



**A YEAR**

**LIKE NO OTHER**



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# 2020 ANNUAL REPORT

OKLAHOMA MEDICAL  
RESEARCH FOUNDATION





# A Year of Challenges

So, 2020. Not quite the 366 days any of us were expecting, huh?

But we all found a way to muddle through. And the scientists, physicians and staff of OMRF were no different.

For most employees, the emergence of Covid-19 in March brought a months-long shutdown of onsite activities. Throughout the spring, only a handful of staff members, the so-called skeleton crew, continued coming into the Oklahoma City research campus: technicians who maintained cell lines and experimental animals (mice, worms, fruit flies, fish and frogs); health care providers who continued to see patients in OMRF's two clinics; and facilities staff who tended to equipment and mechanical systems and kept the premises clean and virus-free.

Surface transmission was a major worry early in the pandemic, so housekeeping staff sanitized high-touch surfaces exhaustively, wiping down thousands of handrails, door handles and light switches multiple times each day. Monthly, they used nearly 10,000 ounces of disinfectant. Despite the added workload, "We didn't miss a beat," says Barry Antwine, who's been a part of OMRF's housekeeping team for 18 years. Crew members even found an unexpected silver lining, he says. "We did some deeper cleaning in the labs because there were fewer people around."

**It's hard to imagine headwinds stronger than those we faced in 2020.**

Meanwhile, scientists worked remotely, using the lockdown to compile and analyze data from previous experiments, write papers and submit grant proposals. In June, OMRF loosened constraints, allowing researchers and their staffs to return onsite. "Everybody was really ready and happy to get back," says Dr. David Forsthofel, who studies regenerative medicine in his OMRF lab.

With strict masking and physical distancing requirements, scientists resumed experiments. Staggered shifts helped minimize density, and Zoom sessions replaced in-person meetings. In the fall, a weekly employee testing program added another layer of protection. "I've felt really good coming into work, even during the worst stretches of the pandemic," says Cindy Carter, a lab manager at OMRF. Through year's end, testing had identified fewer than 20 infected staffers, with no episodes of onsite spread among foundation employees.

"This program has proven very effective at keeping our workforce safe and avoiding outbreaks," says Vice President of Human Resources Courtney Greenwood. "It's helped us maintain our laboratory operations, and we'll continue as long as the virus remains a threat." By December, nearly 400 employees had returned to campus, down only 20% from pre-pandemic headcounts.

Remarkably, despite 2020's many obstacles, research productivity remained in line with previous years: Competitive grant funding, patent disclosures and scientific publications met or exceeded 2019 levels. OMRF earned second place among the state's large employers in The Oklahoman's 2020 Top Workplaces competition, also receiving a nod in the Top Workplaces USA national survey.

"On paper, it looks like just another solid year," says OMRF President Dr. Stephen Prescott. "But it's hard to imagine headwinds stronger than those we faced in 2020."

That resilience bodes well for 2021. Because when it comes to finding new treatments for disease, awaiting the pandemic's end is a luxury patients and their families simply do not have.

# New Hope for Treating Vision Loss

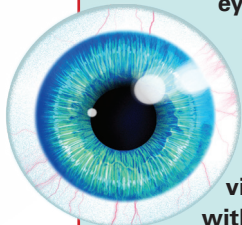
The calls and emails came almost immediately.

Within days of publishing a study in the Proceedings of the National Academy of Sciences about a novel compound that could reverse vision loss in premature infants and adults with diabetes, Dr. Courtney Griffin's inbox and voicemail began to fill. The messages came from Michigan, Washington and Texas, and as far as Chile and Germany. Sent on behalf of relatives, themselves, and even a family pet, they all sought more information on the findings from Griffin's lab.

## Diabetes and the Eye

**Treatment for diabetic retinopathy is currently limited to lifelong injections into the eye and invasive surgeries that may stop the condition from worsening, but they can't undo existing vision loss. For those with diabetes, the best hope for preventing retinopathy lies with controlling blood sugar, blood pressure and cholesterol, and getting regular eye exams.**

*Source: National Eye Institute*



Laboratory research doesn't typically trigger direct outreach from the public, says Griffin, who holds the Scott Zarrow Chair in Biomedical Research at OMRF. "I don't get contacted about our work on chromatin" – the material that makes up chromosomes. "This just shows how desperate people are to see."

Griffin and Dr. Chris Schafer, a postdoctoral researcher in her lab, study how blood vessels develop. When tiny vessels grow out of control in our retinas, it causes eye disorders like diabetic retinopathy and the retinopathies found in premature infants. The thick webs of retinal vessels can lead to vision loss and, ultimately, blindness.

In experiments with newborn mice, Schafer observed that levels of certain cellular proteins crashed as the animals experienced normal blood vessel loss in the eye. What if these proteins were like a switch that controlled vessel growth, one that could be flipped to treat conditions like retinopathies?

Testing the hypothesis involved significant collaboration from partner institutions, no small task amid a pandemic. When it came time to assess the outcome, Schafer used a special microscope to examine the rodents' retinas.

After seeing the results from the first mouse, Schafer could hardly contain his excitement. "I immediately wanted to get to the second mouse and the third mouse to make sure I wasn't going to be heartbroken."

He wasn't. He found the experimental compound he and Griffin had used on the mice had apparently flipped a molecular "off" switch, causing diseased retinal vessels to regress and die. Even more encouraging, Griffin says, the compound only impacted abnormal blood vessels, sparing the healthy vessels in the eye.

The researchers are now working toward studying the compound in models of adult diseases. "We would love to help all the people who are emailing me," says Griffin.

A long road lies ahead before researchers can test the experimental compound in humans. But for the more than 7 million Americans with diabetic retinopathy, Griffin knows she and Schafer must keep going.



# A Homecoming of Sorts

When Dr. Matlock Jeffries began his first day of work at OMRF in August, it may have been the smoothest transition in the foundation's history. That Monday morning, he entered the same lab where he'd been studying osteoarthritis for the previous four years. Only now, he'd be doing it as a member of OMRF's scientific faculty.

Since finishing his fellowship in rheumatology at the University of Oklahoma Health Sciences Center in 2016, the physician-scientist had been an assistant professor of medicine at OUHSC, where he'd also treated patients living with arthritis and other diseases of the joints, muscles and bones. But during that time, he'd conducted all of his experiments at OMRF. The choice to locate his lab at OMRF, he says, boiled down to one factor: "Environment."

**I realized that all of the future scientific work I wanted to do could only be done at OMRF.**

His longtime mentor, Dr. Judith James, led OMRF's Arthritis & Clinical Immunology Research Program. He'd also done a post-collegiate stint as a lab technician at OMRF (and "had continued puttering around in Dr. James' lab," he says), so he knew the foundation and its people well.

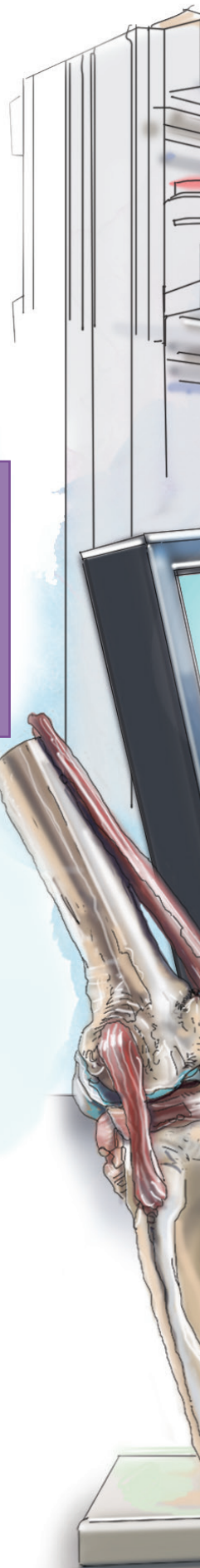
Over time, he came to rely on the foundation's core scientific facilities to support his research projects. "I realized that all of the future scientific work I wanted to do could only be done at OMRF," he says. So, "It really made more sense for me just to move over to OMRF."

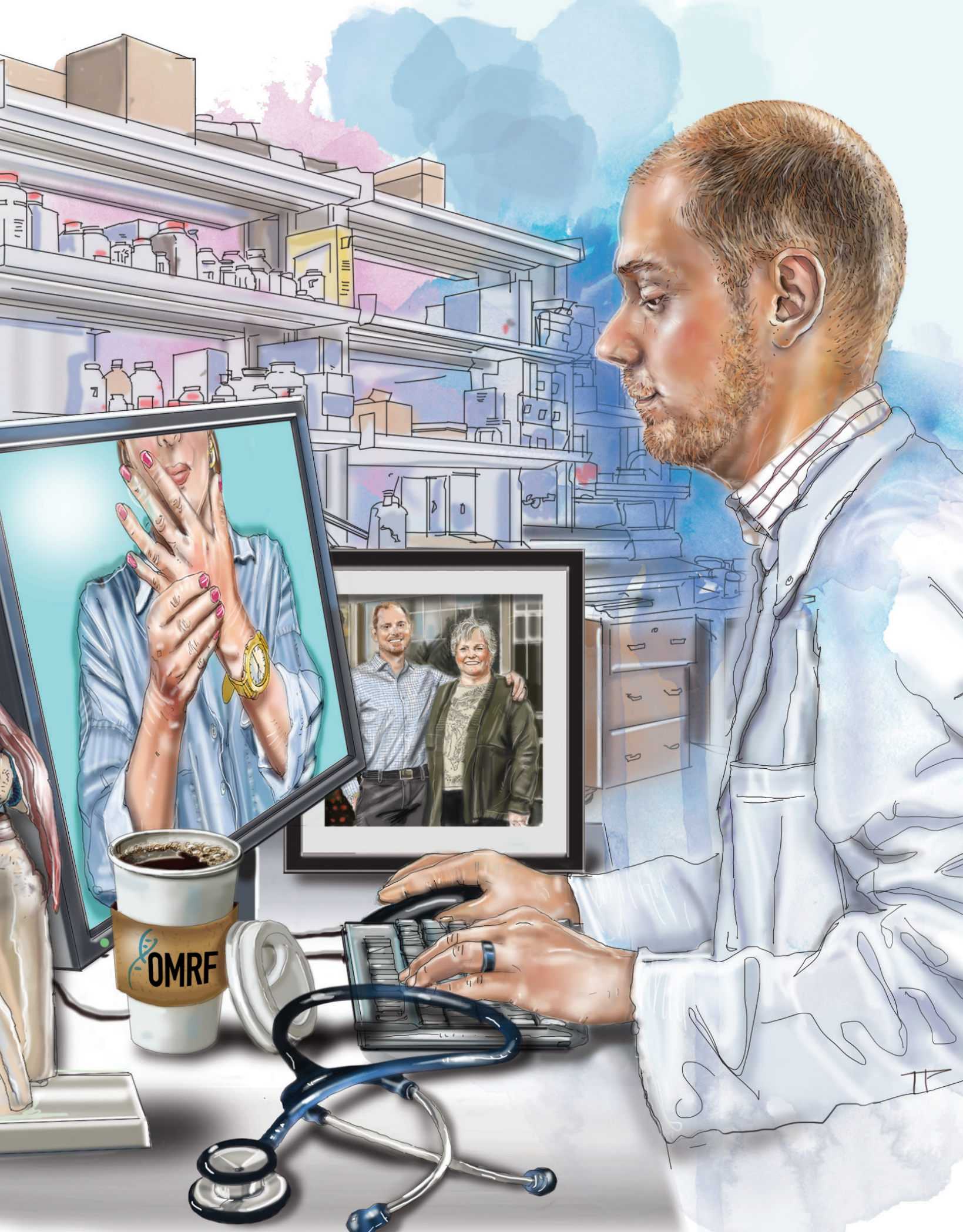
At OMRF, he hit the ground running, receiving two new grants from the National Institutes of Health. On the first, he's searching for a biomarker to aid in the early diagnosis of osteoarthritis, the most common form of the joint disease. In the second, he's looking for microbial clues about how OA gets its foothold in the body.

For his work, he's utilizing OMRF's germ-free research facility, studying microbes of young laboratory mice genetically engineered to be susceptible to OA. Jeffries received funding through the NIH Research Innovations for Scientific Knowledge (RISK) program, which supports imaginative hypotheses that deviate from prevailing theories or practice. "Dr. Jeffries will be the first to evaluate whether gut microbiome transplantation" – implanting bacteria from digestive systems of healthy subjects – "may be used as a therapeutic agent to prevent OA," says James.

Jeffries continues to see patients in his clinical practice, which has moved to OMRF and, in the current environment, increasingly relies on telemedicine. "If a patient is doing well, I would prefer to see them virtually, as it eliminates any potential risk of Covid-19 transmission and saves them the hassle of driving to Oklahoma City," he says. Still, he admits, "It is hard to treat arthritis and autoimmune conditions virtually."

Covid-19 has also thrown a wrench into a cherished midday ritual: regular lunches in the OMRF Research Café with his mother, Reta, who worked as a nurse and case manager at the foundation until her retirement in 2019. When the pandemic subsides and the café reopens, can the busy physician-researcher find time to restart this mother-son tradition? "Definitely," he promises. "At least once or twice a week!"





OMRF



# Honoring a Recovered Texan

## Dr. Stephen Prescott joins the Oklahoma Hall of Fame

Will Rogers. Ralph Ellison. Woody Guthrie. Ada Lois Sipuel Fisher. Sequoyah. Now, add Dr. Stephen Prescott to the list of Oklahomans who have received the state's highest honor.

In November, OMRF's president was inducted into the Oklahoma Hall of Fame.

The Hall saluted Prescott for his leadership at OMRF. Since coming to the foundation in 2006, he's engineered the largest campus expansion in OMRF's history and helped guide a trio of drugs discovered in the foundation's labs to market. During his tenure, the National Institutes of Health has three times named OMRF an Autoimmunity Center of Excellence, one of only 10 in the country.

"This recognizes OMRF as much as it does me," says Prescott. "We have a world-class group of scientists, and it's also a world-class group of people."

In his speech presenting Prescott for induction, OMRF Board chair Len Cason remembered the nationwide search that ultimately brought Prescott to Oklahoma. The ideal candidate, Cason said, had to be "a great scientist" who was also "able to network with governors, senators and congresspeople." Likewise, OMRF's next president would need to be an adroit administrator and fundraiser. And, of course, joked Cason, that person "must not be a Texan."

After hunting for a year, Cason recounted, "All roads led to Steve Prescott." Despite his Lone Star roots – Prescott was born and raised in College Station – OMRF offered the internationally recognized vascular biologist the job. When he accepted, "It was a game-changing decision," says Cason. "For OMRF, for people like me who know Steve, and for the state of Oklahoma."

The 2020 Hall of Fame ceremony played out quite differently than in past years, when, for instance, Russell Westbrook presented Kevin Durant before a packed house at the Renaissance Hotel and Convention Center in Tulsa or Vince Gill sang to a live audience at the Cox Convention Center. Due to Covid-19, each piece of the event – introductions, speeches by presenters and honorees, plus biographical vignettes about Prescott and his fellow members of the class of 2020 – was prerecorded. Then, video editors stitched everything together and aired it in a single 90-minute simulcast on television, YouTube and Facebook Live.

Although Prescott says he would have enjoyed his black-tie moment in front of a live crowd, the virtual celebration didn't dim the honor. "The marvelous thing about Oklahoma is how the community welcomed my wife, Susan, and me from the moment we arrived," he says. "And this is really the cherry on top of the icing on the cake."

He and Susan watched the induction with a small group of friends, all masked. When the ceremony wrapped up, they toasted the good fortune that brought them to the state almost 15 years before.

"Len Cason told me OMRF was the place for me," says Prescott. How right he was.



**This recognizes  
OMRF as much as  
it does me.**

# An Anti-Aging Pill?

2020 had many downsides. But for Dr. Benjamin Miller, a year devoid of social engagements and work-related travel brought an unexpected gift: more time on his bike.

A former elite amateur cyclist, Miller gets up before dawn most mornings to ride. He estimates he spends 10 to 15 hours cycling in a typical week, which he likes to cap off on Saturdays or Sundays with a race or extended group ride.

When the pandemic put an end to anything but solo fitness activities, the OMRF researcher decided to make the best of the situation. "My miles went up a bit," he says with characteristic modesty. That extra time in the saddle, totaling up to six or seven hours some days, helped him build already exceptional endurance to eye-popping levels. As a result, he's planning several cycling challenges for 2021, including a 24-hour solo mountain bike ride.

Miller recognizes that spending a day and a night pedaling nonstop isn't everybody's idea of fun. Likewise, "Even though we've long known that exercise slows the aging process, we also know there's a large portion of the population who are not going to exercise," he says. "So, we have to come up with some alternatives."

In his lab at OMRF, Miller is looking to do just that.

Recently, his work has centered on metformin, the world's most prescribed diabetes drug. Experiments suggest that in addition to reducing blood sugar, it can cut inflammation and produce other beneficial cellular changes.

This past year, Miller began a clinical trial to examine how metformin could impact the aging process in healthy but sedentary adults. In particular, he's looking at changes in their skeletal muscles and levels of insulin sensitivity, which measures the body's ability to process nutrients circulating in the bloodstream.

In an earlier study, which garnered a story in *The New York Times*, Miller found metformin blunted some benefits of exercise in older adults who were at risk for diabetes. Still, the results suggested the drug might help counter the effects of aging in less active people.

With Covid-19 precautions in place, Miller's current trial is enrolling healthy adults ages 40 to 75. Using a variety of tests, including a bone density scan and muscle biopsy, he'll analyze cellular changes over a 12-week period.

"The ultimate goal is not to find a fountain of youth," says Dr. Holly Van Remmen, who heads OMRF's Aging & Metabolism Research Program and recruited Miller to the foundation from Colorado State University in 2018. "It's to keep people functional and prevent decline for as long as possible, so that our healthspans match our lifespans."

To participate in the trial or for more information, call 405-271-3480 or email [osctr@ouhsc.edu](mailto:osctr@ouhsc.edu).



## Dr. Benjamin Miller's Tips for Healthy Aging

- Remain active and physically fit
- Stay socially and mentally engaged
- Practice a diet of moderation like the Mediterranean diet
- Pick your parents well





# Old Drug, New Tricks

The road from laboratory discoveries to drugs to treat patients might more accurately be described as a treacherous mountain path. Many experiments that appear promising in a Petri dish don't work in mice. And compounds that are safe and effective in rodents won't necessarily prove out in people.

The U.S. drug industry's trade organization, the Pharmaceutical Research and Manufacturers of America, estimates that for every 5,000 compounds that enter preclinical testing, only one makes it to hospitals or pharmacy shelves.

"More often than many scientists care to admit, researchers just have to give up when a drug is poorly absorbed, is unsafe, or simply doesn't work," says the U.S. Food and Drug Administration on its website. But on occasion, says the FDA, "compounds may be put aside because they failed to work on one disease, only to be taken off the shelf years later and found to work on another."

That's precisely what's happened with OMRF's experimental compound called OKN-007.

Originally discovered by OMRF's Dr. Robert Floyd, the drug progressed to the final stages of human clinical trials as a treatment for stroke. But when a large-scale study failed to show efficacy, the pharmaceutical company that had acquired the drug abandoned it.

Floyd and fellow OMRF researcher Dr. Rheal Towner still believed the investigational drug held potential for treating other conditions. A series of experiments by Towner in mice and rats found that OKN-007 shrunk a deadly form of brain cancer known as a glioblastoma by 90%. "We were amazed," says Towner.

During the previous clinical trial, the drug had shown no safety issues. Despite the lack of a pharmaceutical partner, OMRF decided to initiate a new trial, this time in glioblastoma patients. "With an average survival of only 12 to 18 months from diagnosis, there's a profound need for new therapies," says OMRF President Dr. Stephen Prescott.

The trial enrolled patients at the OU Health Stephenson Cancer Center. When preliminary results reinforced the safety of OKN-007 and offered promising signals that it could control glioblastoma, biotechnology company Oblato acquired all rights to the drug. The company is now testing OKN-007 in a Phase 2 clinical study of 56 patients with recurrent glioblastomas, administering the drug in combination with another medication, temozolomide, at eight sites across the U.S.

This past summer, the FDA awarded OKN-007 a pair of designations providing for special status and priority review of regulatory applications for new therapies for rare pediatric or "orphan" diseases, conditions that affect limited patient populations. On the heels of this news, Oblato announced plans to kick off another trial, this time in children with a cousin of glioblastoma known as DIPG. "Enthusiasm for OKN-007 is very high," says Towner.

While results are far from assured, OKN-007 has already beaten long odds to get this far. For a drug that not so long ago looked like its odyssey had come to an end, that kind of resilience bodes well.

**A brain cancer treatment rises from the ashes of a failed stroke drug.**

# From Bedside to Bench

First a physician, Dr. Lijun Xia has become a research star

As a young physician in China, Dr. Lijun Xia treated people with life-threatening blood diseases. But few medications existed to help the people he cared for, and over time, the hematologist grew frustrated.

"I wanted to do better for my patients, to give them a chance to live," he says. He realized that research held the key to finding new treatments. So, in 1995, he took a leap. Sight unseen, he came to Oklahoma for a postdoctoral fellowship with OMRF's Dr. Rodger McEver, an internationally recognized expert in the field of cardiovascular biology research.

In the quarter-century since, all spent at OMRF, Xia has become a research star in his own right. His work, which began with the study of cells that line the walls of blood vessels, has expanded into new and unexpected areas.

He has made a series of novel findings about a group of sugars known as O-glycans, discoveries that could help patients with fatty liver disease, a condition that affects as much as a quarter of the world's population and can lead to liver inflammation, cirrhosis and liver cancer. He's also identified a previously unknown genetic disease, a skeletal disorder for which he's now working to start a clinical trial for an experimental therapy.

His interactions with two Oklahoma girls living with the rare illness have underscored the importance of this effort.

"Once you see the patient, it makes you think how your research can help solve a real problem," says Xia, who holds the Merrick Foundation Chair in Biomedical Research at OMRF. "It gives you more motivation."

In the fall, he once again broke new ground, this time publishing a series of insights about the microbiome, microorganisms that live in our bodies and outnumber our own cells by a factor of 10 to 1. The work appeared in *Science*, perhaps the most influential of all scientific journals.

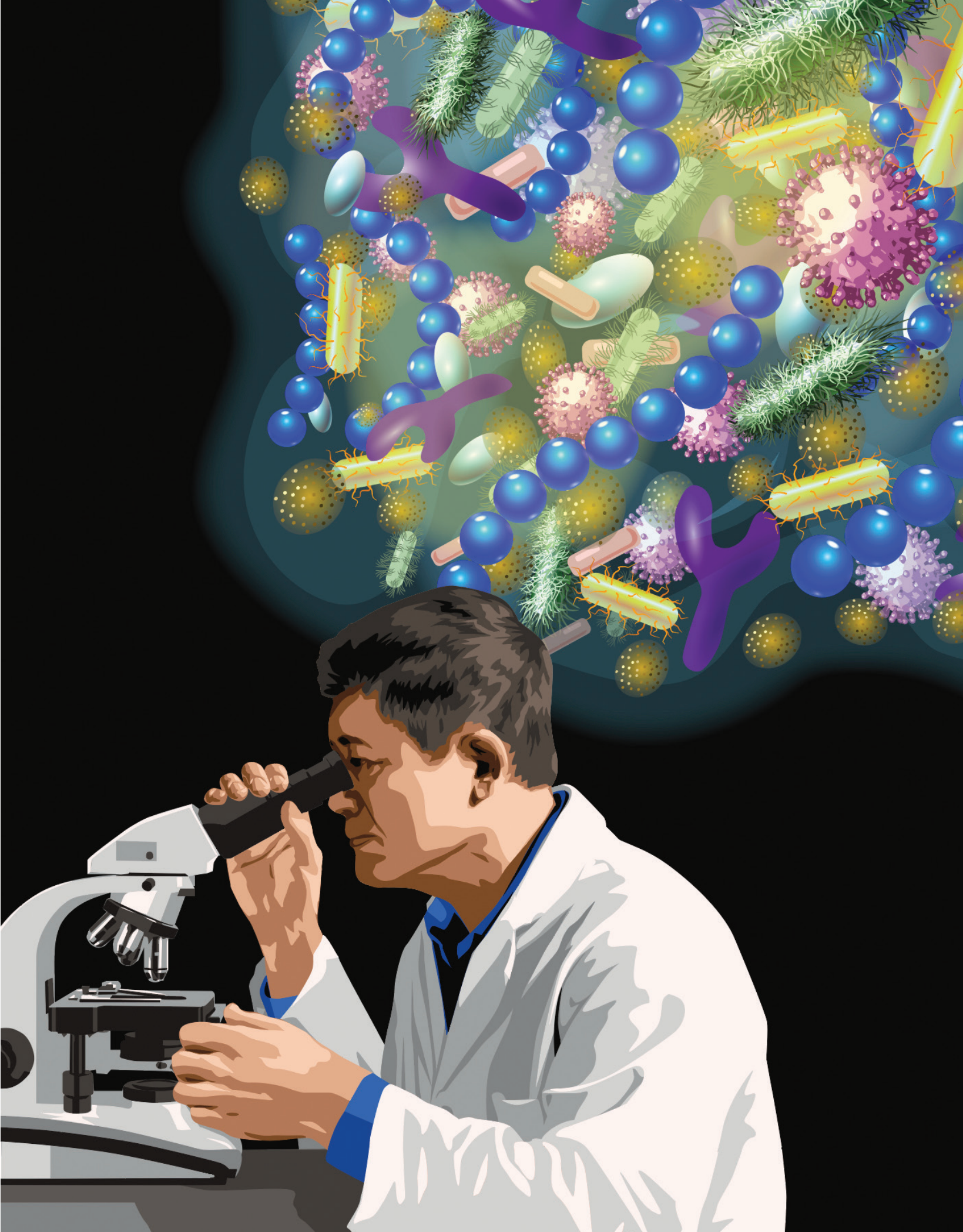
Xia's new findings center on microorganisms that live in the colon. The research could blaze trails to new therapies for inflammatory bowel disease and people who've had portions of their bowels removed due to conditions like colon cancer and ulcerative colitis. The work could also help explain why the use of antibiotics often creates problems in our digestive systems.

"Our microbiome begins to develop at the moment of birth and evolves throughout our lives," says Xia. "It's essential for the growth and maturation of the acquired immune system in our body. When it's not well developed or cared for, it doesn't operate as it should, which can lead to diseases."

Just after the new year, Xia also received a major National Institutes of Health grant known as a COBRE, in which he'll mentor a group of junior investigators. The grant is the same type that helped him launch his own lab at OMRF.

"Dr. Xia received funding from a COBRE nearly 20 years ago," says McEver. "With the opportunity to now lead one of his own, it's come full circle."

I wanted to do better  
for my patients, to give  
them a chance to live.





# Healing Broken Hearts

Most of us know someone, or are someone, who has heart disease. It causes more deaths in the U.S. than cancer, taking 600,000 lives each year and millions more worldwide.

One of the most common forms of heart disease is aortic stenosis. It occurs when the main valve of the heart — the aortic valve — becomes stenotic or narrowed. The narrowing of the valve overworks the heart, eventually leading to heart failure or even sudden death.

According to the American Heart Association, aortic stenosis affects more than 20% of older Americans. In addition to causing heart failure, research studies have also linked it to a higher risk for complications and severe illness with viruses like Covid-19.

The only approved treatment for advanced cases of aortic stenosis is an invasive, risky valve replacement surgery. But Dr. Jasimuddin Ahamed aims to change that.

In his lab at OMRF, Ahamed studies how fibrosis, the formation of scar tissue, can damage the heart. He and his research team discovered that a particular naturally occurring protein contributes to scar tissue formation in the aortic valve, leading to stenosis. This finding suggests that targeting this protein with a drug could potentially treat or prevent the condition.

“Once aortic stenosis is fully developed, little to nothing can be done,” says Ahamed, who joined OMRF in 2015 from Rockefeller University in New York City. “But early intervention with a new drug might halt its progression and keep the heart working as it should.”

Using specially engineered mice that mimic the symptoms of aortic stenosis in its earliest stages, Ahamed is testing drugs to do just that.

The work has attracted the attention of the National Heart, Lung, and Blood Institute, which in 2020 awarded Ahamed a four-year grant to support the research. “This could result in a major breakthrough in heart health for our aging population,” says Ahamed.

He’ll utilize a method he’s developed to test compounds that could halt the disease process. “Our new, highly predictive experimental model can be used to test drugs to prevent the progression of this disease by targeting it in its initial stages,” says Ahamed.

Still, progress takes time. And any experimental compound, even a promising one, faces long odds of reaching the clinic.

All of which reminds us to focus on those elements of heart health we can control. “Especially over the last year, many of us have become less physically active and slacked on healthy eating,” says Dr. Stephen Prescott, OMRF’s president and a cardiologist.

He recommends small changes, like regular walks and a diet heavy in vegetables, whole grains and lean proteins. And that’s important, because if we take care of our hearts, they should beat more than 2.5 billion times in our lives.



## Keys to Heart Health

- **Not smoking**
- **Maintaining a low body mass index (BMI)**
- **Controlling blood pressure, cholesterol and blood glucose**
- **Staying physically active**
- **Eating a healthy diet**

*Source: American Heart Association*



# How 2020 Changed Science

You simply couldn't find a scientist who was studying Covid-19 in 2019. Which makes sense, because it wasn't until the final day of that year that China reported its first cluster of cases to the World Health Organization.

In the months that followed, countless researchers pivoted to tackle the novel coronavirus that had emerged as a once-in-a-century health menace. In a single year, they wrote more papers on Covid-19 than had ever been published on diseases – measles, cholera, polio – that had ravaged humanity for a century or more.

At OMRF, rheumatologists tapped their expertise with patients living with autoimmune diseases to offer insights on treating Covid-19. They also helped prepare a comprehensive review of therapeutic candidates and vaccine strategies.

Cardiovascular biologists examined viral risks for patients living with heart disease. Immunologists looked at ways in which the attacks of the coronavirus mimicked lupus, a disease they'd spent their careers investigating. They repurposed research equipment to create a diagnostic testing lab at OU Health that helped ease testing shortages across the state.

The largest, most comprehensive effort involved a team of OMRF scientists who'd been probing anthrax bacteria with the support of a longtime federal grant. When the granting agency – the National Institute of Allergy and Infectious Diseases, headed by Dr. Anthony Fauci – offered supplemental funding for Covid-19 initiatives, the OMRF team mapped out an ambitious slate of projects. In June, the NIAID supplied a two-year award to help underwrite the work.


"Our existing research on anthrax had a developed infrastructure to study immune response to a serious viral infection," says Dr. Linda Thompson, one of the project leaders and the Putnam City Schools Distinguished Chair in Cancer Research at OMRF. "So, we were able to start right up without having to develop new methodology."

The research focuses on understanding why some people become extremely sick when infected with the virus, while others do not. Dr. Judith James, OMRF's Vice President of Clinical Affairs and the Lou C. Kerr Endowed Chair in Biomedical Research, spearheads a major piece of the study.

Analyzing blood donated by hundreds of Oklahomans who've recovered from Covid-19, "we've compared asymptomatic cases to those with mild symptoms and those who've had severe infections and survived hospitalization," says James. She's searching for molecular clues known as biomarkers to predict those who might suffer life-threatening complications from the virus. "If we could identify people at highest risk, we could use different treatments at an earlier stage and improve their prospects for avoiding serious illness."

James is also investigating other facets of Covid-19, including why it seems to strike tribal populations disproportionately and whether it can lead to autoimmune conditions. As with so much about the virus, answers will take time.

Still, as challenging as the past year has been, James says it also brought some silver linings. "It's been amazing to see what the scientific community has accomplished. We've learned so much. And if we find ourselves facing a new infectious disease in the future, we're now much better prepared."



**It's been amazing to see what the scientific community has accomplished.**

# How We Spend a Dollar



64%

## Research

OMRF's scientists are advancing the understanding and treatment of a host of conditions from Covid-19, Alzheimer's, cancer and heart disease to autoimmune illnesses such as lupus and multiple sclerosis. The resulting diagnostic tests, treatment management tools and life-saving drugs are in use in hospitals and clinics around the world, improving health outcomes for people everywhere.

30%

## Clinic Operations

In keeping with our mission of helping more live longer, healthier lives, OMRF moves discoveries from the laboratory to the clinic and the patients who need them. In our onsite clinics, we focus on caring for people with autoimmune diseases and enhancing our understanding of these disorders for future generations. In 2020, more than 6,000 patients visited OMRF. And with 50 clinical trials underway, our physicians are bringing the next generation of medications to those who need them most.

6%

## Administrative

When it comes to administration, less is more. For decades, our expenses for accountants, IT professionals and other administrative employees has held steady in the single digits. It is OMRF's tradition to deliver administrative support in the most cost-efficient manner possible. That means more money for research.

## 4-Star Stewards

OMRF has received Charity Navigator's highest rating of four stars 19 times and counting, a score the agency says means that OMRF "exceeds industry standards and outperforms most charities in its cause." With independent, third-party review, you can be confident that when you support OMRF, you're giving to an organization that is financially healthy, accountable and transparent.



# Financials

<b>OKLAHOMA MEDICAL RESEARCH FOUNDATION</b>		
<b>Selected Financial Information - Operating Fund</b>		
	<b>2019-2020</b>	Prior year
<b>OPERATING REVENUE:</b>		
Competitive research grants:		
National Institutes of Health grants	\$ 29,904,475	\$ 29,443,800
Other competitive research grants	<u>10,814,469</u>	<u>11,858,628</u>
Total grants	40,718,944	41,302,428
<b>Private contributions:</b>		
Income and gifts from trusts	7,616,571	7,552,013
Gifts and bequests	2,636,732	1,408,812
Contributions	2,265,681	2,652,319
Memorials	<u>659,456</u>	<u>626,762</u>
Total private contributions	13,178,440	12,239,906
<b>Special event revenue:</b>		
Ticket sales and sponsorships	775,948	604,935
Less: direct costs of event	<u>(142,988)</u>	<u>(131,763)</u>
Net revenues from special events	632,960	473,172
<b>Other revenue:</b>		
Clinical revenue, net of provisions for contractual and other adjustments	21,644,518	21,399,860
Interest and investment income	1,015,082	890,398
Mineral income	947,227	1,596,136
Rent	456,880	374,255
Royalties and licensing income	1,761,708	1,684,970
Loss on disposal of assets	(63,199)	850,151
Loss from uncollected receivables	(59,000)	(11,004)
Other	<u>2,338,698</u>	<u>2,594,311</u>
Total other revenue	28,041,914	29,379,077
Total revenue	\$ <u>82,572,258</u>	\$ <u>83,394,583</u>
Operating revenue from wills, pledges, and other restricted gifts recorded in prior years	<u>8,413,526</u>	<u>7,440,384</u>
Total operating revenue	\$ <u>90,985,784</u>	\$ <u>90,834,967</u>
<b>OPERATING EXPENSES:</b>		
<b>Program Services - Research</b>	50,726,496	51,472,969
<b>Program Services - Clinic operations</b>	23,794,370	23,870,464
<b>Support Services - General and administrative</b>	<u>5,104,682</u>	<u>5,473,742</u>
Total operating expenses	<u>79,625,548</u>	<u>80,817,175</u>
Excess of revenues over expenses	\$ <u>11,360,236</u>	\$ <u>10,017,792</u>

# 2020 Honor Roll

## **\$5,000,000+**

The Chapman Trusts

## **\$1,000,000 - \$4,999,999**

Hardesty Family Foundation  
Estate of Gerald Jaquith  
Presbyterian Health Foundation

## **\$500,000 - \$999,999**

Anonymous  
Estate of Budd S. and Linda A. Parrish  
The Puterbaugh Foundation

## **\$100,000 - \$499,999**

Elizabeth and Greg Allen  
Mary K. Chapman Foundation  
H.A. and Mary K. Chapman Charitable Trusts  
The Chickasaw Nation  
Clyde R. Evans Charitable Trust  
Estate of Kathryn Jo Foley  
E.L. and Thelma Gaylord Foundation  
Estate of Martha L. Watson Griffin  
Estate of Edna Mae Hughes  
Masonic Charity Foundation  
Beth and Dale Matherly  
McCasland Foundation  
United Way of Central Oklahoma

## **\$50,000 - \$99,999**

Anonymous  
Wilma Davis-McElmurry Trust  
Norma and Jim Freeman  
Linda M. and Claude M. Harris III  
Estate of Annie Mae Jones  
Mr. Jacob Matherly/Matherly Mechanical Contractors, Inc.  
Estate of Leota Mahauta McGuire  
LaDonna and Herman Meinders  
Mr. and Mrs. Jim M. Morris  
Putnam City Schools Cancer Fund  
Kim and David E. Rainbolt  
Robert Glenn Rapp Foundation  
Mr. Bill Stoller/Express Employment Professionals

## **\$25,000 - \$49,999**

Anonymous  
Elizabeth and G.T. Blankenship  
Christy and Jim Everest  
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Text: Adam Cohen, Lindsay Thomas  
Graphic Design: Jenny Lee

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