

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **10-01-2020**, and ending **09-30-2021**

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

D Employer identification number
75-2485366

E Telephone number
(682) 885-4000

G Gross receipts \$ 377,747,766

F Name and address of principal officer:
MATTHEW DZURIK 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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,779
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	77,555,748	74,099,727
9 Program service revenue (Part VIII, line 2g)	281,038,830	303,602,017
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,413	2,500
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,187	43,522
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	358,666,178	377,747,766
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)	286,693,444	299,298,636
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)	75,852,722	87,376,269
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	362,546,166	386,674,905
19 Revenue less expenses. Subtract line 18 from line 12	-3,879,988	-8,927,139

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	51,062,651	64,106,288
21 Total liabilities (Part X, line 26)	61,109,141	83,079,917
22 Net assets or fund balances. Subtract line 21 from line 20	-10,046,490	-18,973,629

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 2022-08-15

CORY R RHOADES CFO AND SVP, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
Firm's name ▶ FORVIS LLP			Firm's EIN ▶	
Firm's address ▶ 14241 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254			Phone no. (972) 702-8262	

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

Part III Statement of Program Service Accomplishments

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

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 \$ 339,206,384 including grants of \$ 0) (Revenue \$ 303,602,017)
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 ▶ 339,206,384

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 12.

Part IV Checklist of Required Schedules (continued)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	77
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (0), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CORY RHOADES 801 SEVENTH AVENUE FORT WORTH, TX 76104 (682) 885-4000

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include: Contributions, Gifts, Grants and Other Similar Amounts (1a-1g); Program Service Revenue (2a-2f); Other Revenue (3-12).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,612,456	7,182,161	3,430,295	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	165,028	165,028		
7 Other salaries and wages	245,484,888	231,851,058	13,633,830	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,410,591	10,634,958	775,633	
9 Other employee benefits	19,210,768	16,800,937	2,409,831	
10 Payroll taxes	12,414,905	11,602,780	812,125	
11 Fees for services (non-employees):				
a Management	18,608,515		18,608,515	
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)	3,751,705	2,725,987	1,025,718	
12 Advertising and promotion	27,513	26,774	739	
13 Office expenses	618,362	618,362		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	13,000,703	9,658,066	3,342,637	
17 Travel	378,488	338,591	39,897	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	104,981	4,910	100,071	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,760,909	1,505,376	1,255,533	
23 Insurance	2,472,954	2,472,454	500	
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	31,351,497	30,758,904	592,593	
b COLLECTION EXPENSE	1,060,860	0	1,060,860	
c BAD DEBT EXPENSE	11,738,943	11,738,943	0	
d MINOR EQUIPMENT EXPENSE	370,024	361,083	8,941	
e All other expenses	1,130,815	760,012	370,803	
25 Total functional expenses. Add lines 1 through 24e	386,674,905	339,206,384	47,468,521	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	13,001	1	13,501
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	13,163,669	4	15,446,491
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,697,027	8	2,633,504
	9 Prepaid expenses and deferred charges	32,132	9	30,337
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,775,130		
	b Less: accumulated depreciation	10b 17,272,713	11,772,584	10c 10,502,417
	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	1,404,000
	15 Other assets. See Part IV, line 11	22,824,238	15	34,076,038
16 Total assets. Add lines 1 through 15 (must equal line 33)	51,062,651	16	64,106,288	
Liabilities	17 Accounts payable and accrued expenses	11,238,825	17	9,542,195
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	49,870,316	25	73,537,722
	26 Total liabilities. Add lines 17 through 25	61,109,141	26	83,079,917
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-10,046,490	27	-18,973,629
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-10,046,490	32	-18,973,629	
33 Total liabilities and net assets/fund balances	51,062,651	33	64,106,288	

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	377,747,766
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,674,905
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,927,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-10,046,490
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 32, column (B))	10	-18,973,629

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 75-2485366

Name: Cook Children's Physician Network

Form 990 (2020)

Form 990, Part III, Line 4a:

Cook Children's Physician Network is the largest pediatric multi-specialty physician network in North Texas which includes more than 70 practice locations. The Network employs 469 physicians and surgeons, including 329 pediatric specialists and 113 primary care pediatricians. The Network also employs 303 advanced practice providers such as nurse practitioners, physician assistants and certified registered nurse anesthetists. These professionals are an integral part of the Cook Children's Health Care System and help support the system's approximately 1.5 million patient encounters annually. Twenty-six board-certified CCPN pediatricians provide care in seven Neighborhood Clinics located in economically disadvantaged areas within Tarrant County. Clinic staff also includes two dentists and nine advanced practice providers. Neighborhood Clinics provide primary care services and serve as medical homes predominantly for children insured under government programs such as the Children's Health Insurance Program (CHIP), Medicaid and Medicaid Managed Care plans. In addition to numerous provider locations in Tarrant, Denton, Hood and Collin counties, CCPN has increased access to pediatric sub-specialty care through outreach in areas such as West Texas where specialty care is limited. Each month, numerous CCPN specialty physicians and surgeons travel to markets that lack the full spectrum of pediatric specialty care to serve patients close to their homes. The need for these outreach services in underserved markets is expected to grow as the physician shortage worsens over time. Virtual Health The pandemic rapidly accelerated the growth of virtual health services, which continue to be an important part of how physicians and providers care for patients. The Network has been developing and implementing telemedicine capabilities for several years, and defines this service as a live video and audio encounter with a patient/parent who is either in a remote CCPN clinic or simply accessing care from home. Patient families have access to 30 pediatric specialties via telemedicine: Cardiology Craniofacial Endocrinology Gastroenterology Clinical Genetics Metabolic Genetics Hematology/Oncology Infectious Disease Neonatology Nephrology Neurology Epileptology Pain Management Palliative Care Pediatric Surgery Psychiatry Physical Medicine (PM&R) Pulmonary Psychology/ Rheumatology Urology Neuropsychology CT surgery Developmental Pediatrics Dermatology ENT Immunology Neurosurgery Orthopedics Sleep Woundcare Network providers hosted more than 80,000 visits via telemedicine in 2021. Telemedicine offers immediate care and patient monitoring, saving hours of travel for patient families. Cook Children's Physician Network telemedicine also supports school-based nurses in 19 local Independent School Districts (ISD), which includes 114 campuses. That number is expected to grow by several ISDs in FY22. COVID-19 Coordination As primary and specialty care providers, CCPN physicians, advanced practice providers and neighborhood clinics are often the first line of defense when it comes to protecting the health of the communities they serve. During the pandemic, they played an even more significant and invaluable role in educating the public and keeping families safe and healthy while working tirelessly to adapt and adjust to the ever-changing environment for the benefit of providers and patients. Throughout 2021, CCPN continually modified location-specific safety plans and workflows that allowed them to serve patients efficiently while also protecting patients, families and personnel. Such measures included establishing protocols for testing staff and implementing strategies for protecting at-risk staff members and providers. Initially, CCPN providers offered COVID vaccinations to eligible patients at several drive-thru vaccination clinic sites. A total of 3,511 children received one or both of their vaccine doses through these clinic events in 2021. As eligibility expanded, CCPN providers began administering COVID shots at seven Neighborhood Clinics and 28 primary care locations, vaccinating a total of 3,567 patients at these locations in 2021. Network providers continue to administer vaccines as part of the patient care services they routinely offer.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick W Merrill CEO	4.0 36.0			X				262,283	2,122,105	255,387
VINCENT K TAM MD MEDICAL DIRECTOR	40.0 0.0					X		2,113,075	0	58,131
JOHNNIE H HONEYCUTT MD PHYSICIAN	40.0 0.0					X		1,341,309	0	55,221
JOSE IGLESIAS MD PHYSICIAN	40.0 0.0					X		1,153,036	0	52,420
BLAKE PALMER MD PHYSICIAN	40.0 0.0					X		1,138,762	0	41,371
DANIEL HANSEN MD PHYSICIAN	40.0 0.0					X		1,124,403	0	46,880
STEPHEN W KIMMEL TREASURER	4.0 36.0			X				111,390	901,249	129,999
W BRITT NELSON MD PRESIDENT END: 06/2021	40.0 0.0			X				884,294	0	56,650
JUSTIN SMITH MD TRUSTEE	41.0 0.0	X						829,959	0	38,797
ROBERT C GOODWILL VP PRIMARY CARE & SPLTY SVCS	40.0 0.0			X				574,340	0	96,733

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE MARCINCUK MD TRUSTEE - SECRETARY	42.0 0.0	X		X				587,925	0	55,932
DEBORAH SCHUTTE MD TRUSTEE/VC SPC CARE STRT:06/21	42.0 1.0	X		X				573,400	0	57,896
MATTHEW DZURIK MD PRESIDENT START: 06/21	42.0 2.0	X		X				548,148	0	45,493
DIANE ARNAOUT MD TRUSTEE	41.0 0.0	X						530,869	0	53,228
BRADLEY S MERCER MD TRUSTEE end: 06/21	41.0 0.0	X						489,101	0	58,896
SAMSON CANTU MD TRUSTEE/VC SPC. CARE END:06/21	42.0 1.0	X		X				480,559	0	58,274
M SCOTT PERRY MD TRUSTEE	41.0 3.0	X						478,891	0	53,931
CORWIN WARMINK MD TRUSTEE	41.0 0.0	X						462,363	0	52,566
LINDA THOMPSON MD TRUSTEE START: 06/2021	41.0 0.0	X						452,925	0	24,105
ALICE W PHILLIPS MD TRUSTEE - CHAIR	42.0 2.0	X		X				394,894	0	50,576

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIK TEMPLETON MD TRUSTEE START: 06/2021	41.0 0.0	X						361,858	0	57,331
MARIA PEREZ MD TRUSTEE END: 06/2021	41.0 0.0	X						363,210	0	50,592
JULEE S MORROW MD TRUSTEE - VC/PRIMARY CARE	42.0 3.0	X		X				305,857	0	45,224
LINDSAY NEWTON MD TRUSTEE	42.0 1.0	X						299,448	0	39,190
WHITNEY JOHANNESSEN AVP ADVANCE PRACTICE	40.0 0.0				X			251,376	0	56,525
ALMA V TOLLEY AVP PRIMARY CARE & SPECIALTY	40.0 0.0				X			235,816	0	45,123
KEVIN L BRISCOE ASSISTANT VP	41.0 0.0				X			261,913	0	13,726
DAPHNE SHAW MD TRUSTEE	41.0 0.0	X						250,151	0	7,829
BIANKA SORIA-OLMOS DO TRUSTEE-TREASURER START:06/21	42.0 1.0	X		X				201,205	0	45,029
SHERI K KANTNER SECRETARY	40.0 0.0			X				71,820	0	30,527

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cook Children's Physician Network

Employer identification number
75-2485366

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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>	Yes	No
b	Did the activities described in line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Cook Children's Physician Network	Employer identification number 75-2485366
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____


3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). 
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	298,322												
c Total lobbying expenditures (add lines 1a and 1b)	0	298,322												
d Other exempt purpose expenditures	386,674,905	2,601,131,028												
e Total exempt purpose expenditures (add lines 1c and 1d)	386,674,905	2,601,429,350												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	7,362,790												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	1,840,698												
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c Total lobbying expenditures				0	0
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures				0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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TY 2020 Affiliated Group Schedule**Name:** Cook Children's Physician Network**EIN:** 75-2485366

Affiliated Group Business Name:	COOK CHILDREN'S PHYSICIAN NE
Address. Either US or Foreign Type:	801 SEVENTH AVE FORT WORTH, TX 76104
EIN:	75-2485366
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	386,674,905
Total Exempt Purpose Expenditures:	386,674,905
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	COOK CHILDREN'S HEALTH PLAN
Address. Either US or Foreign Type:	801 SEVENTH AVE FORT WORTH, TX 76104
EIN:	76-0585240
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	16,367
Total Lobbying Expenditures:	16,367
Other Exempt Purpose Expenditures:	668,662,384
Total Exempt Purpose Expenditures:	668,678,751
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name: COOK CHILDREN'S HEALTH CARE
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 75-2705881
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 281,955
Total Lobbying Expenditures: 281,955
Other Exempt Purpose Expenditures: 268,969,790
Total Exempt Purpose Expenditures: 269,251,745
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: WI COOK FOUNDATION
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 75-2051649
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 44,044,793
Total Exempt Purpose Expenditures: 44,044,793
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: COOK CHILDREN'S MEDICAL CENT
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 75-2051646
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 1,155,105,021
Total Exempt Purpose Expenditures: 1,155,105,021
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: COOK CHILDREN'S HOME HEALTH
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 75-2896983
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 59,558,153
Total Exempt Purpose Expenditures: 59,558,153
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: CHILD STUDY CENTER
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 75-1099536

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 8,995,731
Total Exempt Purpose Expenditures: 8,995,731
Lobbying Nontaxable Amount: 599,787
Grassroots Nontaxable Amount: 149,947
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: ROSEDALE OFFICE BUILDING
Address. Either US or Foreign Type: 1500 W ROSEDALE
FORT WORTH, TX 76104
EIN: 46-0866421

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 2,333,451
Total Exempt Purpose Expenditures: 2,333,451
Lobbying Nontaxable Amount: 266,673
Grassroots Nontaxable Amount: 66,668
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: COOK CHILDREN'S HEALTH ENTER
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 84-2625990
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 6,740,199
Total Exempt Purpose Expenditures: 6,740,199
Lobbying Nontaxable Amount: 487,010
Grassroots Nontaxable Amount: 121,753
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: COOK CHILDREN'S MEDICAL CENT
Address. Either US or Foreign Type: 801 SEVENTH AVE
FORT WORTH, TX 76104
EIN: 85-2354189
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 46,601
Total Exempt Purpose Expenditures: 46,601
Lobbying Nontaxable Amount: 9,320
Grassroots Nontaxable Amount: 2,330
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Cook Children's Physician Network

Employer identification number
75-2485366

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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 7/25/06, 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 FASB 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 FASB 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 FASB 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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	102,871	101,112			
b Contributions	190,213		100,000		
c Net investment earnings, gains, and losses	92,180	4,206	1,112		
d Grants or scholarships					
e Other expenditures for facilities and programs	15,430	2,447			
f Administrative expenses					
g End of year balance	369,834	102,871	101,112		

- 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 ▶ 61.020 %
 - c** Term endowment ▶ 38.980 %
- 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 | | No |
| (ii) Related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		7,363,015	2,886,401	4,476,614
c Leasehold improvements		11,483,844	8,796,160	2,687,684
d Equipment		8,448,977	5,590,152	2,858,825
e Other		479,294		479,294
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,502,417

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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) OTHER RECEIVABLES	605,646
(2) RIGHT OF USE ASSET	33,470,392
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	34,076,038

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
(2) DUE TO AFFILIATES	4,533,170
(3) ACCRUED LIABILITIES	35,311,909
(4) RIGHT OF USE LIABILITIES	33,692,643
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	73,537,722

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	365,836,888
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	-11,738,943
e	Add lines 2a through 2d	2e	-11,738,943
3	Subtract line 2e from line 1	3	377,575,831
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	171,935
c	Add lines 4a and 4b	4c	171,935
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	377,747,766

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	374,933,462
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	-2,500
e	Add lines 2a through 2d	2e	-2,500
3	Subtract line 2e from line 1	3	374,935,962
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	11,738,943
c	Add lines 4a and 4b	4c	11,738,943
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	386,674,905

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
SCHEDULE D, PART X, Line 2	ASC 740 FOOTNOTE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RECONCILIATION OF REVENUES PER AUDITED FINANCIALS TO RETURN: BAD DEBT EXPENSE \$(11,738,943)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	RECONCILIATION OF REVENUES PER AUDITED FINANCIALS TO RETURN: GAIN ON DISPOSITION OF ASSETS \$2,500 NET ASSETS RELEASED FROM RESTRICTIONS \$169,435 ----- TOTAL \$171,935

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2D	RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS TO RETURN: Gain on Disposition of assets \$(2,500)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS TO RETURN: BAD DEBT EXPENSE \$11,738,943

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>INTENDED USE OF ENDOWMENT FUNDS: COOK CHILDREN'S HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER ITEMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT. UNDER COOK CHILDREN'S POLICIES, ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE AN AMOUNT THAT IS EQUAL TO A RETURN HURDLE DEFINED AS THE SPENDING RATE, INFLATION RATE AND THE MANAGEMENT COST OF THE ENDOWMENT ON AN ANNUAL BASIS WHILE ASSUMING A PRUDENT LEVEL OF INVESTMENT RISK. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT. TO SATISFY ITS LONG-TERM RATE OF RETURN OBJECTIVES, COOK CHILDREN'S RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CURRENT YIELD (INVESTMENT INCOME SUCH AS DIVIDENDS AND INTEREST) AND CAPITAL APPRECIATION (BOTH REALIZED AND UNREALIZED). COOK CHILDREN'S TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. COOK CHILDREN'S HAS A POLICY (THE SPENDING POLICY) OF APPROPRIATING FOR EXPENDITURE EACH YEAR OF UP TO 5% OF THE FOUNDATION'S INVESTMENTS AVERAGE FAIR VALUE OVER THE PRIOR 5 YEARS ENDED JUNE 30 PRECEDING THE YEAR IN WHICH EXPENDITURE IS PLANNED AND/OR ACCORDING TO THE DONOR REQUIREMENTS AS SET FORTH IN EACH ENDOWMENT DOCUMENT. IN ESTABLISHING THIS POLICY, COOK CHILDREN'S CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, COOK CHILDREN'S EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT THE RETURN Hurdle. THIS IS CONSISTENT WITH COOK CHILDREN'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.</p>

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

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 idemnification 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 idemnification 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 idemnification 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 on 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 on 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No								
	4b	Yes								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	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 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 ----- ----- ROBERT C. GOODWILL 39,249 46,126 CCPN STEPHEN W. KIMMEL 68,837 80,943 SYSTEM BLAKE PALMER 212,283 NONE CCPN Rick W. Merrill 167,069 196,000 SYSTEM WILLIAM B. NELSON 62,094 NONE CCPN
Schedule J, Part I, Line 1a	THE FOLLOWING INDIVIDUALS RECEIVED CME and other GROSS UP PAYMENTS IN THEIR W-2 AS TAXABLE WAGES: Jose Iglesias MD Maria Perez Diane Arnaout MD Michelle Marcincuk MD M Scott Perry MD Samson Cantu MD Bradley Mercer MD Deborah Schutte MD Matthew Dzurik MD Julee S Morrow MD Daphne Shaw MD Daniel Hansen MD Lindsay Newton MD Justin Smith MD Johnnie Honeycutt MD Blake Palmer Bianka Soria-Olmos DO Vincent Tam MD Erik Templeton MD Corwin Warmink MD Whitney Johannessen Alice Phillips MD
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. 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. Air Travel: Air Travel for Matthew Dzurik MD, Daniel Hansen MD, Blake Palmer MD, M. Scott Perry MD, and Deborah Schutte MD was provided to provide medical services in their capacities as physicians for Cook Children's Physician Network. THIS IS NOT INCLUDED IN THEIR W-2 TAXABLE COMPENSATION AS IT IS 100% BUSINESS RELATED.
SCHEDULE J, PART II	ALLOCATION OF CEO AND CFO SALARIES: SALARIES FOR THE CEO AND CFO ARE ALLOCATED PRO-RATA BASED ON THE AMOUNT OF TIME THEY SPEND WITH EACH OF THE FOLLOWING COMPANIES: COOK CHILDREN'S MEDICAL CENTER COOK CHILDREN'S HEALTH FOUNDATION COOK CHILDREN'S HOME HEALTH COOK CHILDREN'S HEALTH CARE SYSTEM COOK CHILDREN'S HEALTH PLAN CHILD STUDY CENTER

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				
1BRADLEY S MERCER MD TRUSTEE end: 06/21	(i)	476,079	500	12,522	21,375	37,521	547,997	0
	(ii)	0	0	0	0	0	0	0
1JOHNNIE H HONEYCUTT MD PHYSICIAN	(i)	1,253,200	71,667	16,442	21,375	33,846	1,396,530	0
	(ii)	0	0	0	0	0	0	0
2SAMSON CANTU MD TRUSTEE/VC SPC. CARE END:06/21	(i)	453,609	500	26,450	17,813	40,461	538,833	0
	(ii)	0	0	0	0	0	0	0
3MATTHEW DZURIK MD PRESIDENT START: 06/21	(i)	502,314	500	45,334	21,375	24,118	593,641	0
	(ii)	0	0	0	0	0	0	0
4JUSTIN SMITH MD TRUSTEE	(i)	772,911	50,500	6,548	17,813	20,984	868,756	0
	(ii)	0	0	0	0	0	0	0
5LINDA THOMPSON MD TRUSTEE START: 06/2021	(i)	441,227	500	11,198	21,375	2,730	477,030	0
	(ii)	0	0	0	0	0	0	0
6ROBERT C GOODWILL VP PRIMARY CARE & SPLTY SVCS	(i)	341,220	158,062	75,058	58,804	37,929	671,073	39,249
	(ii)	0	0	0	0	0	0	0
7STEPHEN W KIMMEL TREASURER	(i)	64,813	32,914	13,663	10,863	3,437	125,690	0
	(ii)	524,394	266,304	110,551	87,893	27,806	1,016,948	68,837
8MICHELLE MARCINCUK MD TRUSTEE - SECRETARY	(i)	565,404	500	22,021	17,813	38,119	643,857	0
	(ii)	0	0	0	0	0	0	0
9W BRITT NELSON MD PRESIDENT END: 06/2021	(i)	513,541	233,888	136,865	21,375	35,275	940,944	0
	(ii)	0	0	0	0	0	0	0
10MARIA PEREZ MD TRUSTEE END: 06/2021	(i)	350,734	500	11,976	15,503	35,089	413,802	0
	(ii)	0	0	0	0	0	0	0
11VINCENT K TAM MD MEDICAL DIRECTOR	(i)	2,090,931	500	21,644	21,375	36,756	2,171,206	0
	(ii)	0	0	0	0	0	0	0
12ALICE W PHILLIPS MD TRUSTEE - CHAIR	(i)	362,158	500	32,236	18,394	32,182	445,470	0
	(ii)	0	0	0	0	0	0	0
13DIANE ARNAOUT MD TRUSTEE	(i)	522,304	500	8,065	14,423	38,805	584,097	0
	(ii)	0	0	0	0	0	0	0
14KEVIN L BRISCOE ASSISTANT VP	(i)	200,145	50,227	11,541	7,840	5,886	275,639	0
	(ii)	0	0	0	0	0	0	0
15DANIEL HANSEN MD PHYSICIAN	(i)	1,086,830	25,613	11,960	11,400	35,480	1,171,283	0
	(ii)	0	0	0	0	0	0	0
16WHITNEY JOHANNESSEN AVP ADVANCE PRACTICE	(i)	192,642	52,848	5,886	19,928	36,597	307,901	0
	(ii)	0	0	0	0	0	0	0
17JULEE S MORROW MD TRUSTEE - VC/PRIMARY CARE	(i)	292,013	500	13,344	9,593	35,631	351,081	0
	(ii)	0	0	0	0	0	0	0
18LINDSAY NEWTON MD TRUSTEE	(i)	262,809	15,500	21,139	8,627	30,563	338,638	0
	(ii)	0	0	0	0	0	0	0
19BLAKE PALMER MD PHYSICIAN	(i)	909,019	500	229,243	11,400	29,971	1,180,133	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				
2 1M SCOTT PERRY MD TRUSTEE	(i)	465,811	500	12,580	19,500	34,431	532,822	0
	(ii)	0	0	0	0	0	0	0
1 DEBORAH SCHUTTE MD TRUSTEE/VC SPC CARE STRT:06/21	(i)	560,378	500	12,522	21,375	36,521	631,296	0
	(ii)	0	0	0	0	0	0	0
2 DAPHNE SHAW MD TRUSTEE	(i)	246,386	500	3,265	7,829	0	257,980	0
	(ii)	0	0	0	0	0	0	0
3 BIANKA SORIA-OLMOS DO TRUSTEE-TREASURER START:06/21	(i)	179,355	15,500	6,350	11,094	33,935	246,234	0
	(ii)	0	0	0	0	0	0	0
4 ERIK TEMPLETON MD TRUSTEE START: 06/2021	(i)	325,280	31,068	5,510	21,375	35,956	419,189	0
	(ii)	0	0	0	0	0	0	0
5 SALMA V TOLLEY AVP PRIMARY CARE & SPECIALTY	(i)	161,752	67,533	6,531	18,066	27,057	280,939	0
	(ii)	0	0	0	0	0	0	0
6 CORWIN WARMINK MD TRUSTEE	(i)	400,747	52,576	9,040	20,334	32,232	514,929	0
	(ii)	0	0	0	0	0	0	0
7 JOSE IGLESIAS MD PHYSICIAN	(i)	1,114,020	500	38,516	17,813	34,607	1,205,456	0
	(ii)	0	0	0	0	0	0	0
8 Rick W Merrill CEO	(i)	136,532	84,430	41,321	23,911	4,181	290,375	0
	(ii)	1,104,667	683,115	334,323	193,464	33,831	2,349,400	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Cook Children's Physician Network

Employer identification number
75-2485366

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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	151,348	COMPENSATION FOR SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

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	<p>PROCESS FOR REVIEW OF THE 990: The organization engages an outside independent 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 provided to the Cook Children's Health Care System Audit Committee for review and comment. Subsequent to the Board and Audit Committee review, the Form 990 is filed with the Internal Revenue Service and made available to the public for review.</p>

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. A SUMMARY OF THE RESPONSES TO THE QUESTIONNAIRES AND FOLLOW-UP INFORMATION IS 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 HOTLINE 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, LINE 15A & 15b	<p>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 CEO 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 physician compensation, which is an independent, nationally recognized compensation consultant. The Compensation Committee documents the basis for its determinations following contemporaneous substantiation of the Compensation Committee's deliberations and decisions. The Compensation Committee requires the compensation consultant to update market data periodically, usually every two years, with interim reviews being conducted as needed. With regard to physician compensation, the Compensation Committee also retains the law firm of McDermott, Will & Emery of Chicago, Illinois, to issue a reasonableness opinion covering the physician compensation plan for Cook Children's Physician Network.</p>

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS: VARIOUS OFFICERS AND TRUSTEES HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER DUE TO THEIR EMPLOYMENT OR BOARD SERVICE WITH OTHER ORGANIZATIONS WITHIN THE SYSTEM.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Cook Children's Physician Network

Employer identification number

75-2485366

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

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

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

See Additional Data Table

(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

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	
(1) CPS PEDIATRICS LLC 11221 ROE AVE SUITE 320 LEAWOOD, KS 66211 47-0871718	ASC	TX	NA	N/A								
(2) COOK CHILDREN'S SURGERY CENTER 11221 ROE AVE SUITE 320 LEAWOOD, KS 66211 20-5227064	asc	TX	na	n/a								
(3) CENTER FOR PEDIATRIC SURGERY 11221 ROE AVE SUITE 320 LEAWOOD, KS 66211 47-0871715	ASC	TX	NA	N/A								

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	
(2) COOK CHILDREN'S INDEMNITY COMPANY PO BOX 1159 CARIBBEAN PLAZA 2ND FL GRAND CAYMAN KY1-1103 CJ 98-0424041	SELF INSURANCE	CJ	N/A	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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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).

Return Reference	Explanation

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 75-2896983	HEALTHCARE	TX	501(C)(3)	10	CCHCS	Yes	
801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2051649	FUNDRAISING	TX	501(C)(3)	7	NA		No
801 SEVENTH AVE FORT WORTH, TX 76104 75-2705881	HLTH CARE SUP	TX	501(C)(3)	12C	CCHF	Yes	
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	Yes	
1300 W LANCASTER FORT WORTH, TX 76102 75-1099536	HLTHCARE SRVC	TX	501(C)(3)	7	CCMC	Yes	
801 SEVENTH AVE FORT WORTH, TX 76104 84-2625990	SUPPORT	TX	501(C)(3)	12B	cchcs	Yes	
801 SEVENTH AVE FORT WORTH, TX 76104 85-2354189	HEALTHCARE SV	TX	501(C)(3)	3	CCHCS	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	31,643,596	FMV
COOK CHILDREN'S MEDICAL CENTER	C	72,732,849	FMV
COOK CHILDREN'S MEDICAL CENTER	R	133,493	FMV
COOK CHILDREN'S MEDICAL CENTER	Q	360,360	FMV
COOK CHILDREN'S MEDICAL CENTER	P	222,230	FMV
COOK CHILDREN'S MEDICAL CENTER	K	1,714,872	FMV
COOK CHILDREN'S HEALTH CARE SYSTEM	O	22,260,549	FMV
COOK CHILDREN'S HEALTH PLAN	O	20,845,828	FMV
COOK CHILDREN'S HEALTH PLAN	S	178,163	FMV
CHILD STUDY CENTER	O	580,072	FMV
COOK CHILDREN'S HEALTH ENTERPRISE	N	1,069,365	FMV