ENDED TO FEBRUARY 15, 202. **Return of Organization Exempt From Income Tax** 

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

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	$\approx$ 2022 calendar year, or tax year beginning $APR 1$ , $2022$ and en	nding M	AR 31, 2023	
В	Check if applicable	c Name of organization	ED	D Employer identific	cation number
	Addre	children's medical research, inc			
F	Name	THE PROPERTY OF THE POST OF TH	N	73-12002	62
F	Initial return		oom/suite	E Telephone numbe	
F	Final	1001 NW 63DD CUDEET 2	10	405-384-	
_	Jreturn termir ated			G Gross receipts \$	5,886,396.
	Amen	ded OVIAHOMA CIMY OV 73116		H(a) Is this a group re	
	return Application				? Yes X No
_	pendi	SAME AS C ABOVE			ncluded? Yes No
ī	Tay-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1	list. See instructions
-	Websi			H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: OK
_	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: IMPRO	VES T	HE HEALTH O	F CHILDREN
Activities & Governance		THROUGH ITS SUPPORT OF PEDIATRIC RESEARCH	, EDU	CATION AND	CARE.
Пa	2	Check this box if the organization discontinued its operations or dispose			
ove.				3	27
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
တ္	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	18
ij	6	Total number of volunteers (estimate if necessary)		6	3000
듕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
۵	8	Contributions and grants (Part VIII, line 1h)		5,614,873.	4,933,410.
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,992.	21,761.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		558,876.	588,257.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,186,741.	5,543,428.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,828,720.	4,217,087.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		961,147.	1,173,203.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	Ь	Total fundraising expenses (Part IX, column (D), line 25) 634,44	7.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		981,487.	
0	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,771,354.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,415,387.	-1,236,832.
5			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		19,787,168.	19,822,004.
AB	21	Total liabilities (Part X, line 26)		162,278.	862,011.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		19,624,890.	18,959,993.
P	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	et, and complete Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	12
		Daylust 19 Graces		Date 10/	00
Sig	n	Signature of afficer		Date	
He	re	KATHY MCCRACKEN, EXECUTIVE DIRECTOR			
_		Type or print name and title	Tr	Date Check	PTIN
		Print/Type preparer's name  LEAH K. LOGAN  Pleparer's signature  CONTROL OF THE PROPERTY STATEMENT STATEMENT OF THE PROPERTY STATEMENT S		11-0 12 1	
Pai					
	parer	Firm's name SMITH, CARNEY & CO., P.C.		Firm's EIN 7	3-1225615
Use	Only	Firm's address 5100 N. BROOKLINE, SUITE 1000		Dhone no A O	5-272-1040
N4-	or Alban III	OKLAHOMA CITY, OK 73112-3627  SS discuss this return with the preparer shown above? See instructions		11 110116 110.40	X Yes No
wist	14 14 15-0	3.3 COSCUSS TO STREET WITH THE DECORDER STOWN ADDIVET DECIDAL DUDGING	***********		

Form 990 (2022) CHILDREN'S M
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u>X</u>	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l l	77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	المما		•
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	X	
	Schedule D, Parts XI and XII	12a	Α	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
£ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
		<b>-</b> .	000	(0000)

232003 12-13-22

Form 990 (2022) CHILDREN'S MEDICAL
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		X
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	X	
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			Sutterio
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
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	-	X
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			17
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			~
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		х
	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		х
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			
	u w		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		1
_	Effect the number reported in box of rollin doos. Elife of the expension by	0		
b	The state of the s			
C	(gambling) winnings to prize winners?	1c		
22200	4 12-13-22	Forn	n <b>990</b>	(2022

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	The state of the s				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ			7.00	100
Za	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	the second secon			2b	Х	
3a				За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				ľ	
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country		American Contract Contract of			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	*****		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	5 III was a second and that are personally greater than \$100,000, and did the					ne
	any contributions that were not tax deductible as charitable contributions?			6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	2				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					222
	to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	*			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	openioning organization risks of the second			8		Х
9	Sponsoring organizations maintaining donor advised funds.					v
а	Did in Specification			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:	1	Ť			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	Ĩ			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	•••••	******************	104		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	Ĵ			
	organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand			14a		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule.			14b		
45 45	Is the organization subject to the section 4960 tax on payments? If No, provide an explanation of schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			170		
15				15		x
	excess parachute payment(s) during the year?			,5		
40	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment.	nt inc	ome?	16		х
16				.5		
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivitie	es			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	ii rea, complete i citti cocci			-	000	(0000

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					*****	IX.
Sec	tion A. Governing Body and Management						
		ř.	î.	[	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		27			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
Ь	Enter the number of voting members included on line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?		**************		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		******************		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5	_	X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				C statement
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:				
а	The governing body?				8a	Х	
ь	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				
				i i	_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the fo	rm?	11a	X	_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe				
	on Schedule O how this was done				12c	X	_
13	Did the organization have a written whistleblower policy?				13	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				-
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	on's	- 1			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed OK						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 50	)1(c)(3):	s only)	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of interest pol	icy, and	d finar	rcial	
	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 b	ooks a	ind records				
	CHILDREN'S MEDICAL RESEARCH, INC - 405-384-4446						_
	1001 NW 63RD, SUITE 210, OKLAHOMA CITY, OK 73116						

232006 12-13-22

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
   who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	( <b>F</b> ) Estimated
Name and tide	hours per					than		compensation	compensation	amount of
	week (list any hours for	offic				or/trus	tee)	from the organization	from related organizations (W-2/1099-MISC/	other compensation from the
	related organizations below	ndividual trustee or director	nstitutional trustee	361	Кеу етріоуее	Highest compensated employee	<b>Г</b> огтег	(W-2/1099-MISC/ 1099-NEC)	` 1099-NEC)	organization and related organizations
	line)	îpu	Insti	Officer	Key	皇曹	For			
(1) KATHY MCCRACKEN	45.00	x		x				190,852.	0.	9,450.
EXEC DIRECTOR - NON - VOTI	1 00	Δ		Λ	-		_	190,032.	0.	3, ±30.
(2) JOE LEWALLEN	1.00	x						0.	0.	0.
BOARD MEMBER	1 00	Δ						0.	0.	- 0.
(3) CHAY KRAMER	1.00	3,7						0.	0.	0.
BOARD MEMBER	1 00	X		-	-		-	U •	0.	
(4) JENNY LOVE MEYER	1.00							0.	0.	0.
BOARD MEMBER	1 00	X	H		-	$\vdash$	_	U .	0.	
(5) CHRIS MEYERS	1.00								0.	0.
BOARD MEMBER	1 00	X	_	-	_	-	_	0.	U	0.
(6) DREW NEVILLE	1.00									0.
VICE PRESIDENT		X	-	Х	_		_	0.	0.	
(7) ROSS PLOURDE	1.00									_
PRESIDENT		X		X	_	-		0.	0.	0.
(8) LESLIE RAINBOLT, M.D. BOARD MEMBER	1.00	х						0.	0.	0.
(9) AL WARREN	1.00							_		
BOARD MEMBER		X		_	_	_		0.	0.	0.
(10) HOSSEIN FARZANEH BOARD MEMBER	1.00	x						0.	0.	0.
(11) SUSAN PORTER	1.00									
IMMEDIATE PAST PRESIDENT		X		X				0.	0.	0.
(12) MARISA RECORDS	1.00									09N
BOARD MEMBER		X						0.	0.	0.
(13) SUE HOMSEY	1.00									100
BOARD MEMBER		X						0.	0.	0.
(14) DANNY HILLIARD	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) JEANETTA DOBSON	1.00									
BOARD MEMBER		x						0.	0.	0.
(16) LAURIE GIVENS	1.00									
BOARD MEMBER		x						0.	0.	0
(17) ROBERT HEFNER V	1.00	_								
BOARD MEMBER		$\mathbf{x}$			1	1		0.	0.	0.

232007 12-13-22

Form 990 (2022) CHILDREN	'S MEDIO	CAI	i I	RES	SEZ	ARC	CH,	, INC	73-1200	1262	H	age C
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(da		Posi heck			one	Reportable	Reportable	E	stimat	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	aı	mount	
	week	-	cerar	dad	recto	or/trus	tee)	from	from related		other	
	(list any	recto						the	organizations		npensa rom th	
	hours for related	or di	<sub>8</sub>			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		ganiza	
	organizations	ustee	frast		_ a	iii		1099-NEC)	1099-1420)		nd rela	
	below	lual tr	lonal		ploy	st co		10001420)			anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Битег					
(18) RANDY KAMP	1.00		_		_				_			20
TREASUER/SECRETARY		X		X	_			0.	0.	-		0.
(19) JUSTIN NAIFEH	1.00											2
BOARD MEMBER		X						0.	0.			0.
(20) LISA TALLEY	1.00											
BOARD MEMBER		X						0.	0			0
(21) CHAD DAYTON	1.00											
ASSISTANT TREASURER/SECRET		X		X				0.	0			0
(22) AMY DOUGLAS	1.00											
BOARD MEMBER		X						0.	0			0.
(23) TRENT TIPPLE, M.D.	1.00											
BOARD MEMBER - NON-VOTING		X						0.	0			0
(24) BRITTON HOBBS	1.00											
BOARD MEMBER		X						0.	0			0
(25) NAUREEN HUBBARD	1.00											
BOARD MEMBER		X						0.	0			0
(26) PAULA THOMAS	1.00											
BOARD MEMBER		X						0.	0	_		0
1b Subtotal								190,852.	0		9,4	150
c Total from continuation sheets to Part V								0.	0			0:
d Total (add lines 1b and 1c)								190,852.	0	•	9,4	150
Total number of individuals (including but	not limited to tl	nose	liste	ed al	bov	e) w	ho re	eceived more than \$100	0,000 of reportable			
compensation from the organization												, -
											Yes	No
3 Did the organization list any former officer	director, trust	ee, l	key	emp	loye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	ation	n an	d otl	her compensation from	the organization			
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con										5		X
Section B. Independent Contractors												
Complete this table for your five highest or	ompensated in	dep	ende	ent c	cont	ract	ors t	that received more than	\$100,000 of comper	sation	from	
the organization. Report compensation for	the calendary	/ear	end	ing v	vith	or w	/ithir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and busines	s address	N	ON	E				Description of	services	Comp	ensati	on
										_		
							- 1		II.			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CHILDREN	'S MEDIC	CAI	. F	RES	SEZ	ARC	H,	, INC	73-120	0262
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cł			C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) CHAD VICE BOARD MEMBER	1.00	Х						0.	0.	0.
(28) RACHEL KLEIN	1.00	x						0.	0.	0.
BOARD MEMBER - NON-VOTING (29) JULIA WALTER	1.00							0.	0.	0.
BOARD MEMBER	1.00	X	-	-	-			0.	0.	0.
(30) THURMAN LYNCH BOARD MEMBER	1.00	x						0.	0.	0.
					_					
		_								
		_								
		-								
		-								
	Į:						_			
Total to Part VII, Section A, line 1c										

		Ob - 1 % O - 1			or note to ony lin	o in this Port VIII			
_	_	Check if Sched	iule O contains a re	sponse	or note to any iii	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
10				Т .					3000010 012 011
nts		a Federated campaig							
E S			1						
Anr		<ul> <li>Fundraising events</li> </ul>							
Fig	•	d Related organization	ons 1	d					
is,		<ul> <li>Government grants</li> </ul>	(contributions) 1	е					
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contribution:	s, gifts, grants, and						
the first		similar amounts not i	ncluded above 1	f 4,	933,410.				
E0		g Noncash contributions in	cluded in lines 1a-1f	g \$	285,831.				
ago		h Total. Add lines 1a				4,933,410.			
					Business Code				
<b>a</b>	2 :	а							
Program Service Revenue		b							
Ser Jue									
E		C							
Pag	l '	d							
운		es f All other program s	au iaa rayanya						
_									
-		g Total. Add lines 2a							
	3		(including dividend			21,761.			21,761.
		other similar amou				21,701.			21,701.
	4		ment of tax-exempt						
	5	Royalties							
			(i) F	leal	(ii) Personal				
	6 8	a Gross rents	6a						
	- 1	b Less: rental expens	ses 6b						
		c Rental income or (l	oss) 6c						
		d Net rental income of	or (loss)						
	7 :	a Gross amount from s	ales of (i) Sec	urities	(ii) Other				
		assets other than inve	entory 7a						
	1	b Less: cost or other b							
e l		and sales expenses	7b						
e l		c Gain or (loss)							
Š		d Net gain or (loss)							
er Revenue		a Gross income from fu			T				
Ğ.	0		manaising overlee (110)						
			ted on line 1c). See						
		· ·			920,948.				
				V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	342,968.				
		<ul> <li>b Less: direct expense</li> <li>c Net income or (loss)</li> </ul>				577,980.			577,980.
					T	311,300.			37773001
	9 :	a Gross income from	-						
		b Less: direct expension							
		c Net income or (loss		rities					
	10 :	<ul> <li>a Gross sales of invention</li> </ul>	•						
		and allowances		10a	1				
	1	b Less: cost of good	s sold	10b					
	3	c Net income or (loss	s) from sales of inve	ntory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
LO.					Business Code				
Miscellaneous Revenue	11 :	a OTHER INV	ESTMENT IN	COM	900099	10,277.			10,277.
ane Tu		b							
		C							
Si R		d All other revenue							
2		e Total. Add lines 11				10,277.			
		Total revenue. See in	10 38	Charles and Charles		5,543,428.	0.	. 0.	610,018.

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 respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		4 04 5 005		
	and domestic governments. See Part IV, line 21	4,217,087.	4,217,087.		
2	Grants and other assistance to domestic			8	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 610	157 000	10 661	19,661.
	trustees, and key employees	196,610.	157,288.	19,661.	19,001.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	750 070	400 076	01 542	167,459.
7	Other salaries and wages	758,078.	499,076.	91,543.	107,439.
8	Pension plan accruals and contributions (include	26 015	04 015	1 706	7,216.
	section 401(k) and 403(b) employer contributions)	36,817.	24,815.	4,786.	
9	Other employee benefits	113,950.	76,802.	14,814.	22,334. 13,279.
10	Payroll taxes	67,748.	45,662.	8,807.	13,419.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	04 000	10 500		10,500.
C	Accounting	21,000.	10,500.		10,500.
d					
е	-				
f	Investment management fees				
g	, -				
	column (A), amount, list line 11g expenses on Sch 0.)		100 005		CD D1C
12	Advertising and promotion	196,921.	129,205.	10 000	67,716.
13	Office expenses	80,846.	59,548.	10,890.	10,408.
14	Information technology				
15	Royalties		E0 061	10 000	17 165
16	Occupancy	85,825.	58,361.	10,299.	17,165.
17	Travel	261.	179.	31.	51.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			254	F70
19	Conferences, conventions, and meetings	2,948.	2,019.	351.	578.
20	Interest		4.54.505		151 705
21	Payments to affiliates	303,590.	151,795.	1 142	151,795.
22	Depreciation, depletion, and amortization	9,608.	6,582.	1,143.	1,883.
23	Insurance	7,588.	5,198.	903.	1,487.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	THE WIND ENDENGED	285,830.	142,915.		142,915.
b	DID DEDE	250,000.	250,000.		
c	DROCK NAME OF THE OWNER OWNER OF THE OWNER OWN	145,553.	145,553.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,780,260.	5,982,585.	163,228.	634,447.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	1			

		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,781,686.	1	2,825,514.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			378,309.	3	174,506.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ம	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges	•••••		8,180.	9	13,387.
	10a	Land, buildings, and equipment: cost or other		L X S			
		basis. Complete Part VI of Schedule D	10a	79,890.			
	b		10b	63,155.	26,344.	10c	16,735.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	15,592,649.	12	16,243,271.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	548,591.	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33	3)	19,787,168.	16	19,822,004.
	17	Accounts payable and accrued expenses			33,348.	17	73,761.
	18	Grants payable	100 101	18	001 200		
	19	Deferred revenue			120,424.	19	221,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			0 506	]	ECC 0E0
		of Schedule D			8,506.		566,950. 862,011.
	26	Total liabilities. Add lines 17 through 25			162,278.	26	002,011.
G		Organizations that follow FASB ASC 958, ch	neck here	x			
Ce		and complete lines 27, 28, 32, and 33.			C 400 262		3,706,943.
alaı	27	Net assets without donor restrictions			6,488,262.		15,253,050.
Ö	28	Net assets with donor restrictions			13,136,628.	28	13,233,030.
Ě		Organizations that do not follow FASB ASC	958, che	ck here			
ř		and complete lines 29 through 33.				00	
ts	29	Capital stock or trust principal, or current fund				29 30	
SSe	30	Paid-in or capital surplus, or land, building, or				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			19,624,890.	32	18,959,993.
ž	32	Total net assets or fund balances			19,787,168.	33	19,822,004.
	33	Total liabilities and net assets/fund balances			13,101,100.	33	Form <b>990</b> (2022)

Form	990 (2022) CHILDREN'S MEDICAL RESEARCH, INC	13-12	00202	rac	16					
Pai	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
			e =w	2 20	222					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,54							
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,78							
3	Revenue less expenses. Subtract line 2 from line 1	3	$\frac{-1,23}{19,62}$							
4										
5	Net unrealized gains (losses) on investments	5	57:	1,9	35.					
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 on Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	18,95	9,9	<u>93.</u>					
Pa	rt XII Financial Statements and Reporting									
X-11-0	Check if Schedule O contains a response or note to any line in this Part XII				X					
			_	Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i 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?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the									
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				2010					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							
			Form	990	(2022)					

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Open to Public Inspection

Name of the organization

Employer identification number

		CHIL	DREN'S MED	ICAL RESEARCE	H, INC	C		7:	3-1200262
Pa	rt I	Reason for Public C					ee instructior		
		ization is not a private found							
	Organ	A church, convention of chu					)(A)(i).		
1	Ħ	A school described in secti					76 -767-		
2	Ħ	A hospital or a cooperative				(hV 1)(A)(ii	i)		
3	님	A medical research organiza	nospital service orga	niunction with a bosnital	described	in section	η. 170/h)/1\/Δ	Viii) Enter 1	the hospital's name.
4			ation operated in cor	ijunction with a nospital	described	III SECTION	110(0)(1)(1	)(111). El 1101	ino noopital o ttalino,
		city, and state:		l		ad by a go	wornmontal I	ınit describ	ed in
5	ш	An organization operated for		lege or university owner	or operat	ed by a go	overninental t	JIM Geschib	eu III
	_	section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governm	ental unit described in s	section 17	O(b)(1)(A)	(v).		
7	X	An organization that normal	Ily receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	d in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state o	f the college	e or
		university:							
10		An organization that normal	Illy receives (1) more	than 33 1/3% of its supp	port from o	ontributio	ns, members	hip fees, ar	nd gross receipts from
.0		activities related to its exen	not functions, subjec	t to certain exceptions;	and (2) no	more than	1 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	•	•	
44	$\Box$	An organization organized a		vely to test for public sa	fetv. See s	section 50	)9(a)(4).		
11	H	An organization organized a	and operated exclusi	vely for the benefit of to	nerform t	he functio	ns of, or to c	arry out the	purposes of one or
12		more publicly supported or	ranizatione docariba	d in section 500(a)(1) 0	r section !	509(2)(2)	See section	509(a)(3). C	heck the box on
		more publicly supported or	ganizations describe	f our section 309(a)(1) of	n and com	nlote lines	: 12e 12f an	d 12a	
		lines 12a through 12d that	describes the type o	supporting organization	by ita aun	ported are	anization(e)	tunically by	aivina
а	ļ	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its sup	ported org	jai lizatioi 1(5), storo or tructi	one of the e	upporting
		the supported organization			a majonty t	or the alrec	ctors or trust	ces of the s	арроппу
	_	organization. You must o	complete Part IV, Se	ctions A and B.				(a) bu ba	vina
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by na	ving
		control or management o			ame perso	ns that co	ontrol or mana	age the sup	ропеа
	-	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte						ally integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement an	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	,	functionally integrated, or	r Type III non-function	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported of							
		vide the following information	_		=				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed no document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				above (see instructions)					
_									
_									
Tot									

# 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 fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,032,126.	5,867,449.	4,665,678.	5,519,873.	4,923,160.	26,008,286.
2	Tax revenues levied for the organ-						
	ization'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	5 032 126	5.867.449.	4 665 678.	5,519,873,	4,923,160.	26,008,286.
5	The portion of total contributions		200.70200				
_	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.						26 008 286.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5 032 126.	5,867,449,	4 665 678.	5,519,873.	4 923 160,	26,008,286.
8		5,032,120.	5,007,445.	2,000,010,			
0	dividends, payments received on						
	securities loans, rents, royalties,	16,336.	18,181.	16,344.	21,728.	32.038.	104,627.
_	and income from similar sources	10,550.	10,101.	10,544.	21,720.	<u>JL</u> , JCJ.	
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.)						26,112,913.
11	• •					12	20,112,913.
12	Gross receipts from related activities,	etc. (see instruction	ons)				
13							
_	organization, check this box and stor						
	ction C. Computation of Publ					44	99.60 %
	Public support percentage for 2022 (					14	99.60 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14		4: 00 4 (00)	15	
16	33 1/3% support test - 2022. If the o	organization did no	t check the box or	i line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				*****************
ŀ	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check to	nis dox
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact					VI how the organiz	ration
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	rganization		
t	10% -facts-and-circumstances tes	<b>t</b> - <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>sto</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
							(Form 990) 2022

# 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

Section A. Public Support	low, please com	Diete r art II.				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	107 20 10			1	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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		# \ 0040	4.3.0000	(4) 0001	(-) 2022	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(I) IOIAI
9 Amounts from line 6					<del> </del>	
10a Gross income from interest, dividends, payments received on					1	
securities loans, rents, royalties,						
and income from similar sources						
<b>b</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 on 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	o organization's f	iret second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion.
check this box and stop here						i i
Section C. Computation of Publi						
			actumn (fl)		15	%
15 Public support percentage for 2022 (li					16	%
16 Public support percentage from 2021					10	70
Section D. Computation of Inves					47	%
17 Investment income percentage for 20						
18 Investment income percentage from 2	:021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	I / IS not
more than 33 1/3%, check this box ar	id <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2021. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	t <b>op here.</b> The orga	inization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	nstructions	

232023 12-09-22

Schedule A (Form 990) 2022

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
2-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		-
7		
8		
9a		
9b		
9c		
10a		-
		-

232024 12-09-22

га	Supporting Organizations (continued)			
		177	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	-	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
			res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported	,		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2	İ	
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
J-0-0	non or 13bo ii onbhorning ordanimentorio		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion 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?	_1_		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			i.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	ons).	Y
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

232025 12-09-22

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	Check here if the current year is the organization's first as a non-functi	onally integrated Type	e III supporting organization (see

Schedule A (Form 990) 2022

Current Year

8

2

3

4

8 Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Enter 0.85 of line 1.

4

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

**Employer identification number** Name of the organization 73-1200262 CHILDREN'S MEDICAL RESEARCH, INC Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-FZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-FZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$\_\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

-	CHILDREN'S MEDICAL	RESEARCH, INC	/3-1200262
Par	t I Organizations Maintaining Donor Advise	a Funds or Other Similar Fund	is of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) i dilus 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		
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
[B	impermissible private benefit?		
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		of a historically important land area
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation C	of a certified historic structure
	Preservation of open space	er i i i i i i i i i i i i i i i i i i i	n of a concentation excepted on the last
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the ion	Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		Control of the contro
b	Total acreage restricted by conservation easements		*******
	Number of conservation easements on a certified historic str		20
d	Number of conservation easements included in (c) acquired		2d
	historic structure listed in the National Register	leased extinguished exterminated by t	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year	somest is leasted	
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe	riadia manitarina inspection handling o	- f
5	Does the organization have a written policy regarding the pe	Hodic Monitoring, inspection, nationing o	Yes No
_	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	inservation easements during the year
6	Starr and volunteer nours devoted to morntoning, inspecting,	manding of violations, and officioning co	, los ration outsines a simily said year
-	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hark	diring of violations, and officially contact	3,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
3	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
-	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
ь	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance 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 tre	easures, or other similar assets for financ	cial gain, provide
_	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>
	Assets included in Form 990, Part X		

	MEDICAL RESEAR	RCH, INC 7	3-1200262 Page 3
Part VII Investments - Other Securities.		41. O - France 2000 Post V line 10	
Complete if the organization answered "Yes" o		(c) Method of valuation: Cost or	and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cost of 6	end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) ASSETS HELD BY OKLAHOMA	15 010 071		.m. *** * * ****
(C) CITY COMMUNITY FOUNDATION	16,243,271.	END-OF-YEAR MARKE	T VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,243,271.		
Part VIII Investments - Program Related.	- 000 D : N. F. d	14 O Farra 000 Part V Kan 10	
Complete if the organization answered "Yes" or		(c) Method of valuation: Cost or	and of your market value
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	1123	11d. See Form 990, Part X, line 15.	(h) Pook value
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		.,
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			1,188
(3) LEASE LIABILITIES			565,762
(4)			
(E)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

(6) (7) (8)

CHILDREN'S MEDICAL RESEARCH, INC Schedule D (Form 990) 2022 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. 6,115,363. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 571,935 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities \_\_\_\_\_ 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 571,935. 2e e Add lines 2a through 2d 5.543.428. 3 Subtract line 2e from line 1 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 c Add lines 4a and 4b 5,543,428. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. 6,780,260. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 6,780,260. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 6,780,260. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. PART V, LINE 4:

FUNDS ARE HELD WITH THE OKLAHOMA CITY COMMUNITY FOUNDATION (OCCF). FUNDS CONSIST OF \$3,688,034 OF PERMANENT ENDOWMENT THAT CAN NOT BE DISTRIBUTED WITHOUT THE APPROVAL OF OCCF. THE REMAINDER ARE UNRESTRICTED FOR GENERAL OPERATIONS OR DESIGNATED FOR FUTURE USE FOR PROGRAM GRANT FUNDING, EITHER BY DONOR-IMPOSED RESTRICTIONS OR BOARD DESIGNATED.

#### SCHEDULE D SUPPLEMENTAL INFORMATION

CMRI, A NOT-FOR-PROFIT CHARITABLE CORPORATION, AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IS EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO SECTION 501(A) OF THE CODE.

THE ORGANIZATION HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN
INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING
PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX
BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE
TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX
POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING
AUTHORITIES. THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING
WITH THE INTERNAL REVENUE SERVICE AND THE OKLAHOMA TAX COMMISSION. THE
ORGANIZATION BELIEVES THAT INCOME TAX FILING
POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY
ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE
ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS.
ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED
ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT
MARCH 31, 2023.
THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR YEARS PRIOR TO 2020.

#### **SCHEDULE G** (Form 990)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization						Employer idea	ntification number
CHILDRE	N'S MEDICAL RESEAR	CH,	IN	C		73-1200	262
	Complete if the organization answe				ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following Solicitates  f Solicitates  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuances	tion of tion of fundra (includerofess	non-ge govern ising e fing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit		utions	s or has been notified	d it is	exempt from re	egistration

232081 10-27-22

Schedule G (Form 990) 2022

 $\hbox{\footnotesize LHA \ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

CHILDREN'S	TENTO TOTAT	THATATAT	TATO
CHILDREN'S	MHIDICAL.	RESEARCH.	TIME.

ributions  ributions  rime (line 1 minus line 2)  s  rizes  rizes  ry costs  beverages  rent  ct expenses  ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization on Form 990-EZ, line 6a.	82,340.  82,340.  82,340.  82,340.  10,694.  35,457.  11,108.  11,	10,000. 45,034. 71,338. 29,105.		(d) Total events (add col. (a) through col. (c))  920,948.  920,948.  10,000.  127,374.  141,032. 64,562. 342,968.
ributions  me (line 1 minus line 2)  s  rizes  ry costs  beverages  ment  ct expenses  ense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	82,340.  82,340.  82,340.  82,340.  10,694.  35,457.  11,108.  11,	BALL (event type)  347,672.  347,672.  10,000.  45,034.  71,338. 29,105.	(total number)	10,000.  127,374.  141,032. 64,562. 342,968.
ributions  me (line 1 minus line 2)  s  rizes  ry costs  beverages  ment  ct expenses  ense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	(event type)  573,276.  573,276.  573,276.  69,694.  35,457.  ugh 9 in column (d) In line 3, column (d) on answered "Yes" on Form	(event type)  347,672.  347,672.  10,000.  45,034.  71,338. 29,105.		920,948. 920,948. 10,000. 127,374. 141,032. 64,562. 342,968.
ributions  me (line 1 minus line 2)  s  rizes  ry costs  beverages  ment  ct expenses  ense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	573,276.  573,276.  573,276.  82,340.  69,694.  35,457.  ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form	347,672. 347,672. 10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
ributions  me (line 1 minus line 2)  s  rizes  ry costs  beverages  ment  ct expenses  ense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	82,340.  82,340.  69,694.  35,457.  ugh 9 in column (d) on answered "Yes" on Form	10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
ributions  me (line 1 minus line 2)  s  rizes  ry costs  beverages  ment  ct expenses  ense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	82,340.  82,340.  69,694.  35,457.  ugh 9 in column (d) on answered "Yes" on Form	10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
s	82,340.  82,340.  69,694.  35,457.  ugh 9 in column (d)  in line 3, column (d)  on answered "Yes" on Form	10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
s	82,340.  82,340.  69,694.  35,457.  ugh 9 in column (d)  in line 3, column (d)  on answered "Yes" on Form	10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
orizes  y costs  beverages  ent  ct expenses ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	82,340. 69,694. 35,457. ugh 9 in column (d) n line 3, column (d) on answered "Yes" on Form	10,000. 45,034. 71,338. 29,105.		10,000. 127,374. 141,032. 64,562. 342,968.
orizes  cy costs  coeverages  ment  ct expenses  cense summary. Add lines 4 througe summary. Subtract line 10 fror ling. Complete if the organization	82,340. 69,694. 35,457. ugh 9 in column (d) n line 3, column (d) on answered "Yes" on Form	45,034. 71,338. 29,105.		127,374. 141,032. 64,562. 342,968.
beverages  ment  ct expenses  ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	82,340.  69,694.  35,457.  ugh 9 in column (d)  in line 3, column (d)  on answered "Yes" on Form	45,034. 71,338. 29,105.		127,374. 141,032. 64,562. 342,968.
beverages  ment  ct expenses  ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	82,340.  69,694.  35,457.  ugh 9 in column (d)  in line 3, column (d)  on answered "Yes" on Form	45,034. 71,338. 29,105.		127,374. 141,032. 64,562. 342,968.
nent ct expenses ense summary. Add lines 4 through summary. Subtract line 10 fror ing. Complete if the organization	82,340.  69,694. 35,457.  ugh 9 in column (d) In line 3, column (d) on answered "Yes" on Form	45,034. 71,338. 29,105.		127,374. 141,032. 64,562. 342,968.
nent ct expenses ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	69,694. 35,457.  ugh 9 in column (d) In line 3, column (d) on answered "Yes" on Form	71,338. 29,105.		141,032. 64,562. 342,968.
nent ct expenses ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	69,694. 35,457.  ugh 9 in column (d) In line 3, column (d) on answered "Yes" on Form	71,338. 29,105.		141,032. 64,562. 342,968.
ot expenses  ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form	29,105.		64,562. 342,968.
ot expenses  ense summary. Add lines 4 through the summary. Subtract line 10 fror ling. Complete if the organization	ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form	29,105.		64,562. 342,968.
ense summary. Add lines 4 throu e summary. Subtract line 10 fror ing. Complete if the organization	ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form			342,968.
e summary. Subtract line 10 from ing. Complete if the organization	m line 3, column (d) on answered "Yes" on Form			
ing. Complete if the organization	on answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	577 QQN
ATTEMPT TO A STATE OF THE ATTEMPT OF		n 990, Part IV, line 19, or i	reported more than	577,980.
00 on Form 990-EZ, line 6a.				
				1
	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
	(a) bingo	bingo/progressive bingo		col. (a) through col. (c)
enue	SS .			
ande	**			
orizes	*			
ty costs	*			
ct expenses				
abor	,. L No	No No	L No	-
ense summary. Add lines 2 thro	ugh 5 in column (d)			
g income summary. Subtract lin	e 7 from line 1, column (d)			
e(s) in which the organization cor	nducts gaming activities: _			
ation licensed to conduct gaming	activities in each of these	states?		Yes No
			20x37x40x441x2x40x44x40x401.50x555	
o organization's goming license	e revoked suspended ort	erminated during the tax	vear?	Yes No
			, , , , , , , , , , , , , , , , , , , ,	45
III.				
				edule G (Form 990) 202
	prizes   prizes  ity costs  ity	prizes	prizes	

	leddie d (1 offi 550) 2022 CIII DICEIT D 1220 1331	200262	
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:	W 30	
	a The organization's facility	13a	%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•			
	Name		
	Address		
	Addie53		
45.	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
136	a Does the organization have a continuor than a time party from the state of the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than a time party from the organization have a continuor than		
	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
C	c in fest, enter name and address of the time party.		
	Name		
	Name		
	Address		
	Address		
16	Gaming manager information:		
10	Canilly manager mornations		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			
_			
_			
_			

Schedule G	(Form 990)	CHILDREN 2	MEDICAL	KESEAKCII,	THE	73-1200202 Fage 4
Part IV	Supplemental	nformation (continued)				
		1-2				

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No. 1545-0047 Inspection

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

Attach to Form 990.

Name of the organization			7				Employer identification number
CHILDREN'S MEDICAL  Part   General Information on Grants and Assistance	S MEDICAL nd Assistance	KESEARCH,	TNC				79-170070-67
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	
criteria used to award the grants or assistance?	stance?			***************************************	***************************************		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	ocedures for monit	oring the use of grant	use of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	zations and Domesti be duplicated if addit	c Governments. Cional space is need	omplete if the orga led.	ınization answered "Y	'es" on Form 990, Part	. IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIV, OF OKLA, HEALTH SCIENCE CNTR 801 N.E. 13TH ST. OKLAHOMA CITY, OK 73104	73-6091755	(3)	4 217 087	0			MEDICAL RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Forter total number of other organizations listed in the line 1 table	and government or	rganizations listed in tl 1 table					
1	, see the Instruct	lions for Form 990.					Schedule I (Form 990) 2022

37

Schedule I (Form 990) 2022 CHILDREN'S MEDICAL RESEARCH, INC

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

73-1200262

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PERIODIC REPORTS ARE	OF GRANT	FUNDS PER	IODIC REPO	RTS ARE	
PROVIDED BY THE UNIVERSITY OF OKLAHOMA MEDICAL SCHOOL'S PEDIATRIC	HOMA MED	ICAL SCHOC	L'S PEDIAT	RIC	
DEPARTMENT FOR THE USE OF GRANTS A	ND DEVEL	OPMENTS MA	DE WITH RE	AND DEVELOPMENTS MADE WITH REGARDS TO THE	
MEDICAL RESEARCH.					

Schedule I (Form 990) 2022

#### SCHEDULE J (Form 990)

**Compensation Information** 

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CHILDREN'S MEDICAL RESEARCH, INC

Employer identification number 73-1200262

Pa	irt   Questions Regarding Compensation			1600
			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	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	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the observe brooter, regularing the new participants			
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3	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.			
	Independent compensation control in the control in			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Do to the state of			
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:	4a		x
а				X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?	70		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second secon			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:	E-		х
	The organization?			X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
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:		-	
а	The organization?	6a	-	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2022

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	2 and/or 1099-MISC compensation	and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHY MCCRACKEN	ε	183,242.	7,610.	0	9,45	0	200,30	0.
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Schedule J (Form 990) 2022

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Types of Property

CHILDREN'S MEDICAL RESEARCH,

Employer identification number 73-1200262

		•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d Method of d noncash contrib	etermin		s
1	Art - Works	of art									
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8			***************************************								
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		Partnership, LLC									
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13		onservation conti	***************************************								
	Historic str	uctures									
14			ribution - Other								
15	Real estate	e - Residential									
16	Real estate	e - Commercial									
17			***************************************								
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19											
20			<b></b>								
21	_										
22	Historical a	artifacts									
23	Scientific s	pecimens									
24								100073000			
25		AUCTION		X	171		,202.				
26	Other (	PROGRAM	ITEMS )	X	48		,721.				
27	Other (	PRODUCT/	SERVICE)	X	14	21	,908.	FMV			
28	Other (		)								
29					g the tax year for o						
	for which t	he organization c	completed Form 8	283, Part V, I	Donee Acknowledg	gement	29				0.00
									r	Yes	No
30a	During the	year, did the orga	anization receive l	by contributi	on any property re	ported in Part I, lin	es 1 throu	igh 28, that it			
	must hold	for at least 3 year	rs from the date o	f the initial co	ontribution, and wh	nich isn't required	to be used	d for			
	exempt pu	rposes for the en	ntire holding period	d?					30a		X
b	If "Yes," de	escribe the arranç	gement in Part II.								
31	Does the c	organization have	a gift acceptance	policy that r	requires the review	of any nonstanda	rd contrib	utions?	31	X	_
32a					rganizations to sol						-
	contributio	ns?							32a		X
b	If "Yes," de	escribe in Part II.									
33	If the organ	nization didn't rep	port an amount in	column (c) fo	or a type of proper	ty for which colum	n (a) is ch	ecked,			
	describe in										
LHA	For Pap	erwork Reduction	on Act Notice, se	e the Instruc	ctions for Form 99	90.		Schedule	M (For	n 990)	2022

232142 09-09-22

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Open to Public

OMB No. 1545-0047

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

Name of the organization

Inspection Employer identification number 73-1200262

CHILDREN'S MEDICAL RESEARCH, INC. 73 1200202
FORM 990, PART VI, SECTION B, LINE 11B:
SMITH, CARNEY & CO. WILL SUBMIT A DRAFT FOR APPROVAL PRIOR TO ACTUAL
FILING. THE DRAFT IS PRESENTED TO THE BOARD, FINANCE COMMITTEE, AND AFTER
THE FINAL IS FILED, IT IS DOWNLOADED TO THE WEBSITE.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBER AND OTHER APPLICABLE MEMBERS OR EMPLOYEES ARE REQUIRED TO
DISCLOSE ANY POTENTIAL CONFLICTS AND ANNUALLY ATTEST TO THEIR ADHERENCE TO
THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
LINE 15A - ANNUAL PERFORMANCE EVALUATIONS, ORGANIZATION FINANCIAL
STABILITY, DEGREE OF RESPONSIBILITY ETC. RECOMMENDATIONS ARE SUBMITTED TO
THE FINANCE COMMITTEE FOR APPROVAL AND IF APPROVED TO THE EXECUTIVE
COMMITTEE AND FINAL APPROVAL BY BOARD OF DIRECTORS.
LINE 15B - ANNUAL PERFORMANCE EVALUATIONS, ORGANIZATION FINANCIAL
STABILITY, DEGREE OF RESPONSIBILITY ETC. RECOMMENDATIONS ARE SUBMITTED TO
THE FINANCE COMMITTEE FOR APPROVAL AND IF APPROVED TO THE EXECUTIVE
COMMITTEE AND FINAL APPROVAL BY BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH ORGANIZATION'S
WEBSITE, GUIDESTAR, AND CHARITY NAVIGATOR. THESE DOCUMENTS ARE ALSO
AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization  CHILDREN'S MEDICAL RESEARCH, INC	Employer identification number 73-1200262
FORM 990, PART XI LINE 2C -	
THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF	THE AUDIT AND
SELECTION OF THE INDEPENDENT ACCOUNTANT.	
FORM 990, PART III, LINE 4A -	
CHILDREN'S HEALTH FOUNDATION (CHF) SPONSORS PROGRAMS OF P	EDIATRIC
RESEARCH, EDUCATION AND CARE AND THE TRAINING OF FUTURE P	EDIATRICIANS.
CHF SPONSORS MEDICAL EDUCATION PROGRAMS AND LECTURESHIPS;	CHF ALSO
CONDUCTS PUBLIC FORUMS TO INFORM AND EDUCATE THE PUBLIC A	BOUT ISSUES
AFFECTING CHILDREN'S HEALTH.	
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# Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 11/09/2023 08:57:42	
FORM 990	
OKM 990	

### Form **8868**

(Rev. January 2022)

# ...,

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-cha	rities-and-i	non-profits.			
Automa	atic 6-Month Extension of Time. Only subr	nit origir	nal (no copies needed).			
-	ations required to file an income tax return other than F Form 7004 to request an extension of time to file incor			s, REMI	Cs, and trusts	
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	er identification nu	mber (TIN)
print						
File by the	CHILDREN'S MEDICAL RESEARC		·		73-12002	262
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1001 NW 63RD STREET, 210	see instruc	tions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	tress see instructions			
	OKLAHOMA CITY, OK 73116	oreign add	11655, 566 115ti dotto/15.			
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than individual)			09
Form 990-	PF	04	Form 5227			10
orm 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
om 990-	(corporation)  CHILDREN'S MED	07				
If the or  If this is  OX  I require the or  I frequire the or  I I require the or  I I I I I I I I I I I I I I I I I I I	ganization does not have an office or place of business for a Group Return, enter the organization's four digit.  If it is for part of the group, check this box.  Lest an automatic 6-month extension of time until.  Irganization named above. The extension is for the organization named above. The extension is for the organization part of tax year beginning.  APR. 1, 2022  tax year entered in line 1 is for less than 12 months, c. Change in accounting period.	Group Exe and attace FEBRU anization's, and heck reaso	Imption Number (GEN) If ch a list with the names and TINs of a state of a list with the names and TINs of a state of the list with the names and TINs of a state of a list with the names and TINs of a state of a list with the names and TINs of a state of a list with the names and TINs of a state of a list with the names and TINs of a l	this is fo all memb	or the whole group pers the extension onpt organization re	is for.
	application is for Forms 990-PF, 990-T, 4720, or 6069 norefundable credits. See instructions.	, enter the	tentative tax, less	3a	s	0.
	application is for Forms 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and			
	ated tax payments made. Include any prior year overp	- 55		3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa					
	EFTPS (Electronic Federal Tax Payment System). See	-	-	3c	\$	0.
aution: If	you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	3-TE an	nd Form 8879-TE fo	or payment
HA For	Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8868 (I	Rev. 1-2022)

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