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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization WI COOK FOUNDATION INC	D Employer identification number 75-2051649
	Doing Business As	E Telephone number (682) 885-4000
	Number and street (or P O box if mail is not delivered to street address) 801 SEVENTH AVENUE	Room/suite
	City or town, state or country, and ZIP + 4 FORT WORTH, TX 76104	
	F Name and address of principal officer RICK W MERRILL 801 SEVENTH AVE FORT WORTH, TX 76104	
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.COOKCHILDRENS.ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1985
		M State of legal domicile TX

Part I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities 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	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)	3 34	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 29	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 31	
	6	Total number of volunteers (estimate if necessary)	6 104	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 1,205	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 205	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 18,346,540
9		Program service revenue (Part VIII, line 2g)	0	0
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,681,674	29,952,148
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,137	-356,273
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,050,351	45,688,695
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,628,959
	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)	3,409,122	3,826,475
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,460	51,372
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,787,570		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	926,246	1,104,293
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,978,787	10,794,013
	19	Revenue less expenses Subtract line 18 from line 12	11,071,564	34,894,682
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	160,649,845	744,952,888
	21	Total liabilities (Part X, line 26)	1,771,740	2,199,967
	22	Net assets or fund balances Subtract line 21 from line 20	158,878,105	742,752,921

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			2012-08-15 Date	
	CORY RHOADES VP & CHIEF ACCOUNTING OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	M Paige Gerich	Preparer's signature	M Paige Gerich	Date
	Firm's name	▶ BKD LLP			Firm's EIN ▶
	Firm's address	▶ 2800 Post Oak Blvd Ste 3200 HOUSTON, TX 77056			Phone no ▶ (713) 499-4600

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

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

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

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 6,490,367 including grants of \$ 5,811,873) (Revenue \$)

Cook Children's Health Foundation was founded to help drive the philanthropic culture of Cook Children's Health Care System and support its promise to improve the well-being of every child in its region. Through fundraising and outreach efforts, the foundation is dedicated to maintaining clinical excellence, enhancing patient and family-centered care, fostering leading-edge research, and supporting Cook Children's expansion of services and growth initiatives. Continue on Schedule O

[illegible][illegible]

4e	Total program service expenses	\$ 6,490,367
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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? If "Yes," complete Schedule D, Part VI. 	11a	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? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	22
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	31
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		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	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does 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	
15c	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," 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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,875,686	1,739,000	352,103

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. 8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,092,820		
	g	Noncash contributions included in lines 1a-1f \$		1,129,265		
	h	Total. Add lines 1a-1f		16,092,820		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		5,430,404	1,205
4		Income from investment of tax-exempt bond proceeds . . .		0		
5		Royalties		0		
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)			-356,273	-356,273
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)			24,521,744	24,521,744
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . . .			0	
9a		Gross income from gaming activities See Part IV, line 19 . . .				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .			0	
10a		Gross sales of inventory, less returns and allowances . . .				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . . .			0	
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d			0		
12	Total revenue. See Instructions			45,688,695	1,205	29,594,670

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,811,873	5,811,873		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		475,528	807,161
5	Compensation of current officers, directors, trustees, and key employees	1,527,418	244,729		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,734,862	204,085		1,530,777
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	564,195	80,187		484,008
10	Payroll taxes	0			
a	Fees for services (non-employees)				
	Management	24,472		24,472	
b	Legal	4,361			4,361
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	51,372			51,372
f	Investment management fees	0			
g	Other	359,971	72,720		287,251
12	Advertising and promotion	176,011			176,011
13	Office expenses	85,349	1,789		83,560
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	86,193	59,475		26,718
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	16,076		16,076	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,448			13,448
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES & SUBSCRIPTIONS	198,194	1,783		196,411
b	FOOD	31,573	871		30,702
c	MINOR EQUIPMENT	23,157	12,855		10,302
d	AWARDS & RECOGNITION	71,273			71,273
e	FEES & FINANCE	14,215			14,215
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,794,013	6,490,367	516,076	3,787,570
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				87,299,253	2	115,891,414
	3	Pledges and grants receivable, net				21,344,711	3	12,965,128
	4	Accounts receivable, net					4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,285,364				
	b	Less: accumulated depreciation	10b	719,736	1,859,577	10c	1,565,628	
	11	Investments—publicly traded securities				42,878,127	11	607,008,346
	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				7,268,177	15	7,522,372
16	Total assets. Add lines 1 through 15 (must equal line 34)				160,649,845	16	744,952,888	
Liabilities	17	Accounts payable and accrued expenses				930,653	17	1,083,366
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				841,087	25	1,116,601
	26	Total liabilities. Add lines 17 through 25				1,771,740	26	2,199,967
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				74,183,516	27	649,204,710
	28	Temporarily restricted net assets				43,051,900	28	51,417,020
	29	Permanently restricted net assets				41,642,689	29	42,131,191
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				158,878,105	33	742,752,921
34	Total liabilities and net assets/fund balances				160,649,845	34	744,952,888	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,688,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,794,013
3	Revenue less expenses Subtract line 2 from line 1	3	34,894,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	158,878,105
5	Other changes in net assets or fund balances (explain in Schedule O)	5	548,980,134
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	742,752,921

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization WI COOK FOUNDATION INC	Employer identification number 75-2051649
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,423,848	20,700,614	21,951,839	18,346,540	16,092,820	87,515,661
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	10,423,848	20,700,614	21,951,839	18,346,540	16,092,820	87,515,661
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)						13,789,615
6 Public Support. Subtract line 5 from line 4						73,726,046

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,423,848	20,700,614	21,951,839	18,346,540	16,092,820	87,515,661
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,604,266	3,207,356	2,050,476	2,012,950	5,579,085	15,454,133
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,596,733	3,874,231	0	0	0	7,470,964
11 Total support (Add lines 7 through 10)						110,440,758
12 Gross receipts from related activities, etc (See instructions)					12	9,689,389
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	66 756 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	62 570 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

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

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

WI COOK FOUNDATION INC

Employer identification number

75-2051649

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	80,357,260	70,947,601	65,867,824	
b	Contributions	18,935	3,803,664	7,205,558	
c	Investment earnings or losses	2,595,270	5,976,642	-1,698,302	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	433,103	370,647	427,479	
f	Administrative expenses				
g	End of year balance	82,538,362	80,357,260	70,947,601	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 54 000 %

b

Permanent endowment ▶ 46 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,502,080		1,502,080
b Buildings		578,563	568,728	9,835
c Leasehold improvements				
d Equipment		204,721	151,008	53,713
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,565,628

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	145,688,695
2	Total expenses (Form 990, Part IX, column (A), line 25)	210,794,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	334,894,682
4	Net unrealized gains (losses) on investments	4-21,721,236
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-8,104,760
9	Total adjustments (net) Add lines 4 - 8	9-29,825,996
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	105,068,686

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	19,900,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-21,721,236
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d504,954
e	Add lines 2a through 2d	2e-21,216,282
3	Subtract line 2e from line 1	331,117,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b14,571,628
c	Add lines 4a and 4b	4c14,571,628
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	545,688,695

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,832,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d504,954
e	Add lines 2a through 2d	2e504,954
3	Subtract line 2e from line 1	34,327,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b6,466,868
c	Add lines 4a and 4b	4c6,466,868
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	510,794,013

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D PART V QUESTION 4	COOK CHILDREN'S HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER ITEMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT. UNDER COOK CHILDREN'S POLICIES, ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE AN AMOUNT THAT IS EQUAL TO A RETURN HURDLE DEFINED AS THE SPENDING RATE, INFLATION RATE AND THE MANAGEMENT COST OF THE ENDOWMENT ON AN ANNUAL BASIS WHILE ASSUMING A PRUDENT LEVEL OF INVESTMENT RISK. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE OF RETURN OBJECTIVES, COOK CHILDREN'S RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CURRENT YIELD (INVESTMENT INCOME SUCH AS DIVIDENDS AND INTEREST) AND CAPITAL APPRECIATION (BOTH REALIZED AND UNREALIZED). COOK CHILDREN'S TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. COOK CHILDREN'S HAS A POLICY (THE SPENDING POLICY) OF APPROPRIATING FOR EXPENDITURE EACH YEAR 5% OF THE FOUNDATION'S INVESTMENTS AVERAGE FAIR VALUE OVER THE PRIOR 5 YEARS ENDED JUNE 30 PRECEDING THE YEAR IN WHICH EXPENDITURE IS PLANNED. IN ESTABLISHING THIS POLICY, COOK CHILDREN'S CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, COOK CHILDREN'S EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT THE RETURN HURDLE. THIS IS CONSISTENT WITH COOK CHILDREN'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.
SCHEDULE D, PART XI, LINE 8	OTHER CHANGE	CONTRIBUTIONS RECORDED TO NET ASSETS (\$13,893,133) DONATIONS RECORDED FROM NET ASSETS \$ 5,788,373 ----- (\$8,104,760)
SCHEDULE D, PART XII, LINE 2D	OTHER CHANGE	RENTAL EXPENSES INCLUDED IN INCOME \$504,954
SCHEDULE D, PART XII, LINE 4B	OTHER CHANGE	CONTRIBUTIONS RECORDED TO NET ASSETS \$13,893,133 RECLASSIFICATION OF INVESTMENT DEPT EXPENSES \$ 678,495 ----- \$14,571,628
SCHEDULE D, PART XIII, LINE 4B	OTHER CHANGE	RECLASSIFICATION OF INVESTMENT DEPT EXPENSES \$ 678,495 DONATIONS FROM NET ASSETS \$5,788,373 ----- \$6,466,868
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
SCHEDULE D, PART XIII, LINE 2D	OTHER CHANGES	RENTAL EXPENSES INCLUDED IN INCOME \$ 504,954 ----- \$ 504,954

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 75-2051649
Name: WI COOK FOUNDATION INC

Part V

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

Open to Public Inspection

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

75-2051649

Part II Fundraising Events.

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

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

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
		☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
		7 Direct expense summary Add lines 2 through 5 in column (d) ▶			
		8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name ▶ _____

Address ▶ _____

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WI COOK FOUNDATION INC

Employer identification number
75-2051649

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COOK CHILDREN'S MEDICAL CENTER801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2051646	501(c)(3)	4,564,944				FINANCIAL ASSISTANCE
(2) COOK CHILDREN'S PHYSICIAN NETWORK801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2485366	501(c)(3)	35,905				FINANCIAL ASSISTANCE
(3) COOK CHILDREN'S HEALTH CARE SYSTEM 801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2705881	501(c)(3)	1,187,524				FINANCIAL ASSISTANCE

2

Enter total number of section 501(c)(3) and government organizations

3

3

Enter total number of other organizations

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SCHEDULE I PART I QUESTION 2	FUNDS ARE PLACED IN THE APPROPRIATE DESIGNATED ACCOUNTS WITH NOTIFICATION FROM DEVELOPMENT STAFF TO THE AUTHORIZED SIGNER AUTHORIZED SIGNERS AND OTHER APPROPRIATE INDIVIDUALS ARE NOTIFIED OF ANY RESTRICTIONS ON THE FUNDS DEVELOPMENT STAFF FOLLOW UP WITH AUTHORIZED SIGNERS TO OBTAIN INFORMATION ON THE USE OF FUNDS AND THE IMPACT MADE TO THE PROGRAM IMPACT REPORTS ARE THEN PREPARED BY DEVELOPMENT STAFF AND SENT TO THE DONOR ON AN ANNUAL BASIS OR AS REQUIRED BY THE DONOR AGREEMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

WI COOK FOUNDATION INC

Employer identification number

75-2051649

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY M COLE	(i)	184,269	54,063	12,070	9,800	11,392	271,594	0
	(ii)	0	0	0	0	0	0	0
(2) ROBERT K FEATHER	(i)	243,203	98,708	54,485	18,375	12,813	427,584	0
	(ii)	0	0	0	0	0	0	0
(3) RICHARD P GOODE	(i)	17,416	5,537	4,816	660	890	29,319	0
	(ii)	330,902	105,194	91,519	12,533	16,902	557,050	0
(4) RICK W MERRILL	(i)	213,478	121,487	59,136	45,376	4,581	444,058	44,240
	(ii)	453,641	258,160	125,665	96,424	9,734	943,624	87,760
(5) GEORGE B MONTAGUE	(i)	0	0	0	0	0	0	0
	(ii)	202,686	57,069	18,948	15,313	11,581	305,597	0
(6) PATRICK B O'CONNOR	(i)	152,918	0	1,536	6,231	7,149	167,834	0
	(ii)	0	0	0	0	0	0	0
(7) LESLEY ATKINSON	(i)	119,970	17,903	1,558	4,374	11,281	155,086	0
	(ii)	0	0	0	0	0	0	0
(8) JENNIFER JOHNSON	(i)	123,438	30,129	1,561	9,695	2,011	166,834	0
	(ii)	0	0	0	0	0	0	0
(9) TIMOTHY PLOCICA	(i)	120,324	17,956	11,163	0	11,285	160,728	0
	(ii)	0	0	0	0	0	0	0
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	RICK W. MERRILL PARTICIPATES, BUT RECEIVED 0 PAYMENT DURING CALENDAR YEAR 2010.
ALLOCATION OF CEO AND CFO SALARIES	SCHEDULE J PART II	COOK CHILDREN'S HEALTH CARE SYSTEM IS COMPRISED OF 9 COMPANIES, INCLUDING A MEDICAL CENTER, PHYSICIAN NETWORK, HEALTH PLAN, HOME HEALTH COMPANY, INDEMNITY COMPANY, HEALTH FOUNDATION, NORTHEAST HOSPITAL, PEDIATRIC SURGERY CENTER, AND HEALTH CARE SYSTEM COMPANY. THE CEO AND CFO ARE RESPONSIBLE FOR THE OVERSIGHT OF ALL AFOREMENTIONED COMPANIES. AS A RESULT, THEIR SALARIES ARE ALLOCATED PRO-RATA, BASED ON THE AMOUNT OF TIME THEY SPEND WITH EACH COMPANY.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WI COOK FOUNDATION INC

Employer identification number

75-2051649

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

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

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

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

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

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JP MORGAN	SEE PART V	333,461	INVESTMENT MGMT FEES		No
(2) LUTHER KING CAPITAL MANAGEMENT	SEE PART V	394,794	INVESTMENT MGMT FEES		No
(3) LUTHER KING CAPITAL MANAGEMENT	SEE PART V	394,794	INVESTMENT MGMT FEES		No

Part V

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

Identifier	Return Reference	Explanation
RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION	SCHEDULE L, PART IV	JEFFREY B KING, BOARD MEMBER, IS A MANAGING DIRECTOR FOR JP MORGAN GARY G WALSH, BOARD MEMBER, IS A PRINCIPAL AND SHAREHOLDER FOR LUTHER KING CAPITAL MANAGMENT MASON D KING, BOARD MEMBER, IS A VICE PRESIDENT FOR LUTHER KING CAPITAL MANAGMENT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WI COOK FOUNDATION INC

Employer identification number
75-2051649

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 oncash 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	X	5	1,129,265	AVG HIGH/LOW FOR DAY
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 ► (_____)				
26 Other ► (_____)				
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 1-28 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
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				31 Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				32a Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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

Identifier	Return Reference	Explanation
THIRD PARTY USED TO SELL NONCASH CONTRIBUTIONS	SCHEDULE M QUESTION 32B	WHEN WE RECEIVE STOCK CONTRIBUTIONS, WE NOTIFY OUR INVESTMENT MANAGER TO SELL THE STOCK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization WI COOK FOUNDATION INC	Employer identification number 75-2051649
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Identifier	Return Reference	Explanation
REVIEW PROCESS FOR FORM 990	FORM 990 PART VI QUESTION 11A	THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO ASSIST IN THE PREPARATION OF THE FORM 990 AND RELATED FILINGS. ALL INFORMATION PROVIDED TO THE OUTSIDE ACCOUNTING FIRM IS GATHERED BY KEY COMPANY EMPLOYEES AND EXECUTIVES. ONCE THE FORMS ARE PREPARED, THEY ARE REVIEWED BY COMPANY EXECUTIVES AND THEN PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW. IN ADDITION, THEY ARE PRESENTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW. SUBSEQUENT TO AUDIT COMMITTEE REVIEW, THE FORMS ARE FILED WITH THE INTERNAL REVENUE SERVICE AND MADE AVAILABLE TO THE PUBLIC FOR REVIEW.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990 PART VI QUESTION 12C	EVERY YEAR THE LEGAL DEPARTMENT SENDS OUT A FORM 990 QUESTIONNAIRE TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. THE RESPONSES ARE REVIEWED BY THE LEGAL, FINANCE, AND COMPLIANCE DEPARTMENTS. FOLLOW UP AND/OR CORRECTIVE ACTION IS TAKEN AS NEEDED WITH RESPECT TO RESPONSES THAT INDICATE THE EXISTENCE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE RESPONSES TO THE QUESTIONNAIRES ARE PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND FOLLOW-UP. 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. The Compliance Department maintains a hot-line to receive reports of inappropriate activities including activities that might constitute a conflict of interest. Internal Audit and Compliance also conduct random audits of corporate activities such as expense reimbursements and accounts payable to determine if any inappropriate payments are being made to individuals, some of which could be evidence of a conflict of interest. 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 & 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), both 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, with interim reviews being conducted as needed. With regard to physician compensation, the committee also retains the law firm of McDermott, Will & Emery of Chicago, Illinois, to issue a reasonableness opinion covering the physician compensation plan for Cook Children's Physician Network.

Identifier	Return Reference	Explanation
PROCESS OF MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990 PART VI, QUESTION 19	The organization does not make its governing documents or conflict of interest policy available to the public, except to the extent they are on file with the Secretary of State of Texas. The conflict of interest policy is posted on the organization's internal website and available to all employees of Cook Children's Health Care System entities. Consolidated financial statements are reported electronically for all Cook Children's Health Care System entities via the Electronic Municipal Market Access ("EMMA") web site.

Identifier	Return Reference	Explanation
OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE FAMILY/BUSINESS RELATIONSHIPS	FORM 990 PART VI QUESTION 2	MASON D KING AND GARY G WALSH HAVE A BUSINESS RELATIONSHIP. MASON D KING AND GARY G WALSH ARE EMPLOYEES OF LUTHER KING CAPITAL MANAGEMENT, WHICH PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE FOUNDATION PURSUANT TO THE FIRM'S STANDARD FEE SCHEDULE. WIN RYAN AND GEORGE M YOUNG HAVE A BUSINESS RELATIONSHIP.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	Jewel Charity was created in 1953 by two industrious Fort Worth women who realized that Cook Children's Medical Center required additional resources to provide the high levels of uncompensated care required by the region's neediest children. Working in tandem with the Cook Children's Health Foundation, Jewel Charity, a 501 (c) (3) non-profit, has grown to more than 400 members governed by a board of directors. Since its inception, Jewel Charity has provided Cook Children's Medical Center with more THAN \$55 MILLION DOLLARS FROM SPECIAL events fundraising. In 2011, Cook Children's Health Foundation raised \$16.2 million dollars and contributed \$39 million dollars toward the Medical Center's building initiative.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	Unrestricted Net Assets Transfers between affiliates \$569,952,510 Net unrealized gain(losses) on investments (21,721,236) Temporarily Restricted Net Assets Change in beneficial interest in lead trust (53,161) Net assets released from restrictions (129,310) Investment income & unrealized gain(losses) 461,763 Permanently Restricted Net Assets Change in beneficial interest in perpetual trusts (315,731) Investment income & unrealized gain(losses) 785,299 ----- \$548,980,134

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMER JEFFREY ALEXANDER TITLE TRUSTEE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBIN W ARENA TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME G THOMAS BOSWELL TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES R DUNAWAY, JR TITLE TRUSTEE-CHAIRMAN HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.DAVID G FISCHER TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD F GARVEY TITLE TRUSTEE-SECRETARY & TREASURER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RAFAEL G GARZA TITLE TRUSTEE HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY KAY HOWARD TITLE TRUSTEE-VICE CHAIRMAN HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEFFREY B KING TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE F LEBUS TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME G MALCOLM LOUDEN TITLE TRUSTEE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIAN NEWBY TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL R PAVELL TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH C PENSORN TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VICKIE V STEVENS TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY G WALSH TITLE TRUSTEE-CHAIRMAN HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES E. WEBB TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE M YOUNG, JR TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIAN D. BARNARD TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARTIN H ENGLANDER TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN M RICHARDSON, MD TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD P GOODE TITLE CFO HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.CARA MARTZ TITLE.SECRETARY HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME: RICK W. MERRILL TITLE: PRESIDENT, CEO HOURS: 27

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE B MONTAGUE TITLE VP-REAL ESTATE HOURS 38

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WI COOK FOUNDATION INC

Employer identification number
75-2051649

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) COOK CHILDREN'S HEALTH PLAN 801 SEVENTH AVE FORT WORTH, TX 76104 76-0585240	INSURANCE	TX	501(c)(3)	11C	CCHCS		
(2) COOK CHILDREN'S HEALTH CARE SYSTEM 801 SEVENTH AVE FORT WORTH, TX 76104 75-2705881	HEALTHCARE	TX	501(c)(3)	11C	NA		
(3) COOK CHILDREN'S PHYSICIAN NETWORK 801 SEVENTH AVE FORT WORTH, TX 76104 75-2485366	PHYSICIAN SVC	TX	501(c)(3)	3	CCHCS		
(4) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104 75-2051646	HOSPITAL	TX	501(c)(3)	3	CCHCS		
(5) COOK CHILDREN'S HOME HEALTH 801 SEVENTH AVE FORT WORTH, TX 76104 75-2896983	HEALTHCARE	TX	501(c)(3)	11C	CCHCS		

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) G E T TRUST 500 W 7TH ST FLOOR 13 FORT WORTH, TX761024700	SPLIT INT TRU	TX	NA	TRUST	14,111	327,352	80 000 %
(2) L D D TRUST 270 PARK AVENUE NEW YORK, NY100172014	SPLIT INT TRU	TX	NA	TRUST	2,309	127,447	100 000 %
(3) M E D TRUST 270 PARK AVENUE NEW YORK, NY100172014	SPLIT INT TRU	TX	NA	TRUST	1,349	72,561	100 000 %
(4) W B JR TRUST 270 PARK AVENUE NEW YORK, NY100172014	SPLIT INT TRU	TX	NA	TRUST	17,895	987,217	75 000 %

Part V

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

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

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

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COOK CHILDREN'S HEALTH CARE SYSTEM		1,170,470	
(2) COOK CHILDREN'S HEALTH CARE SYSTEM	B	1,187,524	
(3) COOK CHILDREN'S PHYSICIAN NETWORK	B	35,905	
(4) COOK CHILDREN'S MEDICAL CENTER	B	4,564,944	
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
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TY 2010 Itemized Other Current Liabilities Schedule

Name: WI COOK FOUNDATION INC

EIN: 75-2051649

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Redemptions Payable	43,690	
		Accrued Expense/Other	25,134	

**TY 2010 Itemized Other Current Assets
Schedule**

Name: WI COOK FOUNDATION INC
EIN: 75-2051649

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Master Fund, Ltd	54,430,172	

TY 2010 Other Deductions Schedule

Name: WI COOK FOUNDATION INC

EIN: 75-2051649

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		
Other		

TY 2010 Itemized Other Investments Schedule

Name: WI COOK FOUNDATION INC

EIN: 75-2051649

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount

TY 2010 Other Income Statement**Name:** WI COOK FOUNDATION INC**EIN:** 75-2051649

Description	Foreign Amount	Amount
Net Investment Income Green Eagle		
Credit Master Fund, Ltd		
GAINS AND LOSSES FROM GREEN EAGLE		
CREDIT MASTER FUND, LTD.		

TY 2010 Owns Foreign Partnership Statement**Name:** WI COOK FOUNDATION INC**EIN:** 75-2051649

Name	EIN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Green Eagle Master Fund Ltd	FOREIGNUS			2011-01-01	2011-12-31

Additional Data

Software ID:

Software Version:

EIN: 75-2051649

Name: WI COOK FOUNDATION INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R JEFFREY ALEXANDER TRUSTEE	1 0	X						0	0	0
KEELY APPLETON TRUSTEE	1 0	X						0	0	0
ROBIN W ARENA TRUSTEE	1 0	X						0	0	0
G THOMAS BOSWELL TRUSTEE	1 0	X						0	0	0
JULIA DAVIDSON TRUSTEE	1 0	X						0	0	0
JAMES R DUNAWAY JR TRUSTEE-CHAIRMAN	2 0	X		X				0	0	0
RANDY EISENMAN TRUSTEE	1 0	X						0	0	0
DAVID G FISCHER TRUSTEE	1 0	X						0	0	0
RUSSELL L FLEISHER TRUSTEE	1 0	X						0	0	0
RICHARD F GARVEY TRUSTEE-SECRETARY & TREASURER	2 0	X		X				0	0	0
RAFAEL G GARZA TRUSTEE	1 0	X						0	0	0
JOY ANN HAVRAN TRUSTEE	1 0	X						0	0	0
NANCY KAY HOWARD TRUSTEE-VICE CHAIRMAN	2 0	X		X				0	0	0
JEFFREY B KING TRUSTEE	1 0	X						0	0	0
MASON D KING TRUSTEE	1 0	X						0	0	0
NICK KYPREOS TRUSTEE	1 0	X						0	0	0
GEORGE F LEBUS TRUSTEE	1 0	X						0	0	0
G MALCOLM LOUDEN TRUSTEE	1 0	X						0	0	0
DAN E LOWRANCE TRUSTEE	1 0	X						0	0	0
TRACY MCGEHEE TRUSTEE	1 0	X						0	0	0
SKYLAR P MERRIFIELD TRUSTEE	1 0	X						0	0	0
ARDON E MOORE III TRUSTEE	1 0	X						0	0	0
LINDA C MORRIS ELSEY TRUSTEE	1 0	X						0	0	0
BRIAN NEWBY TRUSTEE	1 0	X						0	0	0
MICHAEL R PAVELL TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH C PENSHORN TRUSTEE	1 0	X						0	0	0
WIN RYAN TRUSTEE	1 0	X						0	0	0
VICKIE V STEVENS TRUSTEE	1 0	X						0	0	0
NENETTA C TATUM TRUSTEE	1 0	X						0	0	0
GARY G WALSH TRUSTEE-CHAIRMAN	2 0	X		X				0	0	0
JAMES E WEBB TRUSTEE	1 0	X						0	0	0
ULLA K WILSKA TRUSTEE	1 0	X						0	0	0
GEORGE M YOUNG JR TRUSTEE	1 0	X						0	0	0
BRIAN D BARNARD TRUSTEE	1 0	X						0	0	0
CLARABELE DODSON TRUSTEE	1 0	X						0	0	0
MARTIN H ENGLANDER TRUSTEE	1 0	X						0	0	0
JOHN M RICHARDSON MD TRUSTEE	1 0	X						0	0	0
TODD N RITTERBUSCH TRUSTEE	1 0	X						0	0	0
GARY M COLE VP-DEVELOPMENT	40 0			X				250,402	0	21,192
ROBERT K FEATHER SR VP-PUBLIC POLICY & DEVEL	40 0			X				396,396	0	31,188
RICHARD P GOODE CFO	2 0			X				27,769	527,615	30,985
CARA MARTZ SECRETARY	1 0			X				0	95,216	7,326
RICK W MERRILL PRESIDENT, CEO	13 0			X				394,101	837,466	156,115
GEORGE B MONTAGUE VP-REAL ESTATE	2 0			X				0	278,703	26,894
PATRICK B O'CONNOR CHIEF INVESTMENTS OFFICER	40 0			X				154,454	0	13,380
GRANT HARRIS INTERIM VP-FOUNDATION	40 0			X				97,709	0	19,101
LESLEY ATKINSON DIRECTOR-DEVELOPMENT	40 0					X		139,431	0	15,655
JENNIFER JOHNSON AVP-DONOR RELATIONS	40 0					X		155,128	0	11,706
TIMOTHY PLOCICA DIRECTOR-DEVELOPMENT	40 0					X		149,443	0	11,285
SANDRA C TUOMEY DIRECTOR-COMMUNITY RELATIONS	40 0					X		110,853	0	7,276