

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

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| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization: EXTENSION ATTACHED CHILDREN'S MEDICAL RESEARCH, INC Doing business as CHILDREN'S HOSPITAL FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 901 N LINCOLN BLVD 305 City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73104 F Name and address of principal officer: KATHY MCCRACKEN SAME AS C ABOVE | D Employer identification number 73-1200262 E Telephone number 405-271-2260 G Gross receipts \$ 7,622,286. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ HTTPS://CHFKIDS.COM/ | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1985 M State of legal domicile: OK |

Part I Summary

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| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: IMPROVES THE HEALTH OF CHILDREN THROUGH ITS SUPPORT OF PEDIATRIC RESEARCH, EDUCATION AND CLINICAL 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 31 6 Total number of volunteers (estimate if necessary) 6 3000 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0. | | |
| Revenue | | Prior Year | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) | | 5,450,469. | 6,575,806. |
| 9 Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 62,466. | 10,149. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 508,337. | 473,640. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,021,272. | 7,059,595. |
| Expenses | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 2,129,357. | 2,066,016. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,383,196. | 1,527,365. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 895,867. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,809,444. | 1,490,471. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,321,997. | 5,083,852. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 699,275. | 1,975,743. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | | 10,869,782. | 13,548,890. |
| 21 Total liabilities (Part X, line 26) | | 79,566. | 218,755. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | | 10,790,216. | 13,330,135. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| Sign Here | Signature of officer KATHY MCCRACKEN, EXECUTIVE DIRECTOR Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name LEAH LOGAN | Preparer's signature <i>Leah Logan</i> | Date 12-1-20 |
| | Firm's name ▶ SMITH, CARNEY & CO., P.C. Firm's address ▶ 5100 N. BROOKLINE, SUITE 1000 OKLAHOMA CITY, OK 73112-3627 | Check if self-employed <input type="checkbox"/> | PTIN P01209918 Firm's EIN ▶ 73-1225615 Phone no. (405) 272-1040 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IMPROVES THE HEALTH OF CHILDREN THROUGH ITS SUPPORT OF PEDIATRIC RESEARCH, EDUCATION AND CLINICAL CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,983,643. including grants of \$ 2,066,016.) (Revenue \$) CHILDREN'S HOSPITAL FOUNDATION (CHF) IMPROVES THE HEALTH OF CHILDREN THROUGH ITS SUPPORT OF PEDIATRIC RESEARCH, EDUCATION AND CLINICAL CARE AT THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER AND OKLAHOMA CHILDREN'S HOSPITAL. RECOGNIZED PEDIATRIC PROGRAMS INCLUDE: ADOLESCENT MEDICINE/DISORDERED EATING; ARTHRITIS; AUTISM; CANCER AND BLOOD DISORDERS; CHILD ABUSE AND NEGLECT; DEVELOPMENTAL/BEHAVIORAL PEDIATRICS; DIABETES, GROWTH AND THYROID; EMERGENCY MEDICINE; GASTROINTESTINAL AND LIVER DISEASES; GENERAL PEDIATRICS; INFECTIOUS DISEASES; HEART, LUNG, KIDNEY DISORDERS; PALLIATIVE CARE PROGRAM; MEDICAL GENETICS; NEONATOLOGY; PEDIATRIC EDUCATION AND PEDIATRIC SURGERY/CARDIAC SURGERY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,983,643.

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)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | <input checked="" type="checkbox"/> |
| 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | <input checked="" type="checkbox"/> |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | <input checked="" type="checkbox"/> |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | <input checked="" type="checkbox"/> |
| 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input checked="" type="checkbox"/> | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | <input checked="" type="checkbox"/> |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | |