Insurance	89,978	78,765	7,556	3,657
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	5,892,930	5,290,293	466,135	136,502
b PROGRAM SUPPORT	3,476,403	3,476,403		
c CORPORATE CAMPAIGN	2,938,645	2,938,645		
d SPONSORSHIP SUPPORT	248,565	220,410	15,708	12,447
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,054,370	39,781,455	2,959,428	1,313,487
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,853,985	1	6,863,665
	2 Savings and temporary cash investments	47,803,625	2	65,173,995
	3 Pledges and grants receivable, net	2,461,429	3	2,335,002
	4 Accounts receivable, net	12,884,045	4	10,561,606
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,547,871	9	788,438
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	11,919,946		
	b Less accumulated depreciation	4,038,437		
	11 Investments—publicly traded securities	19,779,436	11	22,195,821
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	144,758	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	100,012,044	16	115,800,036	
Liabilities	17 Accounts payable and accrued expenses	4,840,518	17	6,295,657
	18 Grants payable		18	
	19 Deferred revenue	9,998,535	19	9,834,306
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	56,288,910	21	70,919,374
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,240,853	23	3,169,472
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	77,368,816	26	90,218,809
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	16,873,517	27	19,430,900
	28 Temporarily restricted net assets	3,422,503	28	3,803,119
	29 Permanently restricted net assets	2,347,208	29	2,347,208
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,643,228	33	25,581,227
	34 Total liabilities and net assets/fund balances	100,012,044	34	115,800,036

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,428,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,054,370
3	Revenue less expenses Subtract line 2 from line 1	3	1,374,535
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,643,228
5	Net unrealized gains (losses) on investments	5	1,563,464
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,581,227

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 87-0387205

Name: CHILDREN'S MIRACLE NETWORK

Form 990 (2017)

Form 990, Part III, Line 4a:

CHILDREN'S MIRACLE NETWORK HOSPITALS RAISES FUNDS AND AWARENESS FOR 170 MEMBER HOSPITALS THAT PROVIDE 32 MILLION TREATMENTS EACH YEAR TO KIDS ACROSS THE US AND CANADA ABOUT THE NETWORK AS AN UMBRELLA ORGANIZATION FOR 170 CHILDREN'S HOSPITALS, CHILDREN'S MIRACLE NETWORK HOSPITALS PROVIDES COMPREHENSIVE EDUCATION, SUPPORT, INFORMATION AND RESOURCES TO ITS NETWORK FOR RAISING FUNDS, CREATING AWARENESS AND PUBLIC EDUCATION PROGRAMS FOR CHILDREN'S HEALTHCARE NEEDS AND THE IMPORTANT WORK OF THE HOSPITALS CARING FOR THEM TO JOIN THE NETWORK, A HOSPITAL SIGNS A MEMBERSHIP AGREEMENT AND IS PROVIDED WITH AN ANNUAL EDUCATION CONFERENCE, REGIONAL CONFERENCES, MONTHLY NATIONAL 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 MEMBER HOSPITALS PAY CHILDREN'S MIRACLE NETWORK HOSPITALS A FEE TO BE INCLUDED IN THE NETWORK FUNDS RAISED THROUGH CHILDREN'S MIRACLE NETWORK HOSPITALS CAMPAIGNS AND PROGRAMS ARE UNUSUAL FOR TWO KEY REASONS 1 FUNDS STAY IN THE COMMUNITY WHERE THEY ARE DONATED, AND 2 HOSPITALS RECEIVE THE FUNDS AS UNRESTRICTED, MEANING THEY CAN USE DONATIONS HOWEVER THEY SEE FIT, HOSPITALS ASSESS THEIR CURRENT AND FUTURE NEEDS TO DETERMINE WHERE HELP IS NEEDED MOST FUNDS ARE MOST COMMONLY USED FOR EQUIPMENT PURCHASES, RESEARCH, CHARITABLE CARE AND EDUCATION THE CHILDREN'S MIRACLE NETWORK HOSPITALS DONATION STRUCTURE PROVIDES CONTRIBUTORS WITH THE ASSURANCE THEIR DONATIONS HELP KIDS IN THE LOCAL COMMUNITY FOR THE MOST PRESSING NEEDS IN 2017, THE COMBINED EFFORTS OF CHILDREN'S MIRACLE NETWORK HOSPITALS AND ITS PARTNERS RAISED MORE THAN \$388 MILLION TO HELP KIDS AT MEMBER HOSPITALS CHILDREN'S MIRACLE NETWORK HOSPITALS DONATIONS ARE REDISTRIBUTED AS DISCRETIONARY FUNDS TO EACH HOSPITAL, ALLOWING THEM TO ADDRESS THE MOST CRITICAL CHILDREN'S HEALTHCARE NEEDS IN THEIR RESPECTIVE COMMUNITIES EACH YEAR, THE 170 MEMBER HOSPITALS OF CHILDREN'S MIRACLE NETWORK HOSPITALS PROVIDE MEDICAL CARE TO MORE THAN 10 MILLION CHILDREN THROUGH MORE THAN 32 MILLION PATIENT VISITS FOR CANCER, HEART PROBLEMS, BIRTH DEFECTS, CYSTIC FIBROSIS, DIABETES, MUSCULAR DYSTROPHY AND MANY OTHER SERIOUS ILLNESSES AND INJURIES FROM PREMATURE INFANTS TO GROWING TEENAGERS, CHILDREN'S HOSPITALS PROVIDE THE VAST MAJORITY OF HIGHLY SPECIALIZED CARE FOR CHILDREN WITH COMPLEX AND RARE CONDITIONS, IN ADDITION TO ROUTINE AND EMERGENCY CASES ALL EQUIPMENT MUST BE CUSTOMIZED TO KIDS OF EVERY AGE AND SIZE, GREATLY MULTIPLYING THE EXPENSES INCURRED AT CHILDREN'S HOSPITALS THE LIST OF WHAT CHILDREN'S MIRACLE NETWORK HOSPITALS FUNDS HAVE PURCHASED IS EXHAUSTIVE, BUT THE FOLLOWING EXAMPLES ARE JUST A FEW WAYS DONATIONS HAVE MADE AN IMPACT IN COMMUNITIES THROUGHOUT NORTH AMERICA FACILITIES AND EQUIPMENT THAT CHILDREN'S MIRACLE NETWORK HOSPITALS FUNDS HAVE PROVIDED INCLUDES UNIVERSITY OF FLORIDA HEALTH JACKSONVILLE USED DONATIONS TO PURCHASE A STATE-OF-THE-ART MILK LAB FOR THE NEONATAL INTENSIVE CARE UNIT WOLFSON CHILDREN'S HOSPITAL USED DONATIONS TO OFFSET THE COST OF A NEW AMBULANCE/KIDS KARE MOBILE INTENSIVE CARE UNIT AS PART OF THEIR TRAUMA FLEET WVU MEDICINE CHILDREN'S USED DONATIONS TO PURCHASE AND INSTALL NICVIEW CAMERAS IN THE NEONATAL INTENSIVE CARE UNIT (NICU) SO PARENTS COULD VIEW THEIR BABIES IN THE NICU FROM ANYWHERE CHILDREN'S HOSPITAL, NAVICENT HEALTH USED DONATIONS TO PURCHASE A THERAPEUTIC LISTENING PROGRAM, WHICH INCLUDED THE PURCHASE OF EQUIPMENT AND THE TUITION FOR TWO THERAPISTS TO ACQUIRE THE NECESSARY TRAINING TO IMPLEMENT THE PROGRAM IN THEIR AUTISM AND DEVELOPMENTAL CENTER CHILDREN'S HOSPITAL - NEW ORLEANS AT VCU USED DONATIONS TO SUPPORT CLINICAL SERVICES INCLUDING DEPARTMENTS FROM EMERGENCY TO PHYSICAL THERAPY ENSURING KIDS GET THE CARE THEY NEED CHILDREN HELPED IN 2017 MORE THAN 10 MILLION KIDS ARE TREATED AT MEMBER HOSPITALS EVERY YEAR A FEW EXAMPLES OF PATIENTS WHO HAVE BENEFITED FROM CHILDREN'S MIRACLE NETWORK HOSPITALS FUNDS CARLY'S MANTRA IS "TINY BUT AWESOME, AND IT'S TRUE IN EVERYTHING SHE DOES WHILE CARLY LEADS THE LIFE OF A TYPICAL SECOND-GRADER, PARTICIPATING IN GIRL SCOUTS, LEARNING TAP AND JAZZ, EXCELLING IN MATH, AND BECOMING FIERCELY INDEPENDENT, THAT'S WHERE CARLY'S "TYPICAL" ENDS SHE IS JUST ONE OF 17 KIDS LIVING WITH PROGERIA IN THE U.S. PROGERIA IS AN EXTREMELY RARE GENETIC CONDITION THAT CAUSES HER TO AGE EIGHT TO 10 YEARS EACH YEAR CHILDREN WITH PROGERIA HAVE SMALL STATURE, SHORTER LIFE SPANS AND EXPERIENCE HEART DISEASE AND STROKE, ALONG WITH OTHER CONDITIONS TYPICALLY ASSOCIATED WITH THE AVERAGE AGING PUBLIC, OCCURRING AS EARLY AS 6, VERSUS 70 OR 80 YEARS OF AGE CARLY LOVES CRAFTING, YOUTUBE VIDEOS, MAKING SLIME, CURIOUS GEORGE, TRAVELING, DOLLS, PLAYING SCHOOL AND COOKING HER LATEST OBSESSION IS LOL SURPRISE DOLLS - COLLECTING THEM, WATCHING YOUTUBERS UNWRAP THEM IN VIDEOS, PLAYING WITH THEM AND MAKING VIDEOS HERSELF DONATIONS ALLOW CARLY'S CARETAKERS TO COLLABORATE WITH GLOBAL EXPERTS ON PROGERIA AND HELP PAY FOR DIAGNOSTIC EQUIPMENT STARTING PRESCHOOL CAN BE OVERWHELMING FOR SOME 4-YEAR-OLDS FOR JAKIAH, THE HARDEST PART WAS SAYING GOODBYE TO HER CLASSMATES WHEN SHE WAS DIAGNOSED WITH KIDNEY CANCER A MONTH INTO THE SCHOOL YEAR DURING HER PRE-KINDERGARTEN CHECKUP, JAKIAH'S PRIMARY CARE PHYSICIAN NOTICED SWELLING IN HER ABDOMEN THEY INITIALLY BELIEVED IT WAS A MINOR INFECTION, BUT SOON DISCOVERED IT WAS AN ADVANCED STAGE OF WILMS TUMOR WHILE HER SCHOOL FRIENDS LEARNED THE ALPHABET, JAKIAH UNDERWENT MONTHS OF CHEMOTHERAPY, RADIATION THERAPY AND SURGERY NOW JAKIAH IS ENTERING YEAR FIVE OF BEING CANCER FREE, A MAJOR MILESTONE SHE IS FULL OF SASS AND LOVES TO BE AROUND HER FRIENDS SHE WILL CONTINUE ENDURING NUMEROUS ULTRASOUNDS, CT SCANS, X-RAYS, BLOOD WORK AND CHECK-UPS UNTIL 2023 TO ENSURE SHE REMAINS CANCER FREE CHILDREN'S MIRACLE NETWORK HOSPITALS FUNDS HELPED PAY FOR THE NEW 258,000-SQUARE-FOOT WING THAT HOUSES THE HEMATOLOGY/ONCOLOGY CLINIC WHERE JAKIAH WAS TREATED AND THE HEALING GARDEN WHERE SHE SPENT DAYS RECOVERING AT THE CHILDREN'S HOSPITAL MATEO IS A HAPPY CHILD WITH A SENSE OF ADVENTURE HIS FUN PERSONALITY HAS HELPED HIM ENDURE THROUGH THREE VERY SERIOUS ILLNESSES HIRSCHSPRUNG'S DISEASE, SHORT BOWEL SYNDROME AND EOSINOPHILIC ESOPHAGITIS MATEO LEARNED TO BE A FIGHTER FROM DAY ONE SOON AFTER BIRTH, HE UNDERWENT AN ILEOSTOMY, A SURGERY TO BYPASS PART OF HIS INTESTINES SHORTLY AFTER, HEALTH COMPLICATIONS REQUIRED THE SAME PROCEDURE AGAIN HE SPENT 71 DAYS IN THE NEONATAL INTENSIVE CARE UNIT AND HAS HAD 12 SURGERIES DURING HIS LIFETIME MATEO'S SURVIVAL DEFIED ALL ODDS WHEN HE WAS DIAGNOSED WITH THIS DISEASE, HE HAD A 30 PERCENT CHANCE TO LIVE YET, HE HAS EXCEEDED EXPECTATIONS TODAY, MATEO LOVES MARVEL SUPERHEROES, CAPTAIN UNDERPANTS BOOKS AND JAKE PAUL YOUTUBE VIDEOS DONATIONS HELP PURCHASE EQUIPMENT AND PROVIDE BOOKS, DISTRACTION TOYS FOR PATIENTS AND SUPPORT FOR ART AND MUSIC THERAPY FOR KIDS LIKE MATEO

Form 990, Part III, Line 4b:

CHILDREN'S MIRACLE NETWORK HOSPITALS HAS CULTIVATED RELATIONSHIPS WITH A WIDE RANGE OF NATIONAL CORPORATE AND MEDIA PARTNERS TO CREATE AWARENESS OF THE NEEDS OF CHILDREN'S HOSPITALS AND PUBLIC EDUCATION PROGRAMS. NATIONAL PUBLIC AWARENESS IS GENERATED THROUGH RADIO AND TELEVISION PROGRAMMING, OFTEN FOCUSING 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 HOSPITAL PUBLIC EDUCATION AND AWARENESS CAMPAIGNS IN 2017 INCLUDE -CHILDREN'S MIRACLE NETWORK HOSPITALS TELETHON, -CHILDREN'S MIRACLE NETWORK HOSPITALS RADIOTHON, -CHILDREN'S MIRACLE NETWORK HOSPITALS CHAMPIONS PROGRAM, WHERE ONE CHILD FROM EACH STATE IS SELECTED TO SERVE AS AN AMBASSADOR, MEETING WITH MEDIA, CONGRESSIONAL REPRESENTATIVES AND OTHERS TO SHARE THE IMPORTANT WORK OF CHILDREN'S HOSPITALS, -CHILDREN'S HOSPITALS HEROES SEGMENTS PRODUCED BY FOX OWNED & OPERATED STATIONS, -COMMUNITY EVENT OUTREACH FROM THE HUNDREDS OF MISS AMERICA ORGANIZATION TITLEHOLDERS WHO SERVE AS AMBASSADORS FOR CHILDREN'S MIRACLE NETWORK HOSPITALS, THE OFFICIAL CHARITY PLATFORM OF THE ORGANIZATION, AND -OUT-OF-HOME ADVERTISEMENTS THROUGH THE OOH FOR GOOD PROGRAM THAT CALL ATTENTION TO CHARITABLE NEEDS OF CHILDREN'S HOSPITALS -LOCAL MEDIA CAMPAIGNS FEATURING JENNIFER LOPEZ, KRISTEN BELL, CHRIS PINE AND LOCAL CHILDREN'S HOSPITAL PATIENTS

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BOZARD CHAIRMAN OF THE BOARD	2 00	X						0	0	0
STEVE WEISZ PAST CHAIR	2 00	X						0	0	0
NANA MENSAH VICE CHAIR	2 00	X						0	0	0
RICK MERRILL TREASURER	2 00	X						0	0	0
BARBARA JOERS SECRETARY	2 00	X						0	0	0
MICHAEL MISCHLER BOARD MEMBER	2 00	X						0	0	0
JOHN BEL BOARD MEMBER	2 00	X						0	0	0
TONY KENNEY BOARD MEMBER	2 00	X						0	0	0
JULIE MURPHY BOARD MEMBER	2 00	X						0	0	0
BARBARA NICKLAUS BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
STEVE RUM BOARD MEMBER	2 00	X						0	0	0
FRED SCARBOROUGH BOARD MEMBER	2 00	X						0	0	0
JOHN SCHNEIDER BOARD MEMBER	2 00	X						0	0	0
ANDREA THOMAS BOARD MEMBER	2 00	X						0	0	0
PEARL VEENEMA BOARD MEMBER	2 00	X						0	0	0
KIMBERLY CRIPE BOARD MEMBER	2 00	X						0	0	0
MARIE OSMOND BOARD MEMBER	2 00	X						0	0	0
JOHN LAUCK PRESIDENT & CEO	45 00			X				572,089	0	277,582
CRAIG SORENSEN CHIEF CONTENT OFFICER	45 00			X				297,699	0	126,943
TERI NESTEL CHIEF ADMINISTRATION OFFICER	45 00			X				259,198	0	111,886

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
CLARK SWEAT CHIEF REVENUE OFFICER	45 00			X				310,177	0	126,672
STEVE OSHIN CHIEF NEW BUSINESS OFFICER	45 00			X				259,046	0	109,029
ANTHONY REHMER SVP INFORMATION SERVICES	40 00					X		177,374	0	80,856
JENNI DEBARTOLO SVP HUMAN RESOURCES	40 00					X		179,986	0	79,320
WALLACE EDWARDS SVP FIELD OPERATIONS	40 00					X		183,903	0	84,200
ROBERT BANNER VP DIRECT MARKETING	40 00					X		155,435	0	65,718
MAUREEN CARLSON SVP STRATEGIC PARTNERSHIPS	40 00					X		239,872	0	60,573

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S MIRACLE NETWORK

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,398,142	6,973,287	6,867,472	6,642,541	7,670,293	36,551,735
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,053,709	31,713,458	36,243,019	38,365,540	36,336,150	172,711,876
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	38,451,851	38,686,745	43,110,491	45,008,081	44,006,443	209,263,611
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,039,809	2,756,130	1,764,540	3,063,565	1,921,148	13,545,192
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	239,450	157,597	564,601	1,866,522	2,375,214	5,203,384
c Add lines 7a and 7b	4,279,259	2,913,727	2,329,141	4,930,087	4,296,362	18,748,576
8 Public support. (Subtract line 7c from line 6.)						190,515,035

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	38,451,851	38,686,745	43,110,491	45,008,081	44,006,443	209,263,611
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	486,542	542,239	419,145	586,470	991,624	3,026,020
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	486,542	542,239	419,145	586,470	991,624	3,026,020
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	30,813	11,342	10,267	18,679	14,418	85,519
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,969,206	39,240,326	43,539,903	45,613,230	45,012,485	212,375,150

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	89.710 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	89.200 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.420 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.350 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, 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 XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,705,485	4,442,600	4,546,363	4,334,449	3,978,840
b Contributions	0	0	12,532	6,013	4,322
c Net investment earnings, gains, and losses	703,484	262,885	-116,295	205,901	351,287
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,408,969	4,705,485	4,442,600	4,546,363	4,334,449

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 30 230 %
 - b** Permanent endowment ▶ 43 390 %
 - c** Temporarily restricted endowment ▶ 26 380 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,912,889		1,912,889
b Buildings		7,321,555	2,014,215	5,307,340
c Leasehold improvements				
d Equipment		2,685,502	2,024,222	661,280
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				7,881,509

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

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

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

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

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	46,925,623
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,563,464
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,563,464
3	Subtract line 2e from line 1	3	45,362,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	66,746
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,746
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	45,428,905

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

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

1	Total expenses and losses per audited financial statements	1	43,987,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	43,987,624
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	66,746
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,746
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	44,054,370

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 87-0387205

Name: CHILDREN'S MIRACLE NETWORK

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	CHILDREN'S MIRACLE NETWORK HOSPITALS DEVELOPS RELATIONSHIPS AT THE NATIONAL OR HEADQUARTER S LEVEL OF BUSINESS AND ORGANIZATIONS INTERESTED IN SUPPORTING HOSPITALS FOR CHILDREN WE BUILD RELATIONSHIPS WITHIN THESE COMMUNITITES 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 STORE OR CLUB 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 HOSPITALS ON BEHALF OF THE MEMBER HOSPITALS WHEN THE FUNDS ARE GIVEN TO THE CHILDREN'S MIRACLE NETWORK HOSPITALS, 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 AN ORGANIZATION RECOGNIZED AS EXEMPT BY THE INTERNAL REVENUE SERVICE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Supplemental Information

Return Reference	Explanation
PART V, LINE 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE ORGANIZATION IS ORGANIZED AS A UTAH NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), THAT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 509(A)(2) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES THE ORGANIZATION FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME CHILDREN'S MIRACLE NETWORK HOSPITALS BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	3	27			1,018,994
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	3	27			1,018,994

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	ADDITIONAL RECORDS WERE KEPT TO SUPPORT THE EXPENDITURES FOR EACH ACTIVITY CONDUCTED WITHIN A FOREIGN COUNTRY

Additional Data

Software ID:

Software Version:

EIN: 87-0387205

Name: CHILDREN'S MIRACLE NETWORK

Form 990 Schedule F Part I - Activities Outside The United States

(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	9	FUNDRAISING		50,950
NORTH AMERICA	1	9	PROGRAM SERVICES	COMMUNITY SERVICES	815,195

Form 990 Schedule F Part I - Activities Outside The United States

(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	9	MAINTAINING OFFICES		152,849

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

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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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE SERP) IS MAINTAINED AND ANNUAL DISCRETIONARY EMPLOYER CONTRIBUTIONS, AS DEFINED BY THE AGREEMENT, ARE MADE. CONTRIBUTIONS AND THE RELATED EARNINGS VEST ACCORDING TO THE TERMS OF THE SERP PLAN DOCUMENT BASED ON CERTAIN EVENTS. BENEFIT EXPENSE RELATED TO THE SERP FOR THE YEARS ENDED DECEMBER 31, 2017 TOTALLED \$72,453 FOR JOHN LAUCK.
PART I, LINE 7	THE ORGANIZATION PAYS NON-FIXED PAYMENTS BASED ON A FIXED PERCENTAGE BASED UPON THE POSITION OR TITLE OF THE EMPLOYEE. THE BOARD HAS DISCRETION TO ADJUST THE PAYMENT BASED UPON THE ACHIEVEMENT OF GOALS.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CHILDREN'S MIRACLE NETWORK	Employer identification number 87-0387205
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KYTON SWEAT	SON OF OFFICER	45,587	COMPENSATION		No
(2) KRISTEN WEISZ	DAUGHTER OF BOARD MEMBER	115,623	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MARRIOTT GIFT CARDS)	X	1	450,000	FMV
26 Other ▶ (SKYMILES)	X	319	37,865	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S MIRACLE NETWORK

Employer identification number

87-0387205

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES THE AUDIT & COMPLIANCE COMMITTEE CAREFULLY REVIEWS THE DOCUMENT AN ELECTRONIC COPY OF THE IRS FORM 990 IS THEN SENT TO THE FULL BOARD AT A MEETING OF THE FULL BOARD, THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE PROVIDES A REPORT AND RECOMMENDATION TO THE FULL BOARD TO APPROVE FILING WITH THE IRS THE FULL BOARD OF TRUSTEES APPROVES THE FORM 990 IN ADVANCE OF ITS FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, THE CHAIR OF THE AUDIT AND 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 THE CHILDREN'S MIRACLE NETWORK POLICIES AND PROCEDURES INCLUDING AVOIDANCE OF ANY ACTS THAT ARE CONTRARY TO THE CHILDREN'S MIRACLE NETWORK EXEMPT PURPOSES OR ANY ACTS THAT CONFLICT WITH THEIR RESPONSIBILITIES AT CHILDREN'S MIRACLE NETWORK. THEY ARE ALSO ASKED TO DISCLOSE ANY CONFLICTS THAT THEY ARE AWARE OF OR ANY POTENTIAL CONFLICTS OF INTEREST. EACH STATEMENT DISCLOSING ANY CONFLICT OR POTENTIAL CONFLICT IS PRESENTED TO THE CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. EACH CONFLICT OR POTENTIAL CONFLICT IS THEN REVIEWED AND RESOLVED AND REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE. A REPORT IS ALSO GIVEN TO THE FULL BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION - AN EXTENSIVE REVIEW AND ANALYSIS OF EXECUTIVE COMPENSATION WAS UNDERTAKEN BY AN OUTSIDE CONSULTING FIRM AND PRESENTED TO THE GOVERNANCE COMMITTEE OF THE CHILDREN'S MIRACLE NETWORK BOARD OF TRUSTEES IN 2016 THIS REVIEW IS PERFORMED EVERY TWO YEARS THE NEXT REVIEW IS TO BE CONDUCTED IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST THE ORGANIZATION INCLUDES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEBSITE