## Notice 2018-100

Form	990-T	E	empt Organization		siness Income der section 6033(		rn	OMB No 1545-0687		
FUIII	, 000 ·	Eor cale	dilu proxy ta) ndar year 2017 or other tax year begin				1 8	୬ <b>⋒17</b>		
Denar	tment of the Treasury									
	al Revenue Service	:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only							
Ā	Check box if				me changed and see instruction		D Empl	oyer identification number		
	address changed	]					(Empl	(Employees' trust, see instructions )		
BEX	empt under section		COOK CHILDREN'S PHYS	ICIA	AN NETWORK					
X	501( C <u>(33</u> )	Print or	Number, street, and room or suite no	faPO	box, see instructions			485366		
<u> </u>	408(e) 220(e)	Туре						lated business activity codes nstructions)		
	408A530(a)		801 SEVENTH AVENUE  City or town, state or province, countr				,	,		
با	529(a)									
	ok value of all assets and of year		FORT WORTH, TX 76104		<del></del>					
	35,932,793.		up exemption number (See instruct ck organization type  X 501			\	404(0)	Othor trust		
			rimary unrelated business activity		rporation   501(c) ATTACHME		_ 401(a)	trust Other trust		
			corporation a subsidiary in an affili					▶ Yes X No		
	-		identifying number of the parent co	-		willioned group.				
	ne books are in care			porati		e number > 68	2-885-	-4000		
			or Business Income		(A) Income	(B) Expen		(C) Net		
1 a	Gross receipts or									
b	Less returns and allowa	inces	c Balance ▶	1 c						
2	Cost of goods so	ld (Sched	ule A, line 7)	2				•		
3	Gross profit Sub	tract line	2 from line 1c . 1	3		<u>.</u>				
4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	rusts	4c						
5	• •		os and S corporations (attach statement)							
6	•	-		6		<u> </u>				
7			come (Schedule E)	7				-		
8 9			nts from controlled organizations (Schedule F)	9						
10			1(c)(7), (9), or (17) organization (Schedule G)	10						
11	•	•	lule J)	11						
12	_		tions, attach schedule)	12	197,703.	ATCH 2		197,703.		
13	•		ough 12		197,703.			197,703.		
Pai	t II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ons for limitations on d	eductions ) (E	Except	for contributions,		
	deduction	s must	be directly connected with t	he ur	related business inco	me)				
14	Compensation of	officers,	directors, and trustees (Schedule K)				14			
15	Salaries and wage	es					15			
16	Repairs and main	tenance			.I KECEIVE	·D · · · · · · ·	16			
17	Dad debis				. (1)	····	· ·   17			
18	Interest (attach so	chedule)		• • •	දී : AUG 2 1 2019	[2]	18			
19			See instructions for limitation rules		1 . h	9 &	19			
20 21		•	•		The state of the s		20			
22			4562)			T -	226	-		
23										
24			compensation plans							
25			S							
26			Schedule I)							
27			chedule J)					<del></del>		
28			chedule)					T"		
29			s 14 through 28							
30			le income before net operating					197,703.		
31	Net operating los	s deducti	on (limited to the amount on line 30	0)			31			
32			e income before specific deduction		•					
33			ally \$1,000, but see line 33 instruc					1,000.		
34	-		ble income. Subtract line 33 fr		•		· I	100 703		
	enter the smaller	of zero or	line 32		<u> </u>	<u> </u>	34	196,703.		

For Paperwork Reduction Act Notice, see instructions. 7X2740 2,000 12858M K920 8/6/2019 5:06: 5:06:14 PM Form **990-T** (2017) PAGE



Par	t III	Tax Computation							<u> </u>
35		izations Taxable as Corporations. See instructions for tax com	putati	on Controlled ar	oup			_	
••	members (sections 1561 and 1563) check here ▶ X See instructions and								
а	-	-							
_	(1) \$	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income by $(2)$ \$ $(3)$ \$		6,703.					
h		rganization's share of (1) Additional 5% tax (not more than \$11,750)	19	 S					
_	(2) Add	itional 3% tax (not more than \$100,000)				7			
c	Income	tax on the amount on line 34	ATC	н.3		35c		47,	753.
36	Trusts	Taxable at Trust Rates See instructions for tax compi				1 1			
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1	041)		<b>•</b>	36			
37		ax. See instructions				1			
38		tive minimum tax				38			
39		Non-Compliant Facility Income. See instructions				39			
40	Total. A	add lines 37, 38 and 39 to line 35c or 36, whichever applies			Ŋ.	40		47,	753.
Par		Tax and Payments							
41 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			T			
		redits (see instructions)				7			
		I business credit Attach Form 3800 (see instructions)				1			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	41d	·		ĪI			
		redits. Add lines 41a through 41d				41e			
42		t line 41e from line 40				-		47,	753.
43	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach sched	ule)į.	43			
44		x Add lines 42 and 43						47,	753.
45 a		nts A 2016 overpayment credited to 2017			946	T			
		stimated tax payments				7			
		posited with Form 8868				7			
		organizations Tax paid or withheld at source (see instructions)				7			
		withholding (see instructions)				7			
f		or small employer health insurance premiums (Attach Form 8941)				7			
g		redits and payments Form 2439				7			
	F	orm 4136 Other Total ▶	45g			J			
46	Total p	ayments. Add lines 45a through 45g			<u></u>	46			
47	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached				47			
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed				48		47,	753.
49	Overpa	yment. If line 46 is larger than the total of lines 44 and 47, enter amount overp	oald.		. ▶	49			
50	Enter the	e amount of line 49 you want		Refunde	ed ▶	50			
Par	t V	Statements Regarding Certain Activities and Other Inf	orm	<b>ation</b> (see instru	ction	ns)			
51		time during the 2017 calendar year, did the organization have an in						Yes	No
		financial account (bank, securities, or other) in a foreign country?				•			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES	S, en	ter the name of	the	foreign	country		لـــا
	here <b>&gt;</b>	·						<u> </u>	X
52	During 1	the tax year, did the organization receive a distribution from, or was it the gra	intor c	of, or transferor to, a	a fore	eign trustí			X
	If YES, s	see instructions for other forms the organization may have to file							
<u>53</u>		ne amount of tax-exempt interest received or accrued during the tax year > \$		<del></del>			1	<u> </u>	<u> </u>
	l to	nder penalties of perjury, I declare that I have examined this return, including accompanying so ue, correct, and com <u>plete.</u> Declaration of preparer (other than taxpayer) is based on all information of wh			the	best of my	knowledge	and be	ief, it is
Sigr					М		RS discuss		
Her			r. V F	P. Finance			oreparer si		_
	s	Ignature of officer Date Title		Data 7	(5	ee instructio	$\rightarrow$	es	No
Paid		Pront/Type preparer's name  Preparer's signature  Preparer's signature		Date 08/06/2019	Che		PTIN		17
	arer	AMANDA MAYA		00/00/2019		employed	P010		
•	Only	Firm's name BKD, LLP	NI T	77056			4-0160 13.499		
		Firm's address ▶ 2700 POST OAK BLVD., STE 1500, HOUSTO	14, 1	X 77056	Phor	ne no /		_	
							Form 9	3U-1	(2017)

Cohodulo A Coot of C	anda Caldi s	· . · · · · · · · · · · · · · · · · · ·	<del></del>					Page 3	
Schedule A - Cost of G		nter metho	d of invent			· <del>-</del>			
1 Inventory at beginning of y	· <del></del>					ar	6		
2 Purchases			7 Cost of goods						
3 Cost of labor						iter here and in	<del></del>		
4a Additional section 263A co	1 1						7	Tv Lu-	
(attach schedule)						section 263A (w	·	Yes No	
<ul><li>b Other costs (attach schedu</li><li>5 Total. Add lines 1 through</li></ul>					•	or acquired for	X		
Schedule C - Rent Income		Property a	nd Perso	nal Property	Leased V	Vith Real Proper	<u></u> tv)	<u></u>	
(see instructions)	(, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·					-97		
Description of property						<u> </u>			
1. Description of property									
(1)									
(2)									
(3)									
(4)									
<u> </u>	2. Rent rece	eived or accru	ied						
(a) From personal property (if the	percentage of rent	(b) I	rom real and	personal property	(if the	3(a) Deductions di	rectly connected with	the income	
for personal property is more th	an 10% but not			or personal propert		in columns 2(a			
more than 50%)		50% 0	r if the rent is	s based on profit or	income)				
(1)									
(2)					_				
(3)									
(4)									
Total		Total				(b) Takal daduatia			
(c) Total income. Add totals of c	• •					(b) Total deduction Enter here and on	page 1,		
here and on page 1, Part I, line 6						Part I, line 6, colun	nn (B) 🕨		
Schedule E - Unrelated D	ebt-Financed	Income (s	ee instructi	ions)	2 (	Paductions directly con	enacted with or allocat	nlo to	
4 8				income from or	31	Deductions directly con debt-finance		oie to	
1 Description of del	ot-linanced property		1	to debt-financed roperty		nt line depreciation	(b) Other dedu		
			<del>                                     </del>	propony		ch schedule)	(attach schedule)		
(1)			-						
(2)			-						
(3)									
4 Amount of moreon	5 Average ad	unted become							
4 Amount of average acquisition debt on or	of or alloc			Column	7 Gross	income reportable	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
allocable to debt-financed property (attach schedule)	debt-finance (attach sc			divided column 5	(colum	n 2 x column 6)			
(1)	(011001 50	icauic,		%					
(2)									
(3)									
(4)									
· · · · · · · · · · · · · · · · · · ·			1 .		Enter her	e and on page 1,	Enter here and	on page 1	
						ne 7, column (A)	Part I, line 7, co		
Totals				_		İ			
Totals									

Form **990-T** (2017)

COOK CHILDREN'S PHYSICIAN NETWORK Form 990-T (2017) COOK CHILDREN'S PHYSICIAN NETWORK 75Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

75-2485366

Page 4

corganization dentification number (0.65) (See indirections) (0.65) (S			Exem	pt Co	ntrolled Or	ganızatı	ons						
23			ei					fied included in the		in the contro	olling	6 Deductions directly connected with income in column 5	
Section   Sect	(1)						_						
(a)  Nonexempt Controlled Organizations  7 Taxable Income  (b)  10 (c)  (c)  (d)  11 (c)  (d)  12 (c)  (d)  13 (c)  (d)  14 Add columns 2 and 1 (c)  Enter here and on page 1, Part 1, line 8, column (A)  Enter here and on page 1, Part 1, line 8, column (A)  Enter here and on page 1, Part 1, line 8, column (A)  Enter here and on page 1, Part 1, line 8, column (A)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 8, column (B)  Enter here and on page 1, Part 1, line 9, column (B)  Fortials  Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Cross directly and the page 1, Part 1, line 9, column 1, line 1, line 9, column 2, line 1, line 9, column 3, line 1, line 9, column 4, line 9, column 4, line 1, line 9, column 4, line 9, colu										-			
Nonexempt Controlled Organizations 7 Taxable Income 8 Net unreliated ancome (loss) (see anstructions) 9 Total of appendix in an included in the controlling organization's gross moone (loss) (see anstructions) (4)  Add column 5 and 10 Enter here and on page 1, Part I, line 8, column (A)  Totals  1 Description of exploited scienty 1 Part I, line 8, column (A)  Totals  Enter here and on page 1, Part I, line 8, column (A)  1 Description of exploited scienty 2 Gross and on page 1, Part I, line 8, column (A)  Totals  1 Description of exploited scienty 2 Gross and on page 1, Part I, line 8, column (A)  Totals  1 Description of exploited scienty 2 Gross and on page 1, Part I, line 9, column (A)  Totals  1 Description of exploited scienty 2 Gross and on page 1, Part I, line 9, column (A)  Totals  1 Description of exploited scienty 2 Gross and on page 1, Part I, line 9, column (A)  Totals  1 Description of exploited scienty 3 Deductions 4 Net income (see instructions)  Enter here and on page 1, Part I, line 9, column (A)  Totals  1 Name of periodical scientific and order the and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  1 Name of periodical scientific advertising income (see instructions)  1 Name of periodical scientific advertising income (see instructions)  2 Gross and organization (see instructions)  2 Gross and organization (see instructions)  2 Gross and organization (see instructions)  3 Deduction (see instructions)  4 Net incom							***						
Nonexempt Controlled Organizations  7 Taxable Income  8 Net unrelated accome (lose) (see instructions)  9 Total of specified payments made  10 Part of codumn 9 that is underded in the considering organization's gross income codumn 10 (1) (2) (3) (4)   Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) Enter here and on page 1, Part 1, line 8, column (A) (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Deductions (glatch schedule)  4 Set-asides (allisch schedule)  (1) Enter here and on page 1, Part 1, line 9, column (A) (allisch schedule)  (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) (A) (allisch schedule)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Const of the income (lose) (all schools of the income (lose													
1 Description of exploided activity  2 Cross Durings Commence of the part I, line 9, column 6, and 10 Description of exploided activity  2 Cross Durings Commence of the part I, line 9, column 6, and 10 Description of exploided activity  2 Cross Durings Commence of the part I, line 8, column 6, and 10 Description of exploided activity  3 Description of exploided activity  4 Net income (see instructions)  5 Total devertising Income (see instructions)  5 Cross moore from unrelated trade or page 1, Part I, line 9, column 6 and 10 Description of exploided activity  1 Description of exploided activity  1 Description of exploided activity  2 Cross Durings Column 6 and 10 Description of exploided activity  2 Cross Durings Column 6 and 10 Description of exploided activity  2 Cross Durings Column 6 and 10 Description of exploided activity  2 Cross Durings Column 6 and 10 Description of exploided activity  2 Cross Durings Column 6 and 10 Description of exploided activity  3 Description of exploided activity  4 Net income (see instructions)  5 Cross moore from unrelated trade or page 1, Part I, line 9, column 6 and 10 Description of exploided activity income. There are do no page 1, Part I, line 10, col 0 Description of advertising line on 10 Description of advertising counts and 10 Description of exploided activity income. There are do no page 1, Part I, line 10, col 0 Description of advertising counts and 10 Description of exploided activity income. There are do no page 1, Part I, line 10, col 0 Description of advertising counts and 10 Description of advertising counts		zations										<u> </u>	
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1. Part 1, ine 8, column (8  Add columns 5 and 10 Enter here and on page 1. Part 1, ine 8, column (8  Part 1, ine 8, column (8  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of mome  2 Amount of income  3 Deductions directly connected (attach schedule) (9) (3) (4)  Enter here and on page 1. Part 1, line 9, column (8)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gross or a service of the exploited activity  1 Description of exploited activity  1 Description of exploited activity  2 Gross or a service or		8 Net unrelated in			•		inc	lude	d in the coi	ntrolling		nected with income in	
(2) (3) (4)  **Totals**  **Totals**  **Schedule G - Investment Income of a Section 501(c)[7], (9), or (17) Organization (see instructions)  **Totals**  **Schedule G - Investment Income of a Section 501(c)[7], (9), or (17) Organization (see instructions)  **Total deductions**  **Total d	(4)	(1000) (000 1101100					orga	anıza	ition's gross	sincome		Column 10	
Add columns 5 and 10 Enter here and on page 1, Part 1, line 9, column 6  1 Description of exploited activity  2 Cross or activity in the exploited or business income  2 A Set acides (all ach schedule)  3 Expenses or activity  4 Nati income (see instructions)  5 Total deduction or activity and activity in the exploited or business income  5 Expenses altinoutable to business income  1 Description of exploited activity  1 Description of exploited activity  1 Description of exploited activity  2 Cross or activity in the exploited or activity in the exploited pusiness income  2 Cross or activity in the exploited activity in the exploited activity in the exploited in the exploited activity in the exploited activity in the exploited activity in the exploited in the exploited in the exploited in the exploited activity in the exploited in t						<del></del> .							
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8)  Schedule G - Investment income of a Section 501(c) (7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  3 Description of exploided activity 1 Description of exploided activity 2 Cross from ricade chores income from trade or business income 1 Description of exploided activity 1 Description of exploided activity 2 Cross of business income 2 Amount of income 3 Enter here and on page 1, Part 1, line 9, column (A)  5 Total deduction and set-asides could (altach schedule)  5 Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Net income (loss) 5 Gross income from activity that part of the page 1, Part 1, line 9, column (A)  6 September 1 Description of exploided activity 1 Description of exploided activity 2 Cross income from trade or business income 2 Amount of income (see instructions)  4 Net income (loss) 5 Gross income from activity that part of the page 1, Part 1, line 9, column 5 or a column 4, line 10, col (A)  (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 9, column (A)  Enter here and on page 1, Part 1, line 9, column (A)  Enter here and on page 1, Part 1, line 9, column (A)  Enter here and on page 1, Part 1, line 10, col (B)  Schedule J - Advertising Income (see instructions)  7 Excess exercing and or loss of the page 1, Part 1, line 10, col (B)  Schedule J - Advertising Income (see instructions)  7 Excess reade costs (column 4)  7 Excess reade costs (column 4)  7 Excess reade costs (column 4)  (1) (2) (3) (4)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (8)  (9)  (9)  (9)  (9)  (9			<del></del>									_	
Add columns 5 and 11 Enter here and on page 1. Enter here and on page 1. Part 1, line 8, column (8)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3. Deductions of call the first connected (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1. Part 1, line 8, column (8)  Enter here and on page 1. Part 1, line 8, column (8)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  1 Description of exploited activity  2 Gross unrelated business income business income business income activity income, organization of exploited activity income, organization of exploited activity income, organization organization of exploited activity income, organization (see instructions)  2 Gross unrelated business income business income activity income (see instructions)  3 Enter here and on page 1, Part 1, line 9, column (8)  4 Net income (ioss) from unrelated rands or growing income (see instructions)  5 Gross income from activity that is not unrelated business (column 6) and income (see instructions)  6 Enter here and on page 1, Part 1, line 9, column 3 are 1, line 9, column 4, line 1, line 10, col (8)  5 Gross income are 1, line 8, column 6, line 1, line 9, column 6, line 1, line		<del>-</del>											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income 2 Amount of income (altach schedule) 4 Set-asides (altach schedule) 5 Total deduction and set-asides (altach schedule) 6 (altach schedule) 6 (altach schedule) 7 Set-asides (altach schedule) 8 Set-asides (altach schedule) 8 Set-asides (altach schedule) 9 Set-asides (altach sched					_		En	ter h	ere and on	page 1,	En	ter here and on page 1,	
1 Description of income 2 Amount of income 3 Deductions directly connected (attach schedule) 4 Set-assets (or and set-assets (cot plus col. 4)  (2) (3) (4)    Fart I, line 9, column (A)   Part I, line 9, column (A)   Part I, line 9, column (B)   Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    Description of exploited activity   Income   Section   Sectio		ocomo of a Sac	tion FO1/o	1/71	(0) or (17	VOrga	nizati	<u> </u>	/000 ID0	·ruetions\			
1 Description of income  2 Amount of income  2 Amount of income  3 Amount of income  4 Income (altach schedule)  3 and set-audes (color plus col 4)  4 Advertising  1 Description of exploited activity  2 Gross  2 Gross  3 Description of exploited activity  1 Description of exploited activity  2 Description of exploited activity  2 Description of exploited activity  3 Description of exploited activity  4 Net income (loss) from unrelated frader or business income  4 Net income (loss) from unrelated frader or business income  4 Net income (loss) from unrelated frader or business income  6 Expenses recome expenses and on page 1, part in line 10, col (A) incention of pure than 1 part in line 10, col (B) income 1 page 1, part in line 10, col (B) income 1 page 1, part in line 10, col (B) income 1 page 1, part in line 10, col (B) income 1 page 1, part income 2 page 1 page	Schedule G - Investment in	Tome of a Sec	2)1 06 11011	<u>,,,,</u>		<del></del>	ııızatı	OII				5 Total deductions	
(2) (3) (4)  Enter here and on page 1. Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gross and activity intains or contribution of a more activity intains or contribution of a more activity intains or column 5 but into out intribution or column 5 but into out intribution or column 6 but in a column 5 but in a column 6 but in a column	·	2 Amount of	ıncome		directly cor	nected						and set-asides (col. 3	
(3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Totals													
Enter here and on page 1, Part I, line 9, column (A)  Totals													
Enter here and on page 1. Part I, line 9, column (A)  Totals	(3)									·,			
Part I, line 9, column (A)    Part I, line 9, column (A)   Part I, line 9, column (B)	(4)	<u> </u>										· · · · · · · · · · · · · · · · · · ·	
1 Description of exploited activity unrelated business income from trade or business (column 3) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of penodical  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  1 Name of penodical  (1)  (2)  (3)  (4)  Totals	Totals ▶ Schedule I - Exploited Exe	empt Activity Inc	come, Othe	er Tha	1		come	) (se	ee instru	ctions)			
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals	1 Description of exploited activity	unrelated business income from trade or	directly connected to production unrelated	with of	from unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	from activity that attributable to		able to	(column 6 minus column 5, but not more than			
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals	(1)												
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals													
Enter here and on page 1, Part I, line 10, col (A) Inne 10, col (B)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs  3. Direct advertising costs  3. Direct advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶							_			_		-	
Enter here and on page 1, Part I, line 10, col (A) line 10, col (B)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs  3. Direct advertising costs of a gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶												<del></del>	
Schedule J - Advertising Income (see Instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical advertising Income  2 Gross advertising costs advertising costs Income  3. Direct advertising costs of a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))	· ·	page 1, Part I,	page 1, Pai	rt I,						<u>l</u>		Enter here and on page 1, Part II, line 26	
Income From Periodicals Reported on a Consolidated Basis  2 Gross advertising income  3. Direct advertising costs 1 Name of periodical income  3. Direct advertising costs 2 Gross advertising costs 3. Direct advertising costs 3 gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5)) ▶	Schedule J - Advertising In	ICOMe (see instri	uctions)		l					•		1	
1 Name of periodical 2 Gross advertising income 3. Direct advertising costs advertising costs advertising costs of through 7 5 Circulation income 6 Readership costs of through 7 5 Circulation income 6 Readership costs of through 7 5 Circulation income costs (column 5 not more than column 4) 6 Readership costs of through 7 5 Circulation income costs (column 6 not more than column 4) 6 Readership costs of through 7 5 Circulation income costs (column 6 not more than column 4) 6 Readership costs of through 7 10 costs of through 7 10 costs of through 7 10 costs of through 7 costs o				nsoli	dated Rac	eie							
1 Name of periodical advertising income  2 Gross advertising costs  3. Direct advertising costs  2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶	income i foni i ei	iodicais Report	eu on a co	IIISUII	dated Das	) i j	_			Ī			
(2) (3) (4)  Totals (carry to Part II, line (5)) ▶	1 Name of periodical	advertising	1 I		gain or (loss) (col 2 minus col 3) If a gain, compute				1		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(2) (3) (4)  Totals (carry to Part II, line (5)) ▶	(1)											•	
(3) (4)  Totals (carry to Part II, line (5)) ▶													
Totals (carry to Part II, line (5)) ▶		<del>                                     </del>		_							-	-	
Totals (carry to Part II, line (5)) ▶													
	·			-			-						
Dun 1 //	Totals (carry to Part II, line (5))											Form <b>990-T</b> (2017	

COOK CHILDREN'S PHYSICIAN NETWORK

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Page 5

2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns	
. 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cots 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)		—				_	
(4)					<u> </u>		
Totals from Part I ▶	_		_	-	•		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	. ,	,		Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5) ▶					•		
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)			
1 Name		2	Title	3 Percent of time devoted to business	4 Compensatio unrelated		
(1)				%			
(2)				%			
(3)				%			
(4)				%			
Total. Enter here and on page 1, P	art II, line 14		<u> </u>		<u> </u>		

Form 990-T (2017)

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE BENEFIT

PART I - LINE 12 - OTHER INCOME

197,703.

197,703.

75-2485366 ATTACHMENT 3

## FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 196,703.

2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP..... 66,879. 3 TAX ON LINE 1 FIGURED USING THE 21% RATE..... 41,308.

4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92

IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018............ 6,152,868. 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273

6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR..... 16,857.

7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR..... 30,896.

47,753. 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....