

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 \$ 316,278,734

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

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

J Website: ▶ WWW.COOKCHILDRENS.ORG

K Form of organization Corporation Trust Association 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 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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,560
6 Total number of volunteers (estimate if necessary)	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	196,703

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	73,284,151	62,164,023
9 Program service revenue (Part VIII, line 2g)	224,948,220	253,532,741
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-13,431	20,000
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,325	561,970
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	298,317,265	316,278,734

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	238,503,600	253,318,095
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,665,042	63,721,066
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	303,168,642	317,039,161
19 Revenue less expenses Subtract line 18 from line 12	-4,851,377	-760,427

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	38,912,134	35,932,793
21 Total liabilities (Part X, line 26)	35,355,609	33,136,695
22 Net assets or fund balances Subtract line 21 from line 20	3,556,525	2,796,098

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2019-08-15
CORY RHOADES SENIOR VP-FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Amanda Maya
Preparer's signature: Amanda Maya
Date: _____
Check if self-employed PTIN: P01067777
Firm's name: ▶ BKD LLP
Firm's address: ▶ 2700 Post Oak Blvd Ste 1500
Houston, TX 77056
Firm's EIN: _____
Phone no: (713) 499-4600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 282,728,187 including grants of \$) (Revenue \$ 254,094,711)
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 ▶ 282,728,187

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 (13), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(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			
(1) VIDA AMIN MD TRUSTEE	41 0 0 0	X						323,076	0	25,846
(2) BRADLEY MERCER MD TRUSTEE	41 0 0 0	X						535,980	0	49,336
(3) SAM CANTU MD TRUSTEE-VICE CHAIR SPEC CARE	42 0 1 0	X		X				408,384	0	51,314
(4) MATTHEW DZURIK MD TRUSTEE-CHAIRMAN	42 0 2 0	X		X				479,538	0	34,006
(5) JOSE IGLESIAS MD TRUSTEE-SECRETARY	42 0 1 0	X		X				1,037,962	0	42,407
(6) LINDSAY NEWTON MD TRUSTEE-TREASURER	42 0 1 0	X		X				165,848	0	32,941
(7) SARA GARZA MD TRUSTEE	41 0 0 0	X						211,196	0	38,622
(8) RAY RHODES MD TRUSTEE-VICE CHAIR, PRIMARY CA	42 0 1 0	X		X				408,690	0	39,595
(9) JUSTIN SMITH MD TRUSTEE	41 0 0 0	X						276,297	0	29,234
(10) MICHELLE MARCINCUK MD TRUSTEE	41 0 0 0	X						756,594	0	31,248
(11) MARIA PEREZ MD TRUSTEE	41 0 0 0	X						300,390	0	36,961
(12) ALICE PHILLIPS MD TRUSTEE-VICE CHAIRMAN, PRIMARY	42 0 1 0	X		X				339,515	0	45,056
(13) MARK MAZADE MD TRUSTEE-VICE CHAIR SPEC CARE	42 0 1 0	X		X				359,881	0	49,689
(14) JULEE MORROW MD TRUSTEE	41 0 2 0	X						426,776	0	44,086
(15) MICHAEL SCOTT PERRY MD TRUSTEE	41 0 2 0	X						543,740	0	43,751
(16) ROBERT GOODWILL VP PRIMARY CARE & SPECIALTY	40 0 0 0			X				457,715	0	39,625
(17) SHERI KANTNER SECRETARY	40 0 0 0			X				62,368	0	33,043

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			
(18) STEPHEN W KIMMEL TREASURER	5 0 35 0			X				93,230	754,308	104,515
(19) W BRITT NELSON MD PRESIDENT	40 0 0 0			X				741,312	0	44,672
(20) RICK W MERRILL CEO	4 0 36 0			X				266,332	2,154,871	216,152
(21) JOHNNIE HONEYCUTT MD PHYSICIAN	40 0 0 0					X		910,109	0	45,056
(22) KYRIACOS PANAYIDES MD PHYSICIAN	40 0 0 0					X		968,538	0	42,939
(23) CHAD HAMNER MD PHYSICIAN	40 0 0 0					X		998,015	0	51,314
(24) VINCENT TAM MD MEDICAL DIRECTOR	40 0 0 0					X		2,349,032	0	49,539
(25) JOHN UFFMAN MD MEDICAL DIRECTOR	40 0 0 0					X		972,205	0	42,718
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								14,392,723	2,909,179	1,263,665

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 ▶ 584

	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	13,320,367
TARRANT CONSTRUCTION SERVICES, 2225 W PETERSMITH ST FORT WORTH, TX 76102	CONSTRUCTION	1,584,733
PRIM CONSTRUCTION, 252 ROBERTS CUT OFF RD FORT WORTH, TX 76114	CONSTRUCTION	346,706
CREDIT SYSTEMS INTERNATIONAL, PO BOX 1088 ARLINGTON, TX 76004	CLAIM COLLECTION	292,135
FORT CONSTRUCTION LP, 224 E VICKERY BLVD FORT WORTH, TX 76104	CONSTRUCTION	600,348

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 ▶ 15

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	61,862,329				
	e Government grants (contributions)	1e	301,694				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			62,164,023			
Program Service Revenue		Business Code					
	2a NET PATIENT FEES	621110	200,590,601	200,590,601			
	b CONTRACTED FEES	621110	4,018,067	4,018,067			
	c MANAGEMENT FEES	900099	46,527,196	46,527,196			
	d OTHER INCOME	621110	2,175,983	2,175,983			
	e RESEARCH	900099	220,894	220,894			
	f All other program service revenue						
g Total. Add lines 2a-2f			253,532,741				
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					
		c Gain or (loss)		20,000			
		d Net gain or (loss)			20,000		20,000
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a		0			
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a OTHER INCOME	900099	561,970	561,970				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			561,970				
12 Total revenue. See Instructions			316,278,734	254,094,711		20,000	

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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	8,889,798	5,432,900	3,456,898	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	388,481	388,481		
7 Other salaries and wages.	209,116,526	200,622,403	8,494,123	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	34,923,290	31,371,621	3,551,669	
10 Payroll taxes.	0			
11 Fees for services (non-employees)				
a Management.	7,922,301		7,922,301	
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).	3,456,163	1,890,189	1,565,974	
12 Advertising and promotion.	33,882	31,913	1,969	
13 Office expenses.	578,177	667,117	-88,940	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	8,516,019	7,748,339	767,680	
17 Travel.	352,508	319,641	32,867	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	141,589	17,665	123,924	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,519,683	1,802,059	717,624	
23 Insurance.	1,950,692	1,947,741	2,951	
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	21,298,759	21,260,128	38,631	
b BAD DEBT EXPENSE	7,239,338	7,239,338		
c COLLECTION EXPENSE	6,974,119	3,150	6,970,969	
d MINOR EQUIPMENT EXPENSE	1,416,109	1,011,552	404,557	
e All other expenses	1,321,727	973,950	347,777	
25 Total functional expenses. Add lines 1 through 24e.	317,039,161	282,728,187	34,310,974	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	11,383	1	11,502
	2 Savings and temporary cash investments	6,827,408	2	1,605,898
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,027,629	4	18,325,411
	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	81,327	7	53,974
	8 Inventories for sale or use	1,488,855	8	1,676,887
	9 Prepaid expenses and deferred charges	260,983	9	254,564
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 22,483,666		
	b Less accumulated depreciation	10b 10,677,565		
	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	1,670,537	15	638,456
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,912,134	16	35,932,793	
Liabilities	17 Accounts payable and accrued expenses	8,641,902	17	7,035,531
	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	26,713,707	25	26,101,164
	26 Total liabilities. Add lines 17 through 25	35,355,609	26	33,136,695
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	3,556,525	27	2,796,098
	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	3,556,525	33	2,796,098	
34 Total liabilities and net assets/fund balances	38,912,134	34	35,932,793	

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	316,278,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,039,161
3	Revenue less expenses Subtract line 2 from line 1	3	-760,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,556,525
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	2,796,098

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 75-2485366

Name: Cook Children's Physician Network

Form 990 (2017)

Form 990, Part III, Line 4a:

COOK CHILDRENS PHYSICIAN NETWORK (CCPN) IS THE LARGEST PEDIATRIC MULTI-SPECIALTY PHYSICIAN GROUP IN NORTH TEXAS. THE NETWORK INCLUDES MORE THAN 410 PHYSICIANS, INCLUDING 295 EMPLOYED SPECIALISTS, 100 PRIMARY CARE SPECIALISTS AND 22 NEIGHBORHOOD CLINIC DOCTORS. CCPN ALSO EMPLOYS 271 ADVANCED PRACTITIONERS. PATIENT FAMILIES HAVE ACCESS TO 17 SPECIALTIES VIA TELEMEDICINE - CARDIOLOGY - CARE TEAM - ENDOCRINOLOGY - GASTROENTEROLOGY - GENETICS/METABOLIC GENETICS - HEMATOLOGY/ONCOLOGY - INFECTIOUS DISEASES - NEONATOLOGY - NEPHROLOGY - NEUROLOGY - NEUROPSYCHOLOGY - PAIN MANAGEMENT - PALLIATIVE CARE - PEDIATRIC SURGERY - PSYCHIATRY - PSYCHOLOGY - RHEUMATOLOGY - UROLOGY. THESE SPECIALISTS HOSTED APPROXIMATELY 2,000 VISITS VIA TELEMEDICINE IN 2018, OFFERING IMMEDIATE CARE AND PATIENT MONITORING AND SAVING 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 MARKETS THAT ARE NOT LARGE ENOUGH TO SUPPORT FULL-TIME SPECIALTY CARE. COOK CHILDRENS OFFERS SEVEN NEIGHBORHOOD CLINICS (FIVE IN FORT WORTH, ONE IN ARLINGTON AND ONE IN RICHLAND HILLS) THAT OFFER WELL- AND SICK-CHILD VISITS AND DENTAL CARE AND PROVIDE VACCINES. STAFF SPEAKS BOTH ENGLISH AND SPANISH AND CLINICS ACCEPT MOST CHIP, MEDICAID AND COMMERCIAL INSURANCE PLANS. THE CLINICAL STAFF IS LED BY 23 TOTAL PHYSICIANS, 2 DENTISTS AND 5 ADVANCED PRACTICE PROVIDERS. EVENING HOURS WERE ADDED TO TWO NEIGHBORHOOD CLINICS IN 2018. CCPN TELEMEDICINE SUPPORTS SCHOOL BASED NURSES IN FIVE LOCAL INDEPENDENT SCHOOL DISTRICTS (ISD). CURRENTLY THIS ENCOMPASSES 69 CAMPUSES. OVER 60 PERCENT OF CHILDREN SEEN VIA TELEMEDICINE WERE ABLE TO REMAIN IN SCHOOL. CCPN ANTICIPATES IT WILL SUPPORT SEVERAL MORE ISDS IN THE UPCOMING FISCAL YEAR.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 75-2485366

Name: Cook Children's Physician Network

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)

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,353,576	1,829,811	5,523,765
c Leasehold improvements		9,133,859	5,207,991	3,925,868
d Equipment		5,657,848	3,639,763	2,018,085
e Other		338,383	0	338,383
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,806,101

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PAYROLL	2,761,906
ACCRUED PHYSICIAN RECONS	9,768,856
DUE TO AFFILIATES	4,514,570
ACCRUED PTO LIABILITY	3,632,853
ACCRUED EXECUTIVE BONUS	674,165
ACCRUED COMP BONUS-CARE SHARE	1,520,082
ACCRUED PHYSICIAN BONUS-PERC	3,228,732
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	26,101,164

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	308,850,175
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	-7,239,338	
e	Add lines 2a through 2d		2e	-7,239,338
3	Subtract line 2e from line 1		3	316,089,513
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	189,221	
c	Add lines 4a and 4b		4c	189,221
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	316,278,734

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	309,799,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	309,799,823
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	7,239,338	
c	Add lines 4a and 4b		4c	7,239,338
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	317,039,161

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

Supplemental Information

Return Reference	Explanation
PART XI, LINES 2D & 4B	RECONCILIATION OF REVENUE FINANCIAL STATEMENTS TO FORM 990 BAD DEBT EXPENSE \$ 7,239,338 GA IN ON DISPOSAL OF ASSETS \$ 20,000 DONATED CAPITAL FROM CCHF \$ 169,221 ----- TOTAL \$ 7,428,559

Supplemental Information

Return Reference	Explanation
PART XII, LINES 4B	RECONCILIATION OF EXPENSES FINANCIAL STATEMENTS TO FORM 990 GAIN ON DISPOSAL OF ASSETS \$ 7,239,338

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

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 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 checked="" 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 checked="" 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 checked="" 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?</p> <p>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?</p> <p>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?</p> <p>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 nonfixed 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 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	ROBERT GOODWILL \$25 GROSS UP SHERI KANTNER \$125 GROSS UP VINCENT TAM, MD \$676 GROSS UP
SCHEDULE J, PART I, LINE 1B	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 SPECIFIC 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 2017 CME GROSS UP AMOUNTS VIDA AMIN, MD \$6,500 00 SAM CANTU, MD \$3,900 00 MATTHEW DZURIK, MD \$6,500 00 CHAD HAMNER, MD \$14,500 00 SARA GARZA, MD \$2,925 00 JOHNNIE HONEYCUTT, MD \$13,000 00 JOSE L IGLESIAS, MD \$14,500 00 MARK MAZADE, MD \$9,100 00 W BRITT NELSON, MD \$4,550 00 LINDSAY HUGGINS NEWTON, MD \$4,875 00 KYRIACOS PANAYIDES MD \$14,500 00 MARIA PEREZ, MD \$6,500 00 ALICE PHILLIPS, MD \$6,500 00 VINCENT TAM, MD \$13,000 00 JOHN UFFMAN, MD \$14,500 00 JULEE MORROW, MD \$5,000 MICHELLE MARCINCUK, MD \$5,000 RAY RHODES, MD \$5,000 JUSTIN SMITH, MD \$5,000 M SCOTT PERRY, MD \$9,750 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 CHARTER AIR TRAVEL PROVIDED TO MATTHEW DZURIK, MD, VINCENT TAM, MD, AND M SCOTT PERRY, MD FOR BUSINESS TRAVEL IN THEIR CAPACITY AS PHYSICIANS FOR COOK CHILDREN'S PHYSICIAN NETWORK
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	PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS IN SERP IN W-2 DEF COMP PAID BY ----- MATTHEW DZURIK, MD NONE NONE CCPN JOHNNIE HONEYCUTT, MD 18,000 NONE CCPN JOSE L IGLESIAS, MD 18,000 NONE CCPN W BRITT NELSON, MD 18,000 NONE CCPN JOHN UFFMAN, MD 18,000 NONE CCPN STEPHEN KIMMEL 18,000 68,837 CCHS LINDSAY HUGGINS NEWTON, MD 8,509 NONE CCPN MICHELLE MARCINCUK, MD 18,000 NONE CCPN BRADLEY MERCER, MD 5,368 NONE CCPN RICK MERRILL 828,000 174,855 CCHS M SCOTT PERRY, MD 18,000 NONE CCPN

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				
1VIDA AMIN MD TRUSTEE	(i)	262,572	52,611	7,893	6,548	19,298	348,922	0
	(ii)	0	0	0	0	0	0	0
1BRADLEY MERCER MD TRUSTEE	(i)	520,808	0	15,172	19,897	29,439	585,316	0
	(ii)	0	0	0	0	0	0	0
2JOHNNIE HONEYCUTT MD PHYSICIAN	(i)	860,854	15,000	34,255	20,250	24,806	955,165	0
	(ii)	0	0	0	0	0	0	0
3SAM CANTU MD TRUSTEE-VICE CHAIR SPEC CARE	(i)	401,606	0	6,778	16,875	34,439	459,698	0
	(ii)	0	0	0	0	0	0	0
4MATTHEW DZURIK MD TRUSTEE-CHAIRMAN	(i)	470,553	0	8,985	16,875	17,131	513,544	0
	(ii)	0	0	0	0	0	0	0
5JOSE IGLESIAS MD TRUSTEE-SECRETARY	(i)	1,001,319	0	36,643	16,875	25,532	1,080,369	0
	(ii)	0	0	0	0	0	0	0
6LINDSAY NEWTON MD TRUSTEE-TREASURER	(i)	112,053	39,459	14,336	10,636	22,305	198,789	0
	(ii)	0	0	0	0	0	0	0
7KYRIACOS PANAYIDES MD PHYSICIAN	(i)	951,227	0	17,311	13,500	29,439	1,011,477	0
	(ii)	0	0	0	0	0	0	0
8SARA GARZA MD TRUSTEE	(i)	207,060	0	4,136	11,475	27,147	249,818	0
	(ii)	0	0	0	0	0	0	0
9RAY RHODES MD TRUSTEE-VICE CHAIR, PRIMARY CA	(i)	385,979	3,000	19,711	20,250	19,345	448,285	0
	(ii)	0	0	0	0	0	0	0
10JUSTIN SMITH MD TRUSTEE	(i)	210,695	58,905	6,697	10,800	18,434	305,531	0
	(ii)	0	0	0	0	0	0	0
11ROBERT GOODWILL VP PRIMARY CARE & SPECIALTY	(i)	313,460	128,006	16,249	10,800	28,825	497,340	0
	(ii)	0	0	0	0	0	0	0
12STEPHEN W KIMMEL TREASURER	(i)	57,234	30,914	5,082	8,760	2,736	104,726	0
	(ii)	463,070	250,117	41,121	70,877	22,142	847,327	0
13MICHELLE MARCINCUK MD TRUSTEE	(i)	731,889	0	24,705	1,809	29,439	787,842	0
	(ii)	0	0	0	0	0	0	0
14W BRITT NELSON MD PRESIDENT	(i)	513,946	173,552	53,814	20,250	24,422	785,984	0
	(ii)	0	0	0	0	0	0	0
15CHAD HAMNER MD PHYSICIAN	(i)	979,864	0	18,151	16,875	34,439	1,049,329	0
	(ii)	0	0	0	0	0	0	0
16MARIA PEREZ MD TRUSTEE	(i)	259,689	29,860	10,841	12,387	24,574	337,351	0
	(ii)	0	0	0	0	0	0	0
17VINCENT TAM MD MEDICAL DIRECTOR	(i)	2,312,286	10,000	26,746	20,250	29,289	2,398,571	0
	(ii)	0	0	0	0	0	0	0
18JOHN UFFMAN MD MEDICAL DIRECTOR	(i)	937,422	0	34,783	13,500	29,218	1,014,923	0
	(ii)	0	0	0	0	0	0	0
19ALICE PHILLIPS MD TRUSTEE-VICE CHAIRMAN, PRIMARY	(i)	328,872	0	10,643	20,250	24,806	384,571	0
	(ii)	0	0	0	0	0	0	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 MARK MAZADE MD TRUSTEE-VICE CHAIR SPEC CARE	(i)	346,851	0	13,030	20,250	29,439	409,570	0
	(ii)	0	0	0	0	0	0	0
1 RICK W MERRILL CEO	(i)	116,889	52,753	96,690	21,090	2,686	290,108	89,100
	(ii)	945,742	426,823	782,306	170,640	21,736	2,347,247	720,900
2 JULEE MORROW MD TRUSTEE	(i)	415,843	0	10,933	17,000	27,086	470,862	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL SCOTT PERRY MD TRUSTEE	(i)	513,205	0	30,535	16,875	26,876	587,491	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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 ▶ \$ _____

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) YVETTE DZURIK	M DZURIK SPOUSE	170,366	COMPENSATION		No
(2) KEVIN BRISCOE	J MASON-BRISCOE SPOUSE	218,115	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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cook Children's Physician Network

Employer identification number

75-2485366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 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, SECTION A, LINE 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, SECTION A, LINE 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, SECTION B, LINES 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 , FOR EXECUTIVE COMPENSATION AND BY ECG MANAGEMENT CONSULTANTS FOR PHYSICIAN COMPENSATION, BOTH OF WHICH ARE INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS 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, SECTION C, LINE 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)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

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)	10	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)	12C	CCHF		No
(5) COOK CHILDREN'S HEALTH PLAN 801 SEVENTH AVE FORT WORTH, TX 76104 76-0585240	INSURANCE	TX	501(C)(3)	10	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
(7) Child Study Center 1300 W LANCASTER FORT WORTH, TX 76102 75-1099536	HLTHCARE SRVC	TX	501(C)(3)	7	CCMC	Yes	

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

	Yes	No
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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

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

Part VII **Supplemental Information**

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

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
801 SEVENTH AVE FORT WORTH, TX 76104 75-2051646	HOSPITAL	TX	501(C)(3)	3	CCHCS	Yes	
801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2051649	FUNDRAISING	TX	501(C)(3)	7	NA		No
801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2896983	HEALTHCARE	TX	501(C)(3)	10	CCHCS	Yes	
801 SEVENTH AVE FORT WORTH, TX 76104 75-2705881	HLTH CARE SUP	TX	501(C)(3)	12C	CCHF		No
801 SEVENTH AVE FORT WORTH, TX 76104 76-0585240	INSURANCE	TX	501(C)(3)	10	CCHCS	Yes	
1500 W ROSEDALE FORT WORTH, TX 76104 46-0866421	TITLE HOLDING	TX	501(C)(2)	N/A	CCHF		No
1300 W LANCASTER FORT WORTH, TX 76102 75-1099536	HLTHCARE SRVC	TX	501(C)(3)	7	CCMC	Yes	

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
COOK CHILDREN'S MEDICAL CENTER	O	89,375,014	FMV
COOK CHILDREN'S MEDICAL CENTER	R	1,444,722	FMV
COOK CHILDREN'S MEDICAL CENTER	Q	400,604	FMV
COOK CHILDREN'S MEDICAL CENTER	A	1,468,725	FMV
COOK CHILDREN'S HEALTH PLAN	R	18,553,408	FMV
COOK CHILDREN'S HEALTH PLAN	O	1,364,999	FMV
COOK CHILDREN'S CHILD STUDY CENTER	O	488,089	FMV