WHO WE ARE

The Cooper Institute
The first Cooper Aerobics Center entity established in 1970 was The Cooper Institute (CI), a 501(c)(3) (nonprofit) research and education organization dedicated to preventive medicine.

The Institute’s founder, Kenneth H. Cooper, M.D., M.P.H., the “Father of Aerobics,” was an Air Force physician who became interested in the role of exercise in preserving health. When he published his first bestseller, *Aerobics*, in 1968, he introduced a new word and was the spark for millions to become active.

OUR MISSION

The Cooper Institute is dedicated to scientific research in the field of preventive medicine and public health and communicating the results of research to the scientific and medical communities as well as to the general public.

OUR VALUES

Knowledge
Integrity
Leadership
Teamwork
Excellence
Respect

WHAT WE DO

Our work is diverse, but focuses on advancing preventive health practices. Our scientific and educational assets serve as the foundation of all we do:

- **Data.** We maintain the largest database with an objective measure of fitness—Cooper Center Longitudinal Study (CCLS). Research using this data has affected much of our country’s public health policy.
- **Research.** CI conducts research in heart, metabolic, brain, musculoskeletal, and children’s health.
- **Communicating.** More than 600 manuscripts have been published in scientific journals and are among the most frequently cited references in physical fitness, activity, and health.
- **Teaching.** Education and certification are provided annually to more than 5000 health, fitness, business, science, school, public safety, and military leaders.
- **Health Promotion.** CI methods and tools are available to implement quality programming that improves health.
MESSAGE FROM FOUNDER AND CHAIRMAN
DR. KENNETH H. COOPER

You and I hear conversation every day about health reform. Many individuals and organizations are devoted to keeping the dialogue going. The staff and collaborators at The Cooper Institute are not just talking about health reform; they are busy reforming the way health is defined and viewed. Forty years ago we established what has become the world’s largest known database that allows researchers to examine the relationships between health-related factors such as body fat, cholesterol, blood pressure, and physical fitness to the development of diseases including diabetes, heart disease, and cancer. Nearly ten years ago we began collecting blood samples to add to the health-related variables in the database.

At no time in the past has the nonprofit, tax-exempt Cooper Institute been positioned better for contribution to the nation’s future. I stand amazed at the growth orientation taking place in the research and education divisions of The Cooper Institute. Today we are sustaining innovation in the health dialogue in many ways. For example, by exploring and cataloging how genes and health-related factors interact and affect health we can identify at-risk individuals and potentially intervene early to prevent disease. No other organization presents the research assets The Cooper Institute offers in exploring the genetic and environmental contributions to health and disease. To further enhance our assets, we are establishing a multi-ethnic database from which we can study environmental and genetic data from adults with varying ethnic backgrounds.

I encourage you to learn more about our growth strategies in the following pages and follow our progress in the upcoming years. At The Cooper Institute our mission is realized only when we translate research into meaningful practice in the lives of those we care about. You will be intrigued not only by our research but by our educational efforts as we work in schools, businesses, and communities. Become a part of our mission today as you learn about us in this mission report and by visiting www.CooperInstitute.org.

MESSAGE FROM VICE CHAIRMAN AND CEO
FRED MEYER

These are exciting times! During the past year The Cooper Institute and the University of Texas Southwestern Medical Center (UTSW) announced a collaboration on a joint scientific medical research program. We are partnering to conduct research aimed at improving health and preventing the development of such chronic diseases as diabetes, Alzheimer’s, cancer, hypertension, heart attack, and stroke.

UTSW has assembled a group of experts in preventive medicine, genetics, cancer, brain health, and cardiovascular disease to work with the researchers and physicians at Cooper. This group is spearheaded by Dr. Scott Grundy, with Dr. Jonathan Cohen providing expertise in human genetics. Ten committees with personnel from UT Southwestern, The Cooper Institute, Cooper Clinic, UT Dallas Center for BrainHealth, University of North Texas, UT Houston School of Public Health, Southern Methodist University, and Stanford University are working to generate scientific research questions for grant applications, research projects, publications, and presentations. I invite you to learn more about three of these collaborative research projects in this year’s mission report.

Children’s health is also a key growth area at The Institute. Read about FITNESSGRAM in the following pages. Building from its strong scientific foundation, the physical fitness and physical activity tool is challenging the way we look at education in our schools. Results from FITNESSGRAM testing in Texas and in other key areas are changing public policy as it relates to physical education and its association with learning.

Join us in our discovery of health throughout the generations. You can find us on the web and track us through Facebook or Twitter as well. And don’t forget to add April 29, 2010 to your calendar. It’s our 40th anniversary celebration!
THE COOPER INSTITUTE LEADERSHIP

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Emeritus (Active) Professor,
Stanford University School of Medicine

Scott Grundy, M.D., Ph.D.
Director, Center for Human Nutrition at
University of Texas Southwestern Medical Center
The Cooper Center Longitudinal Study (CCLS) is the principal research asset of The Cooper Institute. The data collection began with Dr. Cooper’s first patient in December 1970 with information meticulously recorded on index cards and stored in a shoe box. Dr. Cooper recognized the need for irrefutable research on fitness and activity and had the foresight to start developing a rich repository of health-related information. CCLS continues to expand each day as patients examined by Cooper physicians and research study participants are added into the database.

This database contains more than 250,000 records from almost 100,000 individuals representing more than 1,000,000 person-years of observation. The CCLS is one of the most highly-referenced databases containing more than 1,200 variables and the most information on fitness in the world.

Comparison of the CCLS with Other Large Cohort Studies

DHS – Dallas Heart Study
MESA – Multi-Ethnic Study of Atherosclerosis
FHS – Framingham Heart Study
ARIC – Atherosclerosis Risk in Communities

20-YEAR ADVANTAGE

One of the many studies conducted using the CCLS database showed that active men and women have a considerable fitness advantage when compared to sedentary individuals. This graph shows results from the analysis of maximal treadmill test performance in more than 4,000 men examined at Cooper Clinic.

The physically active person has about a 20-year advantage over a sedentary person in terms of function. Since fitness levels decline as we age, the unfit person will generally reach a level where he or she is incapable of performing basic living skills long before the fit individual does. Note that the treadmill time of an active 65-year-old is about the same as the sedentary 45-year-old.

COOPER INSTITUTE CLASSICS

Most studies published in scientific literature are never cited in other studies; those cited 50 times by other scientists are considered “classic studies.” Ten studies published by The Institute have been referenced more than 100 times and one of those more than 1000 times (Physical fitness and all-cause mortality: A prospective study of healthy men and women, *Journal of the American Medical Association*, 1989), elevating it to a “landmark study.” Visit www.CooperInstitute.org to review The Institute’s landmark studies.

The biomedical research conducted by CI has changed the practice of preventive medicine around the world. What follows is a small sampling of our unique contributions using the CCLS database:

- Published the first study of magnitude to actually measure fitness using a maximum treadmill test, instead of using a physical activity questionnaire.
- Showed that cardiovascular fitness helps protect against the development of hypertension, metabolic syndrome, type 2 diabetes, and cancer mortality and can be used as treatment for chronic diseases and depression.
- Created norms for cardiovascular fitness, body fat, flexibility, and strength. CI norms are the most widely used fitness norms worldwide, particularly in those occupations that require a fitness standard for employment such as public safety and the military.
- Confirmed the role of physical fitness in reducing coronary risk factors such as blood pressure, LDL (bad) cholesterol, triglycerides, glucose, and body fat, yet increasing HDL (good) cholesterol.
- Quantified the role of sedentary living habits as a cause of chronic disease, risk for development of functional limitations, and risk for increased mortality from all causes.
- Found overweight people who are fit have substantially lower death rates than normal weight people who are unfit.
COOPER INSTITUTE CURRENT STUDIES

Several research initiatives and clinical studies are underway. Here’s an update on some of our scientific efforts:

• **Heart Health.** Cooper researchers are using cardiovascular imaging to examine heart health. This will help detect heart disease and determine lifestyle activities that are most effective in reducing the development of disease. Investigators have published new data on a combination of measurements made during exercise testing to better predict risk of fatal heart attacks.

• **Brain Health.** A study is underway examining the effects of aerobic training on changes in brain structure and function using functional MRI scanning of the brain in older men and women. The study is being conducted in conjunction with the UT Dallas Center for BrainHealth and UTSW. The Depressed Adolescents Treated with Exercise (DATE) study with UTSW will help us determine whether exercise is an effective non-drug treatment for depression in youth.

• **Musculoskeletal Health.** The Women’s Injury Study (WIN) is tracking weekly physical activity and injuries in more than 900 women. WIN already has provided unique information on strength and flexibility characteristics of women. Findings will help develop strategies for injury prevention. WIN investigators have published manuscripts using the data and made presentations at national scientific meetings.

• **Metabolic Health.** Cooper Center Longitudinal Study (CCLS) data is being used to investigate obesity, metabolic syndrome, and diabetes. Several projects are ongoing; one investigates the benefits of adding an omega-3 fatty acid supplement to a standard weight loss program and another is a detailed analysis of the CCLS data to determine factors that lead to metabolic syndrome and diabetes.

Note: All scientific studies conducted by The Cooper Institute obtain permission and informed consent from participants regarding the use of their personal health and medical information for research.
**COOPER REUNION**

**The Cooper Reunion: 40 Years of Prevention**

The Cooper Reunion Study is the first study emanating from The Cooper Institute-University of Texas Southwestern Medical Center collaboration. The study focuses on healthy aging and will provide scientific evidence of the impact of cardiovascular fitness and other risk factors over an adult lifespan.

Study participants include individuals with an initial Cooper Clinic exam between 1971 and 1983. The average age during the first exam was 48. Today participants are 70 years or older. Researchers recruited an equal number of participants from the high fit and low fit categories at mid-life.

“No other place in the world can replicate this study,” said principal investigator, Susan Lakoski, M.D., referring to the “robust data” that was collected and archived on each participant decades earlier. The ability to utilize information gathered in the 1970s and reassess activity and health up to 40 years later is unmatched.

**SAVE THE DATE**

The Cooper Institute 40th Anniversary
Celebrating Generations of Wellness with Tom Brokaw
Thursday, April 29, 2010 • Noon Luncheon

**Children’s Health.** Annual testing in Texas using FITNESSGRAM® examined not only the fitness of kids but also academic performance, attendance, and disciplinary incidents. The first-ever National Youth Fitness Data Repository will be established with initial data from FITNESSGRAM testing at new sites across the nation in the fall of 2009.

CI hosted the 2009 “A Life Rx for Health” luncheon with keynote speaker Mary Lou Retton, Olympic Gold Medalist, to raise funds for children’s health research.
The Cooper Reunion is poised to address how fitness in mid-life plays a key role in staying healthy across the adult lifespan. We know being fit is associated with living longer. The goal of the Cooper Reunion is to understand how fitness ENHANCES our life. These insights will allow us to tailor our exercise prescriptions in mid-life to optimize physical and cognitive health as we age, and set the pace for a lifetime of fitness. Key endpoints include:

- Staying Lean
- Bone Health
- Heart Protection
- Activity-Quality of Life
- Memory- Cognition
- Glucose Control

**Collaborative Research Committees**

To maximize the use of the CCLS, The Cooper Institute has established a system that also encourages the collaboration of other area institutions, including UT Southwestern Medical Center, UT Dallas, UT Houston School of Public Health, and the University of North Texas.

1. Genetics  
2. Imaging  
3. Obesity & Diabetes  
4. Healthy Aging  
5. Nutrition  
6. Supplements  
7. Physical Fitness  
8. Global Cardiovascular Risk  
9. Brain Health  
10. Cancer

**DIABETES PREVENTED?**

One man in the Cooper Reunion Study was found to have a fasting blood glucose level of 120 mg/dl at “mid-life” during his first exam. This is considered to be “prediabetes.” One might expect a person diagnosed with prediabetes about 30 to 40 years ago to develop diabetes, yet he has not developed the disease. At mid-life he was in the high-fit group. Accumulating data from The Reunion study may help answer this question.

- Was his diabetes prevented?

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Dear Dr. Cooper and Cooper Institute staff members,

On August 13, 2009, I participated in the project called the “Cooper Reunion.” From the first exposure to the people involved with my examination to the final visit of my program, I was impressed with the efficiency, courtesy, and professionalism of everyone involved with my visit.

Since the ’70s, I have been active in running, swimming, triathlons, and weight lifting competition. After I read your first book, *Aerobics*, I have been hooked on a positive lifestyle.

A sincere thanks for everything that you have done over all these years to keep so many of us healthy and fit. I am 84 years old now and will continue to live my life in a positive, healthy way.

*Sincerely, William A. Hudson*

To share your own story, please visit www.CooperInstitute.org/impact.
COOPER/UT SOUTHWESTERN BIOBANK

Cutting Edge Research
Over the past decades, amazing progress in technology allow for study of processes at the cellular level. The Cooper Institute and University of Texas Southwestern Medical Center (UTSW) are at the cutting edge of molecular genetic research. Powerful new techniques greatly improve our ability to identify genes responsible for common disease and provide important insights into how certain diseases work and how they can be treated or prevented.

The Cooper Institute began collecting blood samples from CCLS participants in 1999. Today, about 150 blood samples are obtained each week and added to the more than 30,000 samples already stored. These blood samples are currently processed at UTSW for DNA isolation and a portion of the blood plasma is frozen, stored, and catalogued for efficient retrieval at CI. This collaborative effort is called The Cooper Institute-UT Southwestern BioBank.

In summary, genetic information from Cooper patients and study participants, matched with their health information in the Cooper Center Longitudinal Study, allows us to look for associations between gene patterns and biologic characteristics. The research and medical outcomes of this link may change the future of modern medicine.
THE MULTI-ETHNIC COOPER HEART PROTECTION STUDY

Most of the genetic studies to date have included those of European descent. But a recent study of African Americans discovered a variation of a gene that lowers blood cholesterol and protects against heart disease. This gene is virtually absent in European Americans. This discovery confirms the importance of studying multiple populations. The Cooper Heart Protection Study: a Genetic Initiative to Promote Health and Prevent Heart Disease, High Blood Pressure, and Diabetes is an effort of the CI-UTSW collaboration to gather genetic data from adults with varying ethnic backgrounds. This effort will also forward community relationships and engage diverse cultural resources for current and future research. The Cooper Institute’s Oak Cliff Center will play a pivotal role in this study.

TRANSFORMING HEALTH CARE COSTS

Health care costs have become a national priority, with increasing efforts from politicians and stakeholders to develop novel strategies to improve health and lower costs. Because of the overall size of the health care industry, even modest declines in health care costs could translate into substantial savings. For example, in 2009, the New England Journal of Medicine reported that a 1% decrease in annual growth of Medicare costs would transform the predicted $660 billion deficit in 2023 to a $753 billion surplus1.

The Cooper Institute and University of Texas Southwestern Medical Center researchers believe that higher levels of fitness are associated with markedly lower health care costs. To demonstrate this belief, researchers are acquiring health care charge data to test their theories. Participants in the Cooper Center Longitudinal Study (CCLS) with complete fitness data and eligibility in the Medicare health care cohort will be studied to determine the relationship between fitness and health care costs. We believe that the findings of this study could have significant implications for public health policy.

OUR KIDS’ HEALTH INITIATIVE

Our Kids’ Health is an initiative of The Cooper Institute dedicated to improving children’s health.

Our children dream of being firefighters, teachers, airline pilots, and athletes when they grow up but certainly not being diabetic and overweight. Unfortunately, the increasing prevalence of childhood obesity is likely to derail the dreams of our youth.

Research shows that overweight youth are more likely to become obese as adults. Furthermore, they are at risk for health problems such as high blood pressure, high cholesterol, and Type 2 diabetes. This generation of children could have shorter life expectancies than their parents.

One of the sparks to address this problem is FITNESSGRAM®.

What is FITNESSGRAM?

FITNESSGRAM is a health-related fitness assessment tool with an educational reporting system. The goal is to increase student and parental awareness of the student’s fitness level by developing an easy way for physical education teachers to report the results of fitness tests. It’s a health-related fitness report card! It is designed to help all children, not just athletes. FITNESSGRAM emphasizes health-related fitness for life by measuring three components: 1) aerobic capacity; 2) body composition; and 3) muscular strength, endurance, and flexibility. Students receive objective, personalized feedback and positive messages which are vital to changing behavior. This report card serves as a communication link between teachers, parents, and students.

FITNESSGRAM’s Reach

Over the past few years, FITNESSGRAM’s use gained momentum, including New York City where almost 640,000 FITNESSGRAM reports in nine different languages were recently distributed to parents and students.

Recent FITNESSGRAM Studies in Texas and New York*

Both studies found correlations between higher levels of fitness and better academic performance. The Texas analysis went deeper and also discovered correlations between better school attendance, fewer disciplinary incidents (drugs, alcohol, violence, truancy), and higher passing rates on the Texas Assessment of Knowledge and Skills (TAKS).

EDUCATION

World Leader

CI is an international leader in the design and implementation of health and fitness education. For 40 years, CI’s educational content has put research-based principles into practice. Since 1976, The Institute has worked with municipal, state, and federal agencies in areas that relate to employment fitness and job-related fitness for those needing to be “Fit for Duty.”

Each year CI instructors travel from Asia to Europe and Alaska to Florida and everywhere in-between spreading the best in health and fitness practices. And everyday at The Institute individuals travel from around the world to attend live courses. Moving forward, CI’s education is becoming anytime anyplace. 2009 saw the launch of CI’s first of many online courses and its nationally accredited certification exam for personal trainers moved to nationwide testing centers.

The power of CI’s research is also seen in public health programs of other organizations. This year CI created and wrote a new product for the American Heart Association (AHA). AHA’s Go Red For Women launched a Go Red BetterU. This online 12-week heart health course was envisioned and written by CI staff!

Stay Connected with CI’s Education

Visit www.CooperInstitute.org at least twice a week to read our latest blog or have them delivered straight to you from our Facebook fan page. You can follow CI at Twitter, too. Free resources are also available at www.StandUpandEat.org.
# THE COOPER INSTITUTE STATEMENTS OF FINANCIAL POSITION (June 30)

<table>
<thead>
<tr>
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<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$463,081</td>
<td>$222,853</td>
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<tr>
<td>Investments</td>
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<td>12,223,459</td>
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<td>Accounts receivable</td>
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<td>505,022</td>
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<td>Prepaid and deposits</td>
<td>90,285</td>
<td>87,854</td>
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<tr>
<td>Property and equipment, net</td>
<td>4,909,828</td>
<td>5,114,647</td>
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<tr>
<td>Software development costs</td>
<td>184,000</td>
<td>135,000</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$16,463,565</td>
<td>$18,288,835</td>
</tr>
</tbody>
</table>

| **LIABILITIES AND NET ASSETS** |          |          |
| Liabilities                  |          |          |
| Accounts payable             | $262,648 | $282,775 |
| Accrued payroll              | 158,140 | 179,134 |
| Seminar deposits             | 93,600 | 119,809 |
| Deferred contract revenue    | 74,104 | 124,697 |
| **Total Liabilities**        | 588,492 | 706,415 |

**Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unappropriated</td>
<td>5,427,271</td>
<td>5,573,792</td>
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<tr>
<td>Board appropriated</td>
<td>3,489,312</td>
<td>4,547,609</td>
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<tr>
<td><strong>Total unrestricted net assets</strong></td>
<td>8,916,583</td>
<td>10,121,401</td>
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<tr>
<td>Temporarily restricted</td>
<td>1,820,336</td>
<td>2,322,865</td>
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<tr>
<td>Permanently restricted</td>
<td>5,138,154</td>
<td>5,138,154</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>15,875,073</td>
<td>17,582,420</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES AND NET ASSETS** $16,463,565 $18,288,835

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# THE COOPER INSTITUTE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

*Year Ended June 30, 2009*  
(with comparative totals for the year ended June 30, 2008)

<table>
<thead>
<tr>
<th></th>
<th>Total 2009</th>
<th>Total 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT AND REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants, net</td>
<td>$3,710,405</td>
<td>$2,237,880</td>
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<tr>
<td>Epidemiology and clinical application</td>
<td>676,400</td>
<td>643,170</td>
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<tr>
<td>Youth fitness</td>
<td>301,126</td>
<td>263,444</td>
</tr>
<tr>
<td>Continuing education and certification</td>
<td>2,233,247</td>
<td>2,463,578</td>
</tr>
<tr>
<td>Tenant</td>
<td>263,974</td>
<td>238,410</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>7,185,152</td>
<td>5,846,482</td>
</tr>
</tbody>
</table>

| **EXPENSES**                   |            |            |
| Salaries, wages, and benefits  | 4,735,457  | 4,366,944  |
| Facilities, rental and maintenance | 570,102 | 555,162    |
| Depreciation                   | 359,644    | 312,108    |
| General and administrative expenses | 1,657,508 | 1,843,501  |
| **Total expenses**             | 7,322,711  | 7,077,715  |

**Change in net assets from operating activities** (137,559) (1,231,233)

| **NON-OPERATING INCOME (EXPENSES)** |            |            |
| Net realized and unrealized losses on investments | (1,891,074) | (1,440,207) |
| Interest and investment income, net               | 321,286    | 642,735    |
| **Change in net assets from non-operating income (expenses)** | (1,569,788) | (797,472) |

| **CHANGE IN NET ASSETS** |          |            |
|                          | (1,707,347) | (2,028,705) |

| **NET ASSETS**            |            |            |
| Net assets at beginning of year | 17,582,420 | 19,611,125 |
| Net assets at end of year   | $15,875,073 | $17,582,420 |

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*Lane Gorman Trubitt, L.L.P. performed the 2008-2009 audit for The Cooper Institute. Audited statements are available upon request or online at www.CooperInstitute.org.*
Our 40th Anniversary Celebration is April 29, 2010.