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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COOK CHILDREN'S PHYSICIAN NETWORK % CORY RHOADES Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 801 SEVENTH AVENUE _____ City or town, state or province, country, and ZIP or foreign postal code FORT WORTH, TX 76104	D Employer identification number 75-2485366 E Telephone number (682) 885-4000 G Gross receipts \$ 282,819,534
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer W BRITT NELSON MD 801 SEVENTH AVE FORT WORTH, TX 76104	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.COOKCHILDRENS.ORG	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1992 M State of legal domicile TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities KNOWING THAT EVERY CHILD'S LIFE IS SACRED, OUR PROMISE IS TO IMPROVE THE HEALTH OF EVERY CHILD IN OUR REGION THROUGH THE PREVENTION AND TREATMENT OF ILLNESS, DISEASE AND INJURY		
2	Check this box <input type="checkbox"/> 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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,327
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	52,791,690	65,674,706
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,526,634	216,609,376
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,200	-479
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,344	535,452
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,443,868	282,819,055
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,000	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	197,720,633	221,455,035
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,542,093	61,629,907
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	250,265,726	283,084,942	
19 Revenue less expenses Subtract line 18 from line 12	178,142	-265,887	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,891,473	39,056,687
	22 Net assets or fund balances Subtract line 21 from line 20	27,217,684	30,648,785
		8,673,789	8,407,902

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 _____ CORY RHOADES SENIOR VP-FINANCE Type or print name and title	2017-05-15 Date
Paid Preparer Use Only	Print/Type preparer's name Amanda Maya Preparer's signature Amanda Maya Date	Check <input type="checkbox"/> if self-employed PTIN P01067777
	Firm's name ▶ BKD LLP Firm's address ▶ 2800 Post Oak Blvd Ste 3200 HOUSTON, TX 77056	Firm's EIN ▶ Phone no (713) 499-4600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 251,846,394 including grants of \$) (Revenue \$ 217,144,828)
See Additional Data

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

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

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

4e Total program service expenses ▶ 251,846,394

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

<p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>No</p>
<p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	
<p>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?</p>	<p>24c</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>	<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>	<p>No</p>
<p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>Yes</p>
<p>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></p>	<p>28c</p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>No</p>
<p>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></p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p>No</p>
<p>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></p>	<p>32</p>	<p>No</p>
<p>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></p>	<p>33</p>	<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>	<p>Yes</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>	<p>Yes</p>
<p>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></p>	<p>36</p>	<p>No</p>
<p>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></p>	<p>37</p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CORY RHOADES 801 SEVENTH AVENUE FORT WORTH, TX 76104 (682) 885-4000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							14,975,355	655,995	1,011,843	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 505

	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>		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>	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>		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATHENAHEALTH, 311 ARSENAL ST WATERTOWN, MA 02472	CLAIMS PROCESSING	13,125,290
TARRANT CONSTRUCTION SERVICES, 2225 W PETERSMITH ST FORT WORTH, TX 76102	CONSTRUCTION	1,418,990
MUCKLERROY FALLS, 5801 EDWARDS RANCH RD 100 FORT WORTH, TX 76104	CONSTRUCTION	297,021
FORT CONSTRUCTION LP, 224 E VICKERY BLVD FORT WORTH, TX 76104	CONSTRUCTION	711,819
UNT HEALTH SCIENCE, 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	STAFFING	252,228

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d	65,316,059					
	e Government grants (contributions) 1e	356,147					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,500					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ▶		65,674,706				
Program Service Revenue	2a NET PATIENT FEES	Business Code 621110	192,897,354	192,897,354			
	b CONTRACTED FEES	621110	3,751,083	3,751,083			
	c MANAGEMENT FEES	900099	18,659,447	18,659,447			
	d OTHER INCOME	621110	1,115,699	1,115,699			
	e RESEARCH	900099	185,793	185,793			
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		216,609,376				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		0				
	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)	0	0			
		d Net rental income or (loss) ▶		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses			479		
		c Gain or (loss)			-479		
		d Net gain or (loss) ▶		-479			-479
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b					
		c Net income or (loss) from fundraising events . . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b					
		c Net income or (loss) from gaming activities . . . ▶		0			
10a Gross sales of inventory, less returns and allowances a							
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory . . . ▶		0				
Miscellaneous Revenue		Business Code					
11a OTHER INCOME	900099	535,452	535,452				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		535,452					
12 Total revenue. See Instructions ▶		282,819,055	217,144,828		-479		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,173,583	7,580,290	1,593,293	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	210,834	210,834		
7 Other salaries and wages	183,667,010	177,320,585	6,346,425	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	28,403,608	26,538,928	1,864,680	
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	4,616,583		4,616,583	
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,759,196	1,761,889	997,307	
12 Advertising and promotion	111,953	47,952	64,001	
13 Office expenses	583,640	683,449	-99,809	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	6,939,113	6,696,474	242,639	
17 Travel	311,026	274,310	36,716	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	103,882	7,728	96,154	
20 Interest	1,262	1,262		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,910,381	1,561,322	349,059	
23 Insurance	1,860,372	1,858,986	1,386	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	18,563,341	18,596,539	-33,198	
b COLLECTION EXPENSE	14,100,847	38,164	14,062,683	
c BAD DEBT EXPENSE	6,980,545	6,980,545		
d MINOR EQUIPMENT EXPENSE	1,319,120	581,127	737,993	
e All other expenses	1,468,646	1,106,010	362,636	
25 Total functional expenses. Add lines 1 through 24e	283,084,942	251,846,394	31,238,548	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,688	1	11,245
	2 Savings and temporary cash investments	10,916,858	2	11,266,320
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	9,613,513	4	11,882,535
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	131,838	7	107,263
	8 Inventories for sale or use	1,179,125	8	1,499,995
	9 Prepaid expenses and deferred charges	172,050	9	250,342
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 17,775,287		
	b Less: accumulated depreciation	10b 7,212,185	9,848,130	10c 10,563,102
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	1,560,000	14	1,560,000
	15 Other assets. See Part IV, line 11	2,459,273	15	1,915,885
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,891,473	16	39,056,687	
Liabilities	17 Accounts payable and accrued expenses	6,954,131	17	8,135,432
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,263,553	25	22,513,353
	26 Total liabilities. Add lines 17 through 25	27,217,684	26	30,648,785
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,673,789	27	8,407,902
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	8,673,789	33	8,407,902	
34 Total liabilities and net assets/fund balances	35,891,473	34	39,056,687	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	282,819,055
2	Total expenses (must equal Part IX, column (A), line 25)	2	283,084,942
3	Revenue less expenses Subtract line 2 from line 1	3	-265,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,673,789
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,407,902

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 75-2485366
Name: COOK CHILDREN'S PHYSICIAN NETWORK

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 251,846,394 including grants of \$) (Revenue \$ 217,144,828)

COOK CHILDREN'S PHYSICIAN NETWORK (CCPN) IS THE LARGEST PEDIATRIC MULTI-SPECIALTY PHYSICIAN GROUP IN NORTH TEXAS. THE NETWORK INCLUDES MORE THAN 387 PHYSICIANS AND 220 MID-LEVEL PROVIDERS IN ADDITION TO THOUSANDS OF OTHER CARING EMPLOYEES. PATIENT FAMILIES HAVE ACCESS TO THE FOLLOWING SPECIALTIES VIA TELEMEDICINE: CARDIOLOGY, CARE TEAM, ENDOCRINOLOGY, GENETICS/METABOLIC GENETICS, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, NEUROPSYCHOLOGY, PEDIATRIC INTENSIVISTS, PSYCHOLOGY, RHEUMATOLOGY AND UROLOGY. THESE SPECIALISTS HOSTED 2,000 VISITS VIA TELEMEDICINE IN 2016 OFFERING IMMEDIATE CARE AND PATIENT MONITORING AS WELL AS SAVING MANY HOURS OF TRAVEL FOR PATIENT FAMILIES. THE NETWORK'S PHYSICIANS AND SPECIALISTS HAVE OFFICES IN TARRANT, DENTON AND HOOD COUNTIES AND PROVIDE A PRIMARY CARE HOME IN ECONOMICALLY DISADVANTAGED AREAS WHERE ACCESS TO PEDIATRIC HEALTH CARE IS DIFFICULT TO OBTAIN. THE PHYSICIAN NETWORK HAS INCREASED ACCESS TO PEDIATRIC SPECIALTY CARE THROUGH OUTREACH CLINICS IN MANY COMMUNITIES IN NORTH, WEST, EAST AND CENTRAL TEXAS. EACH MONTH, PHYSICIANS TRAVEL TO PROVIDE SERVICES IN SEVERAL AREAS THAT ARE NOT LARGE ENOUGH TO SUPPORT FULL-TIME SPECIALTY CARE. COOK CHILDREN'S OFFERS SEVEN NEIGHBORHOOD CLINICS (FIVE IN FORT WORTH, ONE IN ARLINGTON AND ALSO ONE IN RICHLAND HILLS) THAT OFFER WELL- AND SICK-CHILD VISITS, DENTAL CARE AND PROVIDE VACCINES. STAFF SPEAK BOTH ENGLISH AND SPANISH, AND CLINICS ACCEPT MOST CHIP, MEDICAID AND COMMERCIAL INSURANCE PLANS. THE CLINICAL STAFF IS LED BY 21 TOTAL PHYSICIANS, TWO DENTISTS, AND SIX NURSE PRACTITIONERS. EVENING HOURS WILL BE ADDED TO TWO NEIGHBORHOOD CLINICS IN 2017. DURING 2016 CCPN BEGAN PROVIDING TELEMEDICINE SUPPORT TO SCHOOL BASED NURSES IN ONE LOCAL INDEPENDENT SCHOOL DISTRICT (ISD). CURRENTLY THIS ENCOMPASSES TEN ELEMENTARY SCHOOLS, TWO MIDDLE SCHOOLS AND ONE HIGH SCHOOL. CCPN ANTICIPATES IT WILL SUPPORT SEVERAL MORE ISD'S IN THE UPCOMING FISCAL YEAR. PATIENT FAMILIES CONTINUE TO BENEFIT FROM THE AFTER-HOURS CLINIC TIMES AND THE PATIENT PORTAL, MYCOOKCHILDRENS.ORG, WHICH PROVIDES FAMILIES ON-DEMAND ACCESS TO PRIOR VISIT SUMMARIES, MEDICATION LISTS, VACCINE RECORDS, LAB RESULTS AND APPOINTMENT REQUESTS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK MAZADE MD TRUSTEE	41 0 0 0	X						337,058	0	45,792
KENNETH HEYM MD TRUSTEE	41 0 0 0	X						315,170	0	42,760
BRADLEY MERCER MD TRUSTEE	41 0 0 0	X						449,860	0	46,131
SANDRA ARCA MD TRUSTEE-TREASURER	42 0 1 0	X		X				279,392	0	47,156
BARRY BZOSTEK MD TRUSTEE	41 0 0 0	X						199,982	0	12,508
SAM CANTU MD TRUSTEE	41 0 0 0	X						410,620	0	41,549
VANESSA CHARETTE MD TRUSTEE	41 0 1 0	X						544,406	0	20,387
MATTHEW DZURIK MD TRUSEE-VICE CHAIR SPLTY CARE	42 0 1 0	X		X				448,624	0	31,899
JOSE IGLESIAS MD TRUSTEE	41 0 0 0	X						1,002,395	0	40,263
LINDSAY NEWTON MD TRUSTEE	41 0 0 0	X						203,522	0	43,223

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA PEAK MD TRUSTEE	41 0 0 0	X						333,378	0	35,004
WILFRED RAINE MD TRUSTEE	41 0 0 0	X						347,380	0	37,086
RAY RHODES MD TRUSTEE-VICE CHAIR, PRIM CARE	42 0 1 0	X		X				177,588	0	10,768
JUSTIN SMITH MD TRUSTEE	41 0 0 0	X						264,772	0	26,801
LINDA THOMPSON MD TRUSTEE-CHAIRMAN	42 0 2 0	X		X				285,383	0	17,476
DEBORAH VERT DO TRUSTEE	41 0 0 0	X						522,458	0	27,918
TODD WOLF MD TRUSTEE-SECRETARY	42 0 1 0	X		X				430,781	0	42,807
ROBERT GOODWILL V PRES-PRIM CARE & SPEC SVCS	40 0 0 0			X				403,806	0	37,270
SHERI KANTNER SECRETARY	40 0 0 0			X				61,995	0	31,663
STEPHEN W KIMMEL TREASURER	4 0 36 0			X				81,078	655,995	99,556

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANELL P MASON-BRISCOE AVP-PRIM CARE & SPLTY SVCS	40 0 0 0			X				238,465	0	20,424
W BRITT NELSON MD PRESIDENT	40 0 0 0			X				755,223	0	47,445
JOHNNIE HONEYCUTT MD PHYSICIAN	40 0 0 0					X		1,158,215	0	42,819
CHAD HAMNER MD PHYSICIAN	40 0 0 0					X		946,910	0	44,506
MARK PALMER MD PHYSICIAN	40 0 0 0					X		1,776,181	0	33,411
VINCENT TAM MD MEDICAL DIRECTOR	40 0 0 0					X		2,012,601	0	46,131
JOHN UFFMAN MD MEDICAL DIRECTOR	40 0 0 0					X		988,112	0	39,090

SCHEDULE A (Form 990 or 990EZ)

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COOK CHILDREN'S PHYSICIAN NETWORK

Employer identification number

75-2485366

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Name of the organization
COOK CHILDREN'S PHYSICIAN NETWORK

Employer identification number
75-2485366

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 2 columns: Description (Beginning balance, Additions during the year, Distributions during the year, Ending balance) and Amount.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages on lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description (unrelated/related organizations), Yes, No.

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

Table with 3 columns: Description, Yes, No.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
ACCRUED PAYROLL	2,466,102
ACCRUED PHYSICIAN RECONS	10,145,848
DUE TO AFFILIATES	4,514,570
ACCRUED PTO LIABILITY	2,805,984
ACCRUED EXECUTIVE BONUS	585,218
CAPITAL LEASE OBLIGATION	8,240
ACCRUED COMP BONUS-CARE SHARE	540,469
ACCRUED PHYSICIAN BONUS-PERC	1,446,922
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 22,513,353

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	275,577,586
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-6,980,545	
e	Add lines 2a through 2d		2e	-6,980,545
3	Subtract line 2e from line 1		3	282,558,131
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	260,924	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	260,924
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	282,819,055

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

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

1	Total expenses and losses per audited financial statements		1	276,104,876
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	479	
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	479
3	Subtract line 2e from line 1		3	276,104,397
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 XIII)	4b	6,980,545	
c	Add lines 4a and 4b		4c	6,980,545
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	283,084,942

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-2485366
Name: COOK CHILDREN'S PHYSICIAN NETWORK

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	ACCRUED PAYROLL	2,466,102
	ACCRUED PHYSICIAN RECONS	10,145,848
	DUE TO AFFILIATES	4,514,570
	ACCRUED PTO LIABILITY	2,805,984
	ACCRUED EXECUTIVE BONUS	585,218
	CAPITAL LEASE OBLIGATION	8,240
	ACCRUED COMP BONUS-CARE SHARE	540,469
	ACCRUED PHYSICIAN BONUS-PERC	1,446,922

Supplemental Information

Return Reference	Explanation
PART XI, LINES 2D & 4B	RECONCILIATION OF REVENUE FINANCIAL STATEMENTS TO FORM 990 BAD DEBT EXPENSE (\$ 6,980,545) LOSS ON DISPOSAL OF ASSETS (\$ 479) CONTRIBUTION FROM CCHF RECORDED TO NET ASSETS 261,430 ----- TOTAL \$ 260,924

Supplemental Information

Return Reference	Explanation
PART XII, LINES 2D & 4B	RECONCILIATION OF EXPENSES FINANCIAL STATEMENTS TO FORM 990 LOSS ON DISPOSAL OF ASSETS \$ 479 BAD DEBT EXPENSE \$ 6,980,545

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

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

Name of the organization COOK CHILDREN'S PHYSICIAN NETWORK	Employer identification number 75-2485366
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	No								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SHERI KANTNER \$188 GROSS-UP JOHN UFFMAN, MD \$14 GROSS-UP
SCHEDULE J, PART I, LINE 1B	<p>GENERAL GROSS UP PAYMENTS DISCLOSURE THERE IS NO WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF TAX INDEMNIFICATION AND GROSS-UP PAYMENTS BECAUSE THE COMPANY DOES NOT GENERALLY ALLOW FOR GROSS-UP PAYMENTS EXCEPT IN EXTREMELY UNUSUAL CIRCUMSTANCES AND THEN ONLY IF APPROVED BY SENIOR MANAGEMENT FOLLOWED BY REVIEW OF THE COMPANY'S COMPLIANCE AND LEGAL DEPARTMENTS THESE TYPE OF REIMBURSEMENTS GENERALLY RELATE TO TAXES OWED BY INDIVIDUALS WHO RECEIVE NOMINAL INCENTIVE PAYMENTS FOR SERVICE AWARDS OR QUALITY IMPROVEMENT PROGRAMS, AND THE GROSS-UP PAYMENTS USUALLY ARE IMMATERIAL, \$250 OR LESS CY 2015 CME GROSS UP AMOUNTS SANDRA ARCA, MD \$ 1,500 00 BARRY BZOSTEK, MD \$ 1,500 00 SAM CANTU, MD \$ 900 00 VANESSA CHARETTE, MD \$ 1,125 00 MATTHEW DZURIK, MD \$ 1,500 00 CHAD HAMNER, MD \$ 4,500 00 KENNETH HEYM, MD \$ 2,250 00 JOHNNIE HONEYCUTT, MD \$ 3,000 00 JOSE L IGLESIAS, MD \$ 4,500 00 MARK MAZADE, MD \$ 2,100 00 BRADLEY MERCER, MD \$ 1,500 00 W BRITT NELSON, MD \$ 4,725 00 LINDSAY HUGGINS NEWTON, MD \$ 975 00 SANDRA PEAK, MD \$ 900 00 WILFRED L RAINE, MD \$ 1,500 00 VINCENT TAM, MD \$ 3,000 00 LINDA THOMPSON, MD \$ 2,100 00 JOHN UFFMAN, MD \$ 4,500 00 DEBORAH VERT, DO \$ 750 00 TODD WOLF, MD \$ 1,500 00 CME GROSS UPS PAYMENTS DISCLOSURE IN ADDITION TO THE GIFT CARD AND INCENTIVE BONUSES DESCRIBED ABOVE, THERE IS NO WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FOR CONTINUING MEDICAL EDUCATION ALLOWANCES PAID TO EMPLOYED PHYSICIANS OF COOK CHILDREN'S PHYSICIAN NETWORK THESE TYPE OF EXPENSES ARE USUALLY HANDLED AS NON-TAXABLE ACCOUNTABLE PLAN BUSINESS EXPENSES UNDER THE INTERNAL REVENUE CODE, BUT THE COMPANY HAS ELECTED TO TREAT THESE PAYMENTS AND THE GROSS-UP PAYMENTS AS TAXABLE INCOME TO THE AFFECTED INDIVIDUALS THESE PAYMENTS ARE APPROVED IN ADVANCE BY SENIOR MANAGEMENT AND REVIEWED BY THE COMPANY'S COMPLIANCE AND LEGAL DEPARTMENTS FURTHER, THESE EXPENSES ARE INCLUDED IN THE BENEFITS CALCULATION FOR SUCH PHYSICIANS WHICH ARE REVIEWED BY THE COMPANY'S COMPENSATION COMMITTEE TO VERIFY THAT SUCH PAYMENTS ARE PAID AT FAIR MARKET VALUE AND COMMERCIALY REASONABLE</p>
SCHEDULE J, PART I, LINE 3	METHODS USED BY CCHCS TO ESTABLISH COMPENSATION OF THE COMPANY'S PRESIDENT COMPENSATION COMMITTEE INDEPENDENT COMPENSATION CONSULTANT WRITTEN EMPLOYMENT CONTRACT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4B	<p>PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS IN SERP IN W-2 DEF COMP PAID BY ----- ----- MATTHEW DZURIK, MD 18,000 NONE CCPN JOHNNIE HONEYCUTT, MD 18,000 NONE CCPN JOSE L IGLESIAS, MD 18,000 NONE CCPN W BRITT NELSON, MD 71,187 NONE CCPN JOHN UFFMAN, MD 18,000 NONE CCPN STEPHEN KIMMEL 18,000 63,144 CCHS</p>

Additional Data

Software ID:
Software Version:
EIN: 75-2485366
Name: COOK CHILDREN'S PHYSICIAN NETWORK

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK MAZADE MD TRUSTEE	(i)	326,142	0	10,916	19,875	25,917	382,850	0
	(ii)	0	0	0	0	0	0	0
1 KENNETH HEYM MD TRUSTEE	(i)	298,909	5,500	10,761	16,562	26,198	357,930	0
	(ii)	0	0	0	0	0	0	0
2 BRADLEY MERCER MD TRUSTEE	(i)	439,838	0	10,022	19,875	26,256	495,991	0
	(ii)	0	0	0	0	0	0	0
3 JOHNNIE HONEYCUTT MD PHYSICIAN	(i)	1,125,316	0	32,899	16,563	26,256	1,201,034	0
	(ii)	0	0	0	0	0	0	0
4 SANDRA ARCA MD TRUSTEE-TREASURER	(i)	268,854	1,819	8,719	18,462	28,694	326,548	0
	(ii)	0	0	0	0	0	0	0
5 BARRY BZOSTEK MD TRUSTEE	(i)	173,546	15,500	10,936	0	12,508	212,490	0
	(ii)	0	0	0	0	0	0	0
6 SAM CANTU MD TRUSTEE	(i)	404,442	0	6,178	10,600	30,949	452,169	0
	(ii)	0	0	0	0	0	0	0
7 VANESSA CHARETTE MD TRUSTEE	(i)	528,236	10,000	6,170	19,875	512	564,793	0
	(ii)	0	0	0	0	0	0	0
8 MATTHEW DZURIK MD TRUSEE-VICE CHAIR SPLTY CARE	(i)	415,767	5,833	27,024	16,563	15,336	480,523	0
	(ii)	0	0	0	0	0	0	0
9 JOSE IGLESIAS MD TRUSTEE	(i)	957,535	4,750	40,110	16,563	23,700	1,042,658	0
	(ii)	0	0	0	0	0	0	0
10 LINDSAY NEWTON MD TRUSTEE	(i)	179,947	18,938	4,637	10,919	32,304	246,745	0
	(ii)	0	0	0	0	0	0	0
11 SANDRA PEAK MD TRUSTEE	(i)	328,151	0	5,227	17,957	17,047	368,382	0
	(ii)	0	0	0	0	0	0	0
12 WILFRED RAINE MD TRUSTEE	(i)	332,456	0	14,924	19,875	17,211	384,466	0
	(ii)	0	0	0	0	0	0	0
13 RAY RHODES MD TRUSTEE-VICE CHAIR, PRIM CARE	(i)	121,095	50,000	6,493	5,100	5,668	188,356	0
	(ii)	0	0	0	0	0	0	0
14 JUSTIN SMITH MD TRUSTEE	(i)	198,679	59,564	6,529	10,537	16,264	291,573	0
	(ii)	0	0	0	0	0	0	0
15 LINDA THOMPSON MD TRUSTEE-CHAIRMAN	(i)	250,431	25,000	9,952	16,563	913	302,859	0
	(ii)	0	0	0	0	0	0	0
16 DEBORAH VERT DO TRUSTEE	(i)	516,873	0	5,585	19,259	8,659	550,376	0
	(ii)	0	0	0	0	0	0	0
17 TODD WOLF MD TRUSTEE-SECRETARY	(i)	287,284	135,857	7,640	16,563	26,244	473,588	0
	(ii)	0	0	0	0	0	0	0
18 ROBERT GOODWILL V PRES-PRIM CARE & SPEC SVCS	(i)	307,628	92,255	3,923	10,600	26,670	441,076	0
	(ii)	0	0	0	0	0	0	0
19 STEPHEN W KIMMEL TREASURER	(i)	53,405	21,070	6,603	8,112	2,839	92,029	0
	(ii)	432,102	170,474	53,419	65,632	22,973	744,600	0

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JANELL P MASON-BRISCOE AVP-PRIM CARE & SPLTY SVCS	(i)	195,739	41,060	1,666	10,233	10,191	258,889	0
	(ii)	0	0	0	0	0	0	0
1 W BRITT NELSON MD PRESIDENT	(i)	456,536	175,519	123,168	19,875	27,570	802,668	0
	(ii)	0	0	0	0	0	0	0
2 CHAD HAMNER MD PHYSICIAN	(i)	924,586	0	22,324	13,250	31,256	991,416	0
	(ii)	0	0	0	0	0	0	0
3 MARK PALMER MD PHYSICIAN	(i)	1,765,679	0	10,502	16,563	16,848	1,809,592	0
	(ii)	0	0	0	0	0	0	0
4 VINCENT TAM MD MEDICAL DIRECTOR	(i)	1,683,799	310,000	18,802	19,875	26,256	2,058,732	0
	(ii)	0	0	0	0	0	0	0
5 JOHN UFFMAN MD MEDICAL DIRECTOR	(i)	949,508	0	38,604	10,600	28,490	1,027,202	0
	(ii)	0	0	0	0	0	0	0

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COOK CHILDREN'S PHYSICIAN NETWORK

Employer identification number
75-2485366

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$	0					

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TOM ROGERS JR MD	A ROGERS FATHER-IN-LAW	64,665	COMPENSATION		No
(2) YVETTE DZURIK MD	M DZURIK SPOUSE	146,169	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
COOK CHILDREN'S PHYSICIAN NETWORK

Employer identification number

75-2485366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	SOLE MEMBER COOK CHILDREN'S HEALTH CARE SYSTEM, A TEXAS NON-PROFIT CORPORATION, IS THE SOLE MEMBER OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	MEMBER ELECTION ABILITIES AS THE SOLE MEMBER OF THE ORGANIZATION, COOK CHILDREN'S HEALTH CARE SYSTEM HAS THE ABSOLUTE RIGHT TO APPOINT OR APPROVE MEMBERSHIP ON THE BOARD OF DIRECTORS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	MEMBER DECISION ABILITIES AS THE SOLE MEMBER OF THE ORGANIZATION, COOK CHILDREN'S HEALTH CARE SYSTEM HAS THE EXCLUSIVE AND RESERVED POWER TO DO ANY OF THE FOLLOWING A APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION AND THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS FOR THE CORPORATION, B APPROVE DEVIATIONS FROM ANNUAL OPERATING AND CAPITAL BUDGETS IN EXCESS OF SUCH LIMITS AS ESTABLISHED BY THE MEMBER, C APPROVE THE PURCHASE OR ACQUISITION OF ANY PROPERTY, REAL, PERSONAL, OR MIXED, BY THE ORGANIZATION IN EXCESS OF SUCH LIMITS AS ESTABLISHED BY THE MEMBER, D APPROVE THE SALE, GIFT OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF THE ORGANIZATION, E APPROVE THE MORTGAGE OR OTHER ENCUMBRANCE OF ANY PROPERTY, REAL, PERSONAL, OR MIXED, OF THE ORGANIZATION IN EXCESS OF SUCH LIMITS AS ESTABLISHED BY THE MEMBER, F APPROVE THE ACQUISITION, LIQUIDATION, MERGER, WINDING UP, TERMINATION, OR CONSOLIDATION OF THE ORGANIZATION, G APPROVE THE CREATION OF, OR INVESTMENT IN, ANY SUBSIDIARY ENTITY, JOINT VENTURE, ACCOUNTABLE CARE ORGANIZATION OR SIMILAR ENTITIES, H APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE CERTIFICATE OF FORMATION OF THE ORGANIZATION AND THESE BYLAWS, I APPROVE INCURRING DEBT WHICH WOULD EXCEED SUCH LIMITS ESTABLISHED BY THE MEMBER, J APPROVE THE SETTLEMENT OF CLAIMS AND LITIGATION OF THE ORGANIZATION, AND K SUBSEQUENT TO THE ORGANIZING AND INCORPORATING PHYSICIAN'S SELECTION OF THE INITIAL BOARD OF DIRECTORS, APPROVE THE APPOINTMENT OR ELECTION OF DIRECTORS IN ACCORDANCE WITH SECTION 3.2 OF THE ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS FOR REVIEW OF THE 990 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 FORM 990 IS PREPARED, IT IS REVIEWED BY COMPANY FINANCE, LEGAL AND COMPLIANCE STAFF AND THEN PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT IN ADDITION, IT IS PRESENTED TO THE COOK CHILDREN'S HEALTH CARE SYSTEM AUDIT COMMITTEE FOR REVIEW AND COMMENT SUBSEQUENT TO AUDIT COMMITTEE REVIEW, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE AND MADE AVAILABLE TO THE PUBLIC FOR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>WRITTEN CONFLICT OF INTEREST POLICY EVERY YEAR THE LEGAL DEPARTMENT OF THE COOK CHILDREN'S HEALTH CARE SYSTEM ("SYSTEM") SENDS OUT A FORM 990 QUESTIONNAIRE/CONFLICT OF INTEREST DISCLOSURE STATEMENT TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES OF ALL SYSTEM COMPANIES, AS WELL AS CERTAIN OTHER EMPLOYEES, INCLUDING PHYSICIANS, WHO ARE DETERMINED TO BE EMPLOYED IN POSITIONS THAT MIGHT BE SUBJECT TO THE SYSTEM'S CONFLICT OF INTEREST POLICY 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 AND FOLLOW-UP INFORMATION ARE PROVIDED TO THE SYSTEM 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 THAT IS APPLICABLE TO ALL AFFILIATED COMPANIES 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, WITH FURTHER REPORTING TO THE SYSTEM BOARD OF TRUSTEES AS APPROPRIATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 15A & 15B	REVIEW AND APPROVAL OF COMPENSATION COOK CHILDREN'S HEALTH CARE SYSTEM HAS ESTABLISHED A COMPENSATION COMMITTEE WITH OVERSIGHT OF EXECUTIVE AND PHYSICIAN COMPENSATION, WHICH INCLUDES THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THE COMPENSATION COMMITTEE APPROVES COMPENSATION ARRANGEMENTS IN ADVANCE, WHICH INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT COMMITTEE MEMBERS, USING COMPARABLE MARKET DATA RELATING TO COMPENSATION, WHICH IS PROVIDED BY SULLIVAN COTTER AND ASSOCIATES, INC , AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANT THE COMPENSATION COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATIONS FOLLOWING CONTEMPORANEOUS SUBSTANTIATION OF THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS THE COMPENSATION COMMITTEE REQUIRES THE COMPENSATION CONSULTANT TO UPDATE MARKET DATA PERIODICALLY, USUALLY EVERY TWO YEARS, WITH INTERIM REVIEWS BEING CONDUCTED AS NEEDED WITH REGARD TO PHYSICIAN COMPENSATION, THE COMPENSATION 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	MAKING GOVERNING DOCUMENTS PUBLIC 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 AND BOARD MEMBERS 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COOK CHILDREN'S PHYSICIAN NETWORK

Employer identification number

75-2485366

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

(a) Name, address, and EIN (if applicable) 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 entity?	
						Yes	No
(1) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104 75-2051646	HOSPITAL	TX	501(C)(3)	3	CCHCS	Yes	
(2) WI COOK FOUNDATION 801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2051649	FUNDRAISING	TX	501(C)(3)	7	NA		No
(3) COOK CHILDREN'S HOME HEALTH 801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2896983	HEALTHCARE	TX	501(C)(3)	9	CCHCS	Yes	
(4) COOK CHILDREN'S HEALTH CARE SYSTEM 801 SEVENTH AVE FORT WORTH, TX 76104 75-2705881	HLTH CARE SUP	TX	501(C)(3)	11C	CCHF		No
(5) COOK CHILDREN'S HEALTH PLAN 801 SEVENTH AVE FORT WORTH, TX 76104 76-0585240	INSURANCE	TX	501(C)(3)	9	CCHCS	Yes	
(6) ROSEDALE OFFICE BUILDING INC 1500 W ROSEDALE FORT WORTH, TX 76104 46-0866421	TITLE HOLDING	TX	501(C)(2)	N/A	CCHF		No

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COOK CHILDREN'S HEALTH SERVICES 801 7TH AVENUE FORT WORTH, TX 76104 45-4024843	HEALTHCARE	TX	CCHCS	C CORPORATION				Yes	

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

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

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, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 75-2485366
Name: COOK CHILDREN'S PHYSICIAN NETWORK

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104 75-2051646	HOSPITAL	TX	501(C)(3)	3	CCHCS	Yes	
WI COOK FOUNDATION 801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2051649	FUNDRAISING	TX	501(C)(3)	7	NA		No
COOK CHILDREN'S HOME HEALTH 801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2896983	HEALTHCARE	TX	501(C)(3)	9	CCHCS	Yes	
COOK CHILDREN'S HEALTH CARE SYSTEM 801 SEVENTH AVE FORT WORTH, TX 76104 75-2705881	HLTH CARE SUP	TX	501(C)(3)	11C	CCHF		No
COOK CHILDREN'S HEALTH PLAN 801 SEVENTH AVE FORT WORTH, TX 76104 76-0585240	INSURANCE	TX	501(C)(3)	9	CCHCS	Yes	
ROSEDALE OFFICE BUILDING INC 1500 W ROSEDALE FORT WORTH, TX 76104 46-0866421	TITLE HOLDING	TX	501(C)(2)	N/A	CCHF		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) COOK CHILDREN'S MEDICAL CENTER	O	6,932,979	FMV
(1) COOK CHILDREN'S MEDICAL CENTER	R	2,045,910	FMV
(2) COOK CHILDREN'S MEDICAL CENTER	Q	425,522	FMV
(3) COOK CHILDREN'S MEDICAL CENTER	A	1,017,120	FMV
(4) COOK CHILDREN'S MEDICAL CENTER	C	64,491,429	FMV
(5) COOK CHILDREN'S HEALTH PLAN	O	333,767	FMV
(6) COOK CHILDREN'S HEALTH PLAN	R	14,713,363	FMV