Form 990-T	E>	empt Organi	zation	Bus	siness Inc	ome			ОМВ	No 1545-0687	
Form JJU-1	[and proxy tax under section 6033(e)] 990^{-1} For calendar year 2018 or other tax year beginning $10/01$, 2018, and ending $09/30$, 20								ം മ െ 10		
	For cale							, 20 2 5	4	3 ₩ 10	
Department of the Treasury Internal Revenue Service	▶ no	► Go to www irs go not enter SSN numbers						1(c)(3)	Open to 501(c)(3)	Public Inspection for Organizations Only	
A Check box if	00	Name of organization (ne changed and see			D Empl	oyer identif	ication number	
address changed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3		•	(Empl	oyees' trust, s	ee instructions)	
B Exempt under section	1	COOK CHILDRE	N'S PHY	SICI	AN NETWORK						
X 501(C (J3)	Print	Number, street, and room	n or suite no	lf a P O	box, see instructions	S			485366		
408(e) 220(e)	Type								lated businenstructions)	ess activity code	
408A530(a)	1	801 SEVENTH							,		
529(a)	<u> </u>	City or town, state or pr		-	IP or foreign postal of	ode					
C Book value of all assets at end of year		FORT WORTH,							-		
·		up exemption number	· · · · · · · · · · · · · · · · · · ·			1	 	1			
	•	ck organization type				501(c			401(a) trust Other trust		
H Enter the number of	_		les or busine	esses				be the only			
trade or business he							complete Parts			, describe the	
		end of the previous s	entence, co	mpiete	raπs i and ii, com	ipiete a S	cheaule IVI for 6	ach additio	ııdı		
trade or business, th	en comple	ete Parts III-V	ou in an affil	inted a	roup or a percet a	ibeidice:	controlled are	.2		Yes X No	
		corporation a subsidial				nosidialy (John Olled Group	·····	🟲 🗆	_ iee [] MO	
J The books are in care			ne parent co	poraci	JI, P	Telephon	ne number ▶ 6	82-885	-4000		
Part i Unrelated			16		(A) Incom		(B) Exp		T	(C) Net	
1a Gross receipts or		Duoinego moon			(1) 1100111		<u>, , , , , , , , , , , , , , , , , , , </u>			1	
b Less returns and allows			c Balance	1c							
		ule A, line 7)	,	2			-				
•	•	2 from line 1c		3			-				
•		ttach Schedule D)		4a	-			•		,	
		Part II, line 17) (attach Fo		4b			-				
• ,		rusts		4c							
•		an S corporation (attach state		5							
6 Rent income (Sch	nedule C)			6		- "					
7 Unrelated debt-fi	nanced in	come (Schedule E) .		7							
8 Interest, annuities, roy	alties, and re	nts from a controlled organizat	on (Schedule F)	8							
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization	on (Schedule G)	9							
10 Exploited exempt	activity ii	ncome (Schedule I) .		10		_/					
_	•	ule J)		11		/					
·		tions, attach schedule)		12					-		
Total. Combine lines 3 through 12											
Party Deduction	ns Not	be directly connec	(See insti	ructio	ons for almitation	ons on o	me)	(Except	ior conti	butions,	
								14			
		directors, and trustees								-	
15 Salaries and wage16 Repairs and mair	tenance			· .				13	 	-	
									1		
		see instructions)									
								140	1		
20 Charitable contril	outions (S		tation rules)		<i></i>			Internation	Revenue	Service	
		4562)						Received	I US Ba	nk - USB	
22 Less depreciation	claimed	on Schedule A and els	ewhere on re	eturn		la l	_	22b	740		
· · · · · · · · · · · · · · · · · · ·		/						22		200	
		compensation plans							2 1 20	JZU	
								25			
		Schedule I)							sas City,	MO	
	_	chedule J)									
		chedule)									
		s 14 through 28									
30 Unrelated busine	ess taxab	le income before ne	t operating	loss	deduction Subtr	act line	29 from line	13 30			
	•	g loss arising in tax ye	-	-	-						
32 Unrelated busine	ss taxabl	e income Subtract line	31 from line	30 .			<u> </u>	32			
For Paperwork Reduct							70-066716	_020644		om 990-T (2018) PAGE 5	

Form	990-T (20	018)				Pa	ige 2
	rt !21	Total Unrelated Business Taxab	e Income				_
33	, , ,	of unrelated business taxable income co		les or businesses (see		-	
		ions)	,		33		
34	Amoun	s paid for disallowed fringes			34		
35		on for net operating loss arising in					
		ions)			35		
36	Total o	if unrelated business taxable income befo	re specific deduction Subtract	line 35 from the sum		_	
•		33 and 34	•		36		
37	Spacific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)	Θ	37	1,0	00.
38	- 0	ed business taxable income Subtract line	· · ·			_	
30		e smaller of zero or line 36			38		0.
Pa		Tax Computation					
39		cations Taxable as Corporations Multiply line	39 by 21% (0.21)		39		
40	Trusts		structions for tax computation				
40					40		
		bunt on line 38 from Tax rate schedule o		•			
41		ax See instructions			42		
42		ive minimum tax (trusts only) Noncompliant Facility Income See instruction					—
43							
44		dd lines 41, 42, and 43 to line 39 or 40, which	rever applies		44		—
		Tax and Payments	45		T		
		tax credit (corporations attach Form 1118, tru			1		
		redits (see instructions)			1		
С	Genera	business credit Attach Form 3800 (see instru	ctions)	OC	}		
d	Credit f	or prior year minimum tax (attach Form 8801 c	r 8827) <u>(45</u>	00	1,5.		
		edits Add lines 45a through 45d			45e		
46		t line 45e from line 44		 -	46		
47		kes Check if from Form 4255 Form 861			47		0.
48		x Add lines 46 and 47 (see instructions)			48		
49		et 965 tax liability paid from Form 965-A or Fo			49		
50 a	Payme	its A 2017 overpayment credited to 2018		20 505	-		
b	2018 e	stimated tax payments					
С	Tax dep	osited with Form 8868			 		
d		organizations Tax paid or withheld at source (↓		
е		withholding (see instructions)			-		
f		or small employer health insurance premiums)f	-		
g	Otherc		439	1			
			Total > 50		1	00 5	0 =
51	-	ayments Add lines 50a through 50g			51	89,58	
52		ed tax penalty (see instructions) Check if Forn			52		
53		If line 51 is less than the total of lines 48, 4		1/1	58	00 50	0.5
54		yment. If line 51 is larger than the total of line		_	5/4	89,58	<u> </u>
,55		e amount of line 54 you want		Refunded ►	55		
Pa	rt VI	Statements Regarding Certain A				120.1	<u> </u>
56		time during the 2018 calendar year, did				Yes	No
		financial account (bank, securities, or ot					
		Form 114, Report of Foreign Bank and	Financial Accounts If "Yes," 6	enter the name of the	toreign country	,	J
	here 🕨					_	<u>.</u>
57	During	the tax year, did the organization receive a dis	tribution from, or was it the grantor	of, or transferor to, a fore	ign trust?	 	<u> </u>
	•	see instructions for other forms the organization					
58		ne amount of tax-exempt interest received or a		la and ataloguests is the control		and 5-1-1	
_	tr	nder penalties of penury, I declare that I have examined ite, correct, and complete. Declaration of preparer (other than	this return, including accompanying schedul axpayer) is based on all information of which pi	ies and statements, and to the b reparer has any knowledge	est of my knowledge	and belief	I(IS
Sig	n 📗		L	Ma	y the IRS discuss	this ret	um.
Hei			08/15/2020 SVP	, CFO wit	· · · —		
	s	gnature of officer	Date Title		e instructions)? X Y	es	No
D-:-		Print/Type preparer's name	Preparer's signature	Date 08/06/2020 Check	k if PTIN		
Paid		KEVIN ENSMINGER	Kani E D	self-e		10558	
	parer Only	Firm's name ▶ BKD, LLP			EIN ► 44-016		
	- Ciliy	Firm's address ▶ 14241 DALLAS PARK	WAY, SUITE 1100, DALLA	AS, TX 75254 Phone			
104					Form 9	90-T (2	018)

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Schedule F-Interest, Anni			_	ntrolled Or				(001				
Name of controlled organization	2 Employer identification number	Dei	3 Net unrelated income (loss) (see instructions)		4 Total of specific payments made			included in the control		olling	ling connected with income	
(1)							į					
(2)					<u> </u>							
(3)												
(4)					i							
Nonexempt Controlled Organia	zations	 ,										
7 Taxable Income	8 Net unrelated i (loss) (see instruc			otal of specific ayments made		l ine	clude	of column I in the co tion's gros	ntrolling		Deductions directly nnected with income in column 10	
(1)												
(2)						<u></u>						
(3)												
(4)			_		_							
Totals					►) Orga	Pa	art I, I	ere and on ine 8, colui	mn (A)		iter here and on page 1, art I, line 8, column (B)	
1 Description of income	2 Amount o	f income		3 Deductions 4 Set-a		t-asides schedute)		5 Total deductions and set-asides (col 3 plus col 4)				
(1)												
(2)						_						
(3)												
(4)												
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Tha	ın Adverti	sing In	com	e (se	e instru	ctions)		Enter here and on page Part I, line 9, column (8)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with n of d	4 Net inconfrom unrelation business 2 minus collif a gain, cocols 5 through	ed tradé (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)												
(2)												
(3)						_					_	
(4)	· - ·										 	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	ntl, ∣				Enter here and on page 1, Part II, line 26					
Totals ► Schedule J – Advertising In Part I Income From Peri				dated Bas					· · · ·			
Part I Income From Peri	logicals Report	led on a Co	nson	uateu bas	515							
1 Name of periodical	2 Gross advertising income	3 Directiang o		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		6 Reade costs	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
						_						
(2)		_			ŀ						\neg	
(3)					ļ						7	
(4)	-				ŀ				_		_	
· ·						_						
Totals (carry to Part II, line (5))					<u> </u>						Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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 cols 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) :						
otals from Part I	<u> </u>		.			
	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
otals, Part II (lines 1-5)	<u></u>					

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		_ %	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	

Form 990-T (2018)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.