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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

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

C Name of organization
Cook Children's Physician Network
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
801 Seventh Avenue
City or town, state or country, and ZIP + 4
Fort Worth, TX 76104

D Employer identification number
75-2485366
E Telephone number
(682) 885-4480
G Gross receipts \$ 170,977,586

F Name and address of Principal Officer
W Britt Nelson MD
801 Seventh Ave
Fort Worth, TX 76104

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group Exemption Number

I Tax-exempt status 501(c) (3)

J Web site: www.cookchildrens.org

K Type of organization Corporation

L Year of Formation 1992 M State of legal domicile TX

Part I Summary

Table with 3 columns: Category (Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances), Description, and Amount. Rows include mission statement, employee counts, revenue breakdown, and expenses.

Part II Signature Block

Signature block containing declaration of preparer, officer signature (Cory Rhoades), and preparer information (M Paige Gench, BKD LLP).

May the IRS discuss this return with the preparer shown above? Yes No

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

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

KNOWING THAT EVERY CHILD'S LIFE IS SACRED, IT IS THE PROMISE OF COOK CHILDREN'S TO IMPROVE THE HEALTH OF EVERY CHILD IN OUR REGION THROUGH THE PREVENTION AND TREATMENT OF ILLNESS, DISEASE, AND INJURY

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 161,888,220 including grants of \$ ) (Revenue \$ 129,453,468 )  
Cook Children's Physician Network is the largest pediatric multi-specialty physician group in North Texas. The network comprises more than 800 physicians who provide medical care in 58 primary care pediatric subspecialty practices located mainly in the greater Fort Worth metropolitan area. CONTINUED ON SCHEDULE O

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

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






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

**4e** Total program service expenses \$ 161,888,220 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	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
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 56		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 995		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section B. Policies**

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website    another's website    upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 CORY RHOADES  
 801 SEVENTH AVENUE  
 FORT WORTH, TX 76104  
 (682) 885-4480





**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . <b>1a</b> _____					
	<b>b</b>	Membership dues . . . . . <b>1b</b> _____					
	<b>c</b>	Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b>	Related organizations . . . <b>1d</b> 40,311,701					
	<b>e</b>	Government grants (contributions) <b>1e</b> _____					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 366,344					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . <b>h</b> 40,678,045					
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	NET PATIENT FEES	621,110	117,313,223	117,313,223		
	<b>b</b>	CONTRACTED FEES	621,110	2,146,359	2,146,359		
	<b>c</b>	MANAGEMENT FEES	900,099	9,841,739	9,841,739		
	<b>d</b>	OTHER INCOME	621,110	152,147	152,147		
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue _____					
<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . . <b>g</b> \$ 129,453,468						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . . <b>3</b> 0					
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>4</b> 0					
	<b>5</b>	Royalties . . . . . <b>5</b> 0					
	<b>6a</b>	(i) Real					
		(ii) Personal					
		<b>b</b>	Gross Rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss)					
	<b>e</b>	Net rental income or (loss) . . . . . <b>e</b>					
	<b>7a</b>	(i) Securities					
		(ii) Other					
		<b>b</b>	Gross amount from sales of assets other than inventory				
		<b>c</b>	Less cost or other basis and sales expenses				
	<b>d</b>	Gain or (loss)					
<b>e</b>	Net gain or (loss) . . . . . <b>e</b> -1,154						
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . <b>c</b> 0						
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . <b>c</b> 0						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . <b>c</b> 0						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b>	GROUP PURCH SALES	561,439	847,227	847,227			
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue _____						
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . <b>e</b> \$ 847,227						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>12</b> 170,977,586						

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	8,772,030	7,069,054	1,702,976	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	112,049,115	106,749,452		
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	14,105,904	12,746,318	1,359,586	
<b>10</b>	Payroll taxes . . . . .	0			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	23,024	4,550	18,474	
<b>c</b>	Accounting . . . . .	721,961	598,019	123,942	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	1,765,396	1,509,515	255,881	
<b>12</b>	Advertising and promotion . . . . .	139,637	89,357	50,280	
<b>13</b>	Office expenses . . . . .	2,872,355	2,639,765	232,590	
<b>14</b>	Information technology . . . . .	165,712	165,712		
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	4,503,424	4,049,104	454,320	
<b>17</b>	Travel . . . . .	234,824	173,675	61,149	
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	466,425	236,893	229,532	
<b>21</b>	Payments to affiliates . . . . .	3,052,104		3,052,104	
<b>22</b>	Depreciation, depletion, and amortization . . . . .	430,403	346,781	83,622	
<b>23</b>	Insurance . . . . .	2,154,043	2,116,153	37,890	
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	PHARMACY IV SOLUTION	9,908,036	9,908,018	18	
<b>b</b>	BAD DEBT	5,124,601	5,124,601		
<b>c</b>	PHYSICIAN EXPENSES	955,205	954,711	494	
<b>d</b>	TELEPHONE TRIAGE	421,470	421,470		
<b>e</b>	MINOR EQUIPMENT	275,669	262,507	13,162	
<b>f</b>	All other expenses	560,513	6,722,565	-6,162,052	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	168,701,851	161,888,220	6,813,631	0
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,150	<b>1</b>	9,141
	<b>2</b> Savings and temporary cash investments . . . . .	9,609,588	<b>2</b>	15,641,454
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,587,776	<b>4</b>	9,878,375
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	878,642	<b>8</b>	623,106
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,315,762	<b>9</b>	1,499,377
	<b>10a</b> Land, buildings, and equipment cost basis			
		<b>10a</b> 7,689,832		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 6,484,162	1,296,857	<b>10c</b> 1,205,670
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	181,831	<b>15</b>	45,855	
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	22,879,606	<b>16</b>	28,902,978	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,830,693	<b>17</b>	2,979,247
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	10,941,954	<b>25</b>	14,541,164
	<b>26 Total liabilities. Add lines 17 through 25</b>	13,772,647	<b>26</b>	17,520,411
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	9,106,959	<b>27</b>	11,382,567
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	9,106,959	<b>33</b>	11,382,567	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	22,879,606	<b>34</b>	28,902,978	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		No
<b>2c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
<b>3a</b>	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? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**Name of the organization**  
Cook Children's Physician Network

**Employer identification number**

75-2485366

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

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

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports

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

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

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

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

**Computation of Investment Income Percentage**

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

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

**Facts and Circumstances Test**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-2485366  
**Name:** Cook Children's Physician Network

**Form 990, Part VII - Section Aaa**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIVE G DANIELS MD , TRUSTEE-TREASURER	1 0	X		X			422,012	0	20,133	
DEBORAH SCHUTTE MD , TRUSTEE	1 0	X					522,349	0	26,705	
FRANK MCGEHEE MD , TRUSTEE	1 0	X					505,080	0	28,102	
HOWARD M KELFER MD , VICE CHRMN, SPLTY SVCS & CHRMN	1 0	X		X			511,439	0	32,400	
JAMES C WHEELER MD , TRUSTEE	1 0	X					418,504	0	34,800	
JAMES P MILLER MD , TRUSTEE	1 0	X					802,349	0	31,332	
JASON V TERK MD , VICE CHAIRMAN, PRIMARY CARE	1 0	X		X			283,987	0	25,325	
KEVIN WYLIE DO , TRUSTEE-SECRETARY	1 0	X		X			215,611	0	28,327	
KIMBERLY D AARON MD , SECTRY/VICE CHRMN, SPLTY CARE	1 0	X		X			332,349	0	21,348	
M PILAR LEVY MD , TRUSTEE	1 0	X					259,081	0	809	
M SUZANNE WHITWORTH MD , TRUSTEE	1 0	X					193,869	0	12,462	
MICHAEL DEITCHMAN MD , TREASURER/VICE CHRMN, PRIMARY	1 0	X		X			338,114	0	22,454	
NANCY N DAMBRO MD , TRUSTEE	1 0	X					323,643	0	27,328	
TOM T ROGERS JR MD , TRUSTEE	1 0	X					102,337	0	8,095	
VANITA SHORI MD , TRUSTEE	1 0	X					422,996	0	14,682	
W BRITT NELSON MD , TRUSTEE-CHAIRMAN / INTERIM PRE	40 0	X		X			435,244	0	31,832	
WILFRED L RAINE MD , TRUSTEE	1 0	X					337,050	0	21,314	
GAIL CALLAS , ASSISTANT VICE PRESIDENT	40 0			X			139,489	0	416	
MITCHELL WILLIAMS , ASSISTANT VICE PRESIDENT	40 0			X			144,833	0	10,016	
RYAN CHAMPLIN , VICE PRESIDENT, OPERATIONS	40 0			X			303,917	0	30,295	
SAMUEL LANEY MD , PRESIDENT	40 0			X			538,869	0	29,865	
STEVEN S ANDERSON , VICE PRESIDENT, SPECIALTY SVCS	40 0			X			0	219,652	18,187	
THEODORE MATTHEWS , VICE PRESIDENT, FINANCE	40 0			X			197,713	0	30,290	
RICHARD P GOODE , CHIEF FINANCIAL OFFICER	40 0			X			32,114	259,829	25,678	
RICK W MERRILL , CHIEF EXECUTIVE OFFICER	40 0			X			108,118	874,768	23,821	
ELDAD EREZ , PHYSICIAN	40 0				X		841,048	0	24,757	
LYNNE M REYNOLDS , PHYSICIAN	40 0				X		779,069	0	21,454	
SAMUEL KLEINMAN , PHYSICIAN	40 0				X		784,009	0	27,859	
TIMOTHY L BLACK , PHYSICIAN	40 0				X		783,312	0	26,884	
VINCENT TAM MD , MEDICAL DIRECTOR	40 0				X		1,241,707	0	25,039	

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Cook Children's Physician Network

Employer identification number 75-2485366

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Year. Rows 1-9 detailing conservation easement information.

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

Table with 3 columns: Line number, Description, Amount. Rows 1a-2 detailing art and historical treasure collection information.

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

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

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

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

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

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



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

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

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

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

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

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

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
Uncertain Tax Positions Under FIN 48	Schedule D Part XIV	The Financial Accounting Standards Board (FASB) issued Interpretation No 48, Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 (FIN 48), which clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken in a tax return Cook Children's files Form 990 for substantially all of its operating entities in the U S federal jurisdiction and is no longer subject to examination by tax authorities for the years before 2005 Cook Children's has no material uncertain tax positions



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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**Software ID:**  
**Software Version:**  
**EIN:** 75-2485366  
**Name:** Cook Children's Physician Network

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CLIVE G DANIELS MD	(i) (ii)	404,547 0	0 0	17,465 0	9,200 0	10,933 0	442,145 0	
DEBORAH SCHUTTE MD	(i) (ii)	504,309 0	600 0	17,440 0	14,375 0	12,330 0	549,054 0	
FRANK MCGEHEE MD	(i) (ii)	476,710 0	200 0	28,169 0	17,250 0	10,852 0	533,182 0	
HOWARD M KELFER MD	(i) (ii)	478,588 0	10,000 0	22,851 0	17,250 0	15,150 0	543,839 0	
JAMES C WHEELER MD	(i) (ii)	401,028 0	0 0	17,476 0	17,250 0	17,550 0	453,304 0	
JAMES P MILLER MD	(i) (ii)	565,167 0	200,000 0	37,181 0	17,250 0	14,082 0	833,681 0	
JASON V TERK MD	(i) (ii)	261,908 0	9,500 0	12,579 0	14,375 0	10,950 0	309,312 0	
KEVIN WYLIE DO	(i) (ii)	144,372 0	55,609 0	15,630 0	14,038 0	14,289 0	243,938 0	
KIMBERLY D AARON MD	(i) (ii)	262,476 0	53,592 0	16,281 0	14,375 0	6,973 0	353,697 0	
M PILAR LEVY MD	(i) (ii)	253,296 0	5,040 0	746 0	700 0	109 0	259,890 0	
M SUZANNE WHITWORTH MD	(i) (ii)	176,890 0	0 0	16,980 0	8,604 0	3,858 0	206,331 0	
MICHAEL DEITCHMAN MD	(i) (ii)	321,640 0	0 0	16,474 0	11,059 0	11,395 0	360,568 0	
MITCHELL WILLIAMS	(i) (ii)	118,208 0	25,205 0	1,420 0	0 0	10,016 0	154,849 0	
NANCY N DAMBRO MD	(i) (ii)	310,811 0	0 0	12,832 0	17,250 0	10,078 0	350,971 0	
RYAN CHAMPLIN	(i) (ii)	209,383 0	63,396 0	31,138 0	14,375 0	15,920 0	334,212 0	
SAMUEL LANEY MD	(i) (ii)	299,909 0	121,997 0	116,963 0	17,250 0	12,615 0	568,734 0	
STEVEN S ANDERSON	(i) (ii)	0 161,434	0 48,073	0 10,145	0 6,706	0 11,481	0 237,839	
THEODORE MATTHEWS	(i) (ii)	136,204 0	41,534 0	19,975 0	15,317 0	14,972 0	228,002 0	
VANITA SHORI MD	(i) (ii)	407,412 0	0 0	15,584 0	14,375 0	307 0	437,678 0	
W BRITT NELSON MD	(i) (ii)	388,248 0	25,000 0	21,996 0	17,250 0	14,582 0	467,076 0	
WILFRED L RAINE MD	(i) (ii)	317,464 0	0 0	19,586 0	14,375 0	6,939 0	358,364 0	
ELDAD EREZ	(i) (ii)	823,530 0	0 0	17,518 0	9,200 0	15,557 0	865,805 0	
LYNNE M REYNOLDS	(i) (ii)	634,880 0	127,586 0	16,603 0	14,375 0	7,079 0	800,523 0	
SAMUEL KLEINMAN	(i) (ii)	643,428 0	123,871 0	16,711 0	14,375 0	13,484 0	811,868 0	
TIMOTHY L BLACK	(i) (ii)	545,505 0	200,000 0	37,807 0	17,250 0	9,634 0	810,196 0	
VINCENT TAM MD	(i) (ii)	1,224,996 0	0 0	16,711 0	11,500 0	13,539 0	1,266,746 0	
RICHARD P GOODE	(i) (ii)	20,992 169,840	4,939 39,964	6,183 50,025	1,012 8,188	1,813 14,665	34,939 282,682	
RICK W MERRILL	(i) (ii)	62,132 502,704	31,351 253,658	14,635 118,406	1,012 8,188	1,608 13,013	110,738 895,969	

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
Cook Children's Physician Network

**Employer identification number**  
75-2485366

Identifier	Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Question 6	Cook Children's Health Care System, a Texas non-profit corporation, is the sole member of the organization

Identifier	Return Reference	Explanation
Election of members	Form 990, Part VI, Question 7a	As the sole member of the organization, Cook Children's Health Care System has the power to determine the number of members of the board of trustees and to elect the members of the board of trustees

Identifier	Return Reference	Explanation
Decisions of Governing body	Form 990, Part VI, Question 7b	As the sole-member of the organization Cook Children's Health Care System, has the power to approve changes to organization documents, approve significant changes in the structure of the organization, approve sale, gift, or disposition of all or substantially all of the property of the organization, approve creation of or investment in any subsidiary entity, approve budgets, approve debt that would exceed limits the member has set, and approve long-range financial and strategic plans "

Identifier	Return Reference	Explanation
PROCESS FOR REVIEW OF THE 990	FORM 990, PART VI, QUESTION 10	THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990 AND RELATED FILINGS ALL FORM INFORMATION PROVIDED TO THE OUTSIDE ACCOUNTING FIRM IS GATHERED THROUGH KEY ORGANIZATION EMPLOYEES AND REVIEWED BY KEY ORGANIZATION EXECUTIVES ONCE THE PREPARATION OF THE FORMS IS COMPLETE, THEY ARE PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW THE BOARD OF TRUSTEES OF THE ORGANIZATION HAS SPECIFICALLY DELEGATED THE RESPONSIBILITY OF THE FORM 990 REVIEW TO THE AUDIT COMMITTEE SUBSEQUENT TO THE AUDIT COMMITTEE REVIEW, THE FORMS ARE FILED WITH THE INTERNAL REVENUE SERVICE AND MADE AVAILABLE TO THE PUBLIC FOR REVIEW

Identifier	Return Reference	Explanation
WRITTEN CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	The Legal Department sends out a Form 990 questionnaire on an annual basis The questionnaire is sent to current and former officers, directors, trustees and key employees The responses are reviewed by the Legal and Compliance Departments Follow up and/or corrective action is taken as needed by the Compliance and Legal Departments with respect to responses that indicate the existence of actual or potential conflicts of interest Further, the Audit Committee of Cook Children's Health Care System is responsible for monitoring the implementation and enforcement of the Conflict of Interest Policy in force for all affiliated entities of the Cook Children's Health Care System The Audit Committee is also responsible for oversight of the Compliance Department of Cook Children's Health Care System Any corrective action related to conflicts of interest would be reported to the Audit Committee for review, approval, and modification, as necessary

Identifier	Return Reference	Explanation
REVIEW AND APPROVAL OF COMPENSATION	FORM 990, PART VI, QUESTION 15A & 15B	Cook Children's Health Care System has established a Compensation Committee with oversight of executive and physician compensation The committee approves compensation arrangements in advance, relying upon comparable market data relating to compensation, which is provided by Mercer & Associates (executive compensation) and Sullivan Cotter (physician compensation), independent, nationally recognized compensation consultants The Committee documents the basis for its determinations, and requires the compensation consultants to update market data periodically, usually every two years

Identifier	Return Reference	Explanation
DESCRIBE WHETHER THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO PUBLIC	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, EXCEPT TO THE EXTENT THEY ARE ON FILE WITH THE TEXAS SECRETARY OF STATE

Identifier	Return Reference	Explanation
Related Compensation Hours Worked	FORM 990 PART VII	AVG HOURS WORKED FOR RELATED ORG STEVEN S ANDERSON 40 RICHARD P GOODE 40 RICK W MERRILL 40

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III QUESTION 4A	The network includes primary care physicians and pediatric specialists with offices in Tarrant, Denton, and Hood counties Through the network, Cook Children's has established physician offices in several medically underserved, economically disadvantaged neighborhoods The network has also increased access to pediatric specialty care through outreach clinics in many communities in North and West Texas Each month, physicians provide services in several areas not large enough to support full-time specialty care

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AUDIT	FORM 990 PART XI QUESTION 2	THE FINANCIAL STATEMENTS OF W I COOK FOUNDATION ARE AUDITED ON A CONSOLIDATED BASIS WITH THE FOLLOWING SUBSIDIARIES COOK CHILDREN'S HEALTH CARE SYSTEM, COOK CHILDREN'S MEDICAL CENTER, COOK CHILDREN'S PHYSICIAN NETWORK, COOK CHILDREN'S HEALTH PLAN, COOK CHILDREN'S HOME HEALTH, AND COOK CHILDREN'S INDEMNITY COMPANY

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AUDIT	FORM 990 PART XI QUESTION 2	THE FINANCIAL STATEMENTS OF W I COOK FOUNDATION ARE AUDITED ON A CONSOLIDATED BASIS WITH THE FOLLOWING SUBSIDIARIES COOK CHILDREN'S HEALTH CARE SYSTEM, COOK CHILDREN'S MEDICAL CENTER, COOK CHILDREN'S PHYSICIAN NETWORK, COOK CHILDREN'S HEALTH PLAN, COOK CHILDREN'S HOME HEALTH, AND COOK CHILDREN'S INDEMNITY COMPANY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**  
Cook Children's Physician Network

**Employer identification number**  
75-2485366

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Cook Children's Medical Center 801 Seventh Ave Fort Worth, TX76104 75-2051646	Hospital	TX	501(C)(3)	3	N/A
WI Cook Foundation 801 Seventh Avenue Fort Worth, TX76104 75-2051649	Fundraising	TX	501(c)3	11D	N/A
Cook Children's Home Health 801 Seventh Avenue Fort Worth, TX76104 75-2896983	Healthcare	TX	501(c)3	11c	N/A
Cook Children's Health Care System 801 Seventh Ave Fort Worth, TX76104 75-2705881	Support	TX	501(c)3	11C	N/A
Cook Children's Health Plan 801 Seventh Ave Fort Worth, TX76104 76-0585240	Insurance	TX	501(c)3	11c	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions with Related Organizations**

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

