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Form	<u> </u>

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax 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.

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



Department of the Treasury Internal Revenue Service

Α	For 1	the 20	21 calendar year, or tax year beginning	and	ending			
	Check applic		C Name of organization			D Employer id	entifi	cation number
	cha	dress ange	CHILDREN'S HEART FOUNDATION					
X		ange	Doing business as			36-407	7528	
Initial return Final			Number and street (or P.O. box if mail is not deline 5 REVERE DRIVE	E Telephone n (847)634				
	terr	urn/ min- d	City or town, state or province, country, and Z	IP or foreign postal code		<b>G</b> Gross receipts \$		3,323,738.
Г		ended	NORTHBROOK, IL 60062-1500			H(a) Is this a gr	oup re	
Ē		olica-	F Name and address of principal officer: ABIGA	IL RODDIE-HAMLIN		for subord	-	
		nding	SAME AS C ABOVE					ncluded? Yes No
ī	Tax-e	exemi	ot status: X 501(c)(3) 501(c) ( )◀	(insert no.) 4947(a)(1)	or 🗌 527	7		list. See instructions
			WWW.CHILDRENSHEARTFOUNDATION.ORG			H(c) Group exe		
				ociation Other ►	L Year	of formation: 199		A State of legal domicile: IL
			ummary					
	1	Bri	efly describe the organization's mission or most s	significant activities: THE MI	SSION OF	THE CHILDREN	's	
Governance			ART FOUNDATION (CHF) IS TO ADVANCE T					
r na	2 2	Ch	eck this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its n	et ass	sets.
eve Ove	3 3	Nu	mber of voting members of the governing body (	Part VI, line 1a)			3	14
		Nu	mber of independent voting members of the gove	erning body (Part VI, line 1b)			4	13
000	2 5	Tot	al number of individuals employed in calendar ye	ar 2021 (Part V, line 2a)			5	11
vitie	6	Tot	al number of volunteers (estimate if necessary)				6	500
Activities &	3 7	a Tot	al unrelated business revenue from Part VIII, colu	ımn (C), line 12			7a	0.
_	<u> </u>	b Ne	unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>		7b	0.
						Prior Year		Current Year
đ	, 8	Co	ntributions and grants (Part VIII, line 1h)	2,725,	561.	3,295,557.		
Revenue	9	Pro	gram service revenue (Part VIII, line 2g)				0.	
eve	5 10	lnv	estment income (Part VIII, column (A), lines 3, 4, a			037.	188.	
α	-  11	Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-422,		-466,438.
	12	. To	al revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		2,304,	515.	2,829,307.
	13	Gra	nts and similar amounts paid (Part IX, column (A	), lines 1-3)		734,	326.	1,051,688.
	14		nefits paid to or for members (Part IX, column (A)				٥.	0.
v.	3 15		aries, other compensation, employee benefits (Pa			799,		939,584.
Exnenses	2 16	a Pro	fessional fundraising fees (Part IX, column (A), lir				٥.	0.
ž	ž		al fundraising expenses (Part IX, column (D), line					
ш	비 17		er expenses (Part IX, column (A), lines 11a-11d,			854,		559,523.
	18		al expenses. Add lines 13-17 (must equal Part IX			2,388,		2,550,795.
		Re	venue less expenses. Subtract line 18 from line 1	2		-83,		278,512.
t Assets or	DCe				Be	ginning of Current		End of Year
sset	हुहू 20		al assets (Part X, line 16)			1,986,		2,685,601.
NetA	d		al liabilities (Part X, line 26)			808,		1,229,013.
_	<u>∃ 22</u> art		assets or fund balances. Subtract line 21 from li Signature Block	ne 20		1,178,	0/6.	1,456,588.
			•					- Los estados e and ha Part de la
			of perjury, I declare that I have examined this return, i				-	r knowledge and bellet, it is
uu	e, con	ieci, a	nd complete. Declaration of preparer (other than officer	) IS DASEU UIT AII IITUTTTALIUIT UI WI	licii preparei	Thas any knowledge	•	
0:-			Signature of officer			Date		
Sig			ABIGAIL RODDIE-HAMLIN, PRESIDENT A			Duto		
He	re		Type or print name and title					
			51 I	Droparar'a aignatura		Date cr	eck	PTIN
Pai	h			Preparer's signature		1 (0 T (0 0	L	
	u eparei		m's name ► MUELLER & CO., LLP	ON II, DIVINODION,	, 1101	Firm's E	If-employ	36-2658780
	e Only		m's address 1707 N RANDALL ROAD					
550		, ['"	ELGIN, IL 60123			Phone n	n (84	7) 888-8600
Ma	w the		discuss this return with the preparer shown abov	e? See instructions				X Yes No
1110	.yC		access and recent when the properci showin above					

May the IRS discuss this return with the preparer shown above? See instructions

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2021)

Form	990 (2021) CHILDREN'S HEART FOUNDATION	36-4077528	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE CHILDREN'S HEART FOUNDATION (CHF) IS TO ADVANCE THE		
	DIAGNOSIS, TREATMENT, AND PREVENTION OF CONGENITAL HEART DEFECTS		
	(CHDS) BY FUNDING THE MOST PROMISING RESEARCH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Υe	s 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,297,089. including grants of \$1,051,688. ) (Revenue	\$	)
	RESEARCH -		
	THE CHILDREN'S HEART FOUNDATION FUNDS THE MOST PROMISING CONGENITAL		
	HEART DEFECT (CHD)RESEARCH. SINCE 1996, CHF HAS INVESTED NEARLY \$14		
	MILLION INTO CHD RESEARCH AND SCIENTIFIC COLLABORATIONS.		
	IN 2021, CHF FUNDED MORE THAN \$1,000,000 IN CHD RESEARCH AND SCIENTIFIC		
	COLLABORATIONS ACROSS FOUR KEY INITIATIVES: 1. INDEPENDENT RESEARCH		
	FUNDED BY THE FOUNDATION, 2. COLLABORATIVE RESEARCH WITH THE AMERICAN		
	HEART ASSOCIATION THROUGH JOINT CONGENITAL HEART DEFECT RESEARCH		
	AWARDS, 3. FUNDING THE AMERICAN ACADEMY OF PEDIATRICS' PEDIATRIC		
	CARDIOLOGY RESEARCH FELLOWSHIP AWARD, AND 4. FUNDING CARDIAC NETWORKS		
4b	(Code:) (Expenses \$368,100. including grants of \$) (Revenue	\$	)
	AWARENESS -		
	CONGENITAL HEART WALKS: THE CHILDREN'S HEART FOUNDATION'S CONGENITAL		
	HEART WALK SERIES IS THE NATION'S LARGEST WALK SERIES SOLELY DEDICATED		
	TO RAISING AWARENESS AND FUNDS FOR CONGENITAL HEART DEFECT RESEARCH. THE 2021 CONGENITAL HEART WALK SERIES VIRTUALLY BROUGHT TOGETHER MORE		
	THAN 6,750 WALKERS, 800 TEAMS, AND HUNDREDS OF FAMILIES, PROVIDERS, AND		
	SPONSORS WHO SHARED DIRECT SUPPORT, ALONG WITH 31 AMAZING WALK DAY		
	PROGRAMS, AS WE RAISED OVER \$1,650,000 FOR CHD RESEARCH. THE WALKS		
	OFFER A CHANCE TO STRENGTHEN OUR COMMUNITY AND SPREAD AWARENESS ABOUT		
	AMERICA'S MOST COMMON BIRTH DEFECT - CHDS.		
4c	(Code:) (Expenses \$204,500. including grants of \$) (Revenue	\$	)
	ADVOCACY -		
	WE ENDEAVORED TO CREATE MORE AWARENESS OF THE NEED FOR ADVOCACY FOR		
	THOSE WITH CHDS AND THEIR FAMILY MEMBERS BY TELLING THEIR STORY ON OUR		
	WEBSITES, IN VIDEO, AND THROUGH SPECIAL BROADCAST PRODUCTIONS, LIKE THE PBS VISIONARIES SERIES. OUR ADVOCACY EFFORTS FOCUS ON RAISING		
	AWARENESS OF THE NEED FOR INCREASED FUNDING FOR RESEARCH, SURVIVIVAL,		
	LONGEVITY AND QUALITY OF LIFE EFFORTS WHICH HAVE DRAMATICALLY INCREASED		
	FOR CHD PATIENTS. THERE HAS BEEN A 37.5% DECREASE IN BABIES DYING AT		
	BIRTH WHICH IS A TREMENDOUS RESULT, BUT WE KNOW THAT BABIES ARE STILL		
	BEING BORN DAILY WITH CHDS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,869,689.		
		Form	<b>990</b> (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		
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Form	990	(2021)

Part IV Checklist of Required Schedules

CHILDREN'S HEART FOUNDATION

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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		Х
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		Х
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		Х
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, VII, 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	X	<u> </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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	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		x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	A	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
h	Schedule D, Parts XI and XII	12a		
U	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
13 14a		14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		
5	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
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	12-09-21	Form	<b>990</b> (	(2021)

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Pa	t IV Checklist of Required Schedules (continued)			uge -
	(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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
20	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,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38	•	38	x	
Pa		30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2021) CHILDREN'S HEART FOUNDATION 36-40775	28	F	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	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			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	0000	
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<sup>2021.05000</sup> CHILDREN'S HEART FOUNDATI 81264.21

	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			X
Sec	stion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	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 reached 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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		x
b		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 arrangement 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igstar{}^{\mathrm{IL}}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
19	statements available to the public during the tax year.			
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			_
	State the name, address, and telephone number of the person who possesses the organization's books and records ABIGAIL RODDIE-HAMLIN - 847-634-6474			

Form 990 (2	2021) CHILDREN'S HEART FOUNDATION	36-4077528	Page 7									
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
	Employees, and Independent Contractors											
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h 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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona	Ι.	nploy	st cor	_	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) ABIGAIL RODDIE-HAMLIN	40.00		-				-			
PRESIDENT & CEO		х		x				101,500.	0.	0.
(2) JOHN GILARDI	40.00									
DIRECTOR OF FINANCE				х				74,340.	0.	0.
(3) FARRAH WATSON	40.00									
DIRECTOR OF FINANCE				Х				53,555.	٥.	0.
(4) KATHRYN OSTEEN	10.00									
MEMBER		Х						0.	0.	0.
(5) DANIELLE PRADAS	10.00									
MEMBER		Х						٥.	0.	0.
(6) MELISSA ALEXANDER	10.00									
MEMBER		Х						٥.	0.	0.
(7) SALLY POWERS	10.00									
MEMBER		Х						0.	0.	0.
(8) LORI JONES	10.00									
SECRETARY		Х		X				0.	0.	0.
(9) WILLIAM ROACH	10.00									
MEMBER		Х						0.	0.	0.
(10) TAMARA THOMAS	10.00									
IMMEDIATE PAST BOARD CHAIR		Х		Х				0.	0.	0.
(11) DR. JENNIFER ROMANO	10.00									
MEDICAL ADVISORY COUNCIL L		Х						0.	0.	0.
(12) DR. JOHN COSTELLO	10.00									
MEDICAL ADVISORY COUNCIL I		Х						0.	0.	0.
(13) KEVIN SLAWIN	10.00									
BOARD CHAIR		Х		X				0.	0.	0.
(14) MARTHA HAUBER	10.00									
MEMBER		Х						0.	0.	0.
(15) JIM BOLOTIN	10.00									
TREASURER		Х		х				0.	0.	0.
(16) KELLY WITTICH	10.00									
ADVOCACY CHAIR		Х						0.	0.	0.
										<b>– – – – – – – – – –</b>

132007 12-09-21

Form 990 (2021)

#### 18291107 758883 81264.200

Form 99	00 (2021) CHILDREN'S H	EART FOUNDA	TIO	Ν						36-40	77528	В	Pa	age <b>8</b>
Part \	II Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	<b>(B)</b> Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	C) ition more rson is		one an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	I		(F) stimate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	ons com IISC/ fr C) org and		pensa om th anizat d relat anizati	e ion ed
			-											
											-+			
			-											
			-											
			-											
											-+			
	ubtotal								229,395.		0.			0.
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)							►	0. 229,395.		0. 0.			0. 0.
<b>2</b> To	otal number of individuals (including but n ompensation from the organization 🕨							o re	eceived more than \$100,0	000 of reportable	ł.			1
<b>3</b> D	id the organization list any <b>former</b> officer.	director. trust	ee. k	kev e	lame	ove	e. or	hia	hest compensated emplo	ovee on	ſ		Yes	No
lir	ne 1a? If "Yes," complete Schedule J for s	uch individual								•		3		х
	or any individual listed on line 1a, is the sund related organizations greater than \$150											4		х
<b>5</b> D	id any person listed on line 1a receive or a	accrue comper	nsati	on fr	rom	any	unre	late	ed organization or individ	ual for services				v
	ndered to the organization? <i>If</i> "Yes." con n B. Independent Contractors	plete Schedule	e J fe	or sı	ich i	oers	on .				<u> </u>	5		Х
	omplete this table for your five highest co le organization. Report compensation for										ensat	ion fro	om	
	(A) Name and business	address							<b>(B)</b> Description of se	ervices	С	(C ompe	<b>C)</b> nsatio	n
ALL COMMUNITY EVENTS 1152 ENSELL RD, LAKE ZURICH, IL 60047				EVENT MANA								189,61		
								_						
	otal number of independent contractors (i		ot lin	niteo	d to t		se list 1	ted	above) who received mo	re than				
\$	100,000 of compensation from the organi					-	-							

132008 12-09-21

			2021) CHILDREN'S HEART	FO	JNDATION			36-407752	8 Page <b>9</b>
Pa	rt V		Statement of Revenue						
			Check if Schedule O contains a respor	ise (	or note to any line		(D)		
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
លូស	1	a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
			Fundraising events 1c		2,050,973.				
ar /			Related organizations 1d						
s, C imil		е	Government grants (contributions) 1e		133,600.				
tion S	1	f	All other contributions, gifts, grants, and						
Dthe			similar amounts not included above 1f		1,110,984.				
onti nd (		-	Noncash contributions included in lines 1a-1f			2 205 557			
а С		h	Total. Add lines 1a-1f		Business Code	3,295,557.			
	0	_			Business Code				
vice	2	a b							
Ser		c							
evel		d							
Program Service Revenue		е		_					
Pr	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f		►				
	3		Investment income (including dividends, in						
			other similar amounts)			188.			188
	4		Income from investment of tax-exempt bor	•	F				
	5		Royalties		(ii) Personal				
	6	_							
	-		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		<b>&gt;</b>				
	7		Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory <b>7a</b>						
			Less: cost or other basis						
enu			and sales expenses 7b						
evenue			Gain or (loss) 7c						
Ě			Net gain or (loss)	<u>.</u>	▶				
Other	8		Gross income from fundraising events (not including \$2,050,973. of						
0			contributions reported on line 1c). See						
				8a	6,000.				
			Less: direct expenses	8b	494,431.				
		с	Net income or (loss) from fundraising event	s	►	-488,431.			-488,431.
	9	а	Gross income from gaming activities. See						
			,	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities		▶				
	10	а	Gross sales of inventory, less returns	100					
		h		10a 10b					
			Net income or (loss) from sales of inventor						
					Business Code				
sno	11	а	OTHER INCOME	_	812900	21,993.	21,993.		
Miscellaneous Revenue		b		_					
cells		с							
Mis			All other revenue			<b>01</b> 005			
			Total. Add lines 11a-11d			21,993.	21 002	0.	400 040
40.05	12		Total revenue. See instructions		····· ►	2,829,307.	21,993.	I 0.	-488,243. Form <b>990</b> (2021
13200	9 12-0	18-5	21						

#### 18291107 758883 81264.200

36-4077528 Page 10

#### 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 response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 754,153 754,153 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 297,535, 297,535, 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 229,395 74,359. 116,567 38,469. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 374,365. Other salaries and wages 597,290. 79,936. 142,989. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 45,418 24,653, 10,796 9,969. 9 Other employee benefits 16,040 67,481 36,629. 14,812. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 151,541 82,256, 36,022. 33,263. b Legal 19,559 10,617, 4,649 4,293. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 40,396 21,927 9,602 8,867. column (A), amount, list line 11g expenses on Sch 0.) 23,058 5,765 17,293. Advertising and promotion 12 12,150 6,595. 2,888 2,667. 13 Office expenses \_\_\_\_\_ 35,684 19,369. 8,482 7,833. Information technology 14 Royalties 15 58,792 31,912, 13,975 12,905. 16 Occupancy 449 244 107 98. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,294. 702 308 284. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 2,907 1,578, 691 638. 22 Depreciation, depletion, and amortization ..... 9,743. 5,288. 2,316 2,139. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) SPECIAL EVENTS 192,986, 115,791. 0. 77,195. а MISCELLANEOUS 5,951 10,964 2,606 2,407. b С d All other expenses е 304,985 376,121. Total functional expenses. Add lines 1 through 24e 2,550,795 1,869,689 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

10 2021.05000 CHILDREN'S HEART FOUNDATI 81264.21

Form 990 (2021)

Form 990 (	2021)	
Part X	Balance Sheet	t

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,263,993.	1	1,976,581.
	2	Savings and temporary cash investments			411,077.	2	411,115.
	3	Pledges and grants receivable, net				3	
Assets	4	Accounts receivable, net			160,098.	4	145,134.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, se	ubstantial co	ntributor, or 35%			
		controlled entity or family member of any of	these persor	ns		5	
	6	Loans and other receivables from other disq	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in section	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			109,813.	9	121,339.
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D		28,258.			
	b	Less: accumulated depreciation	10b	24,300.	6,865.	10c	3,958.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	34,948.	15	27,474.		
	16	Total assets. Add lines 1 through 15 (must	equal line 33	)	1,986,794.	16	2,685,601.
	17	Accounts payable and accrued expenses			776,045.	17	974,388.
	18	Grants payable				18	
	19	Deferred revenue			32,673.	19	254,625.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Compl		21			
Liabilities	22	Loans and other payables to any current or	former office	r, director,			
		trustee, key employee, creator or founder, se					
		controlled entity or family member of any of		22			
	23	Secured mortgages and notes payable to ur		23			
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on l	lines 17-24).	Complete Part X			
		of Schedule D		······		25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		808,718.	26	1,229,013.
S		Organizations that follow FASB ASC 958,	check here				
ice.		and complete lines 27, 28, 32, and 33.			042,002		1 000 251
alar	27	Net assets without donor restrictions			843,803.	27	1,289,371.
ä	28	Net assets with donor restrictions			334,273.	28	167,217.
ŭ		Organizations that do not follow FASB AS	C 958, chec	khere 🕨 🛄			
ъ		and complete lines 29 through 33.					
its (	29	Capital stock or trust principal, or current fu				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			1 170 076	31	1 456 500
Š	32	Total net assets or fund balances			1,178,076.	32	1,456,588.
	33	Total liabilities and net assets/fund balances	s		1,986,794.	33	2,685,601.

Form 990 (2021)

132011 12-09-21

Form	990 (2021) CHILDREN'S HEART FOUNDATION	36-4077528		Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	829,	307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	550,	795.
3	Revenue less expenses. Subtract line 2 from line 1	3		278,	512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	178,	076.
5	Net unrealized gains (losses) on investments	5			
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	1,	456,	588.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		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 C	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	· · · · · · · · · · · · · · · · · · ·		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	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 a				
	review, or compilation of its financial statements and selection of an independent accountant?	·····	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	le Audit			
	Act and OMB Circular A-133?	······  -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support 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	
2021	

Open to Public

Inspection

N	- 4 4	organization

Name of	the organization	-					Employer	identification number
		EN'S HEART FOUN						36-4077528
Part I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orgar 1 2 3 4	nization is not a private found A church, convention of chu A school described in <b>sect</b> i A hospital or a cooperative A medical research organiz	urches, or associatio i <b>on 170(b)(1)(A)(ii).</b> ( hospital service orga	n of churches described Attach Schedule E (Form anization described in se	in <b>sectio</b> n 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	ii).	)(iii). Enter	the hospital's name,
	city, and state:							
5 🔛	An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	or operate	ed by a go	overnmental ui	nit describe	ed in
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-					e general p	oublic described in
	section 170(b)(1)(A)(vi). (C	•		Ū			•	
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9	An agricultural research org				-		-	-
	or university or a non-land-g university:	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10 X 11 1 12 1 a 1 c 1 d 1	An organization that norma activities related to its exem income and unrelated busin See section 509(a)(2). (Con An organization organized a more publicly supported organized lines 12a through 12d that <b>Type I.</b> A supporting orga the supported organizatio organization. You must of <b>Type II.</b> A supporting org control or management o organization(s). You muss <b>Type III functionally inte</b> its supported organization <b>Type III non-functionally</b>	npt functions, subject ness taxable income mplete Part III.) and operated exclusi ganizations describe describes the type of anization operated, si complete Part IV, Se anization supervised f the supporting orga t complete Part IV, grated. A supporting n(s) (see instructions)	t to certain exceptions; a (less section 511 tax) fro vely to test for public saf vely for the benefit of, to d in <b>section 509(a)(1)</b> o f supporting organization upervised, or controlled gularly appoint or elect a <b>sections A and B.</b> or controlled in connect anization vested in the sa <b>Sections A and C.</b> g organization operated ). <b>You must complete F</b>	and (2) no ( m busines iety. See a perform the r <b>section</b> and by its supp majority o ion with its ame person in connect <b>Part IV, Se</b>	more than section 50 he function 509(a)(2). plete lines ported org. if the direct as supporte hs that con cion with, a citions A,	33 1/3% of its red by the org <b>D9(a)(4).</b> Ins of, or to can See <b>section f</b> 12e, 12f, and anization(s), ty tors or trustee ed organization introl or manage and functional <b>D, and E.</b>	s support fi lanization a rry out the <b>509(a)(3).</b> ( 12g. vpically by g es of the su h(s), by hav ge the supp ly integrate	om gross investment fter June 30, 1975. purposes of one or check the box on giving pporting ing ported d with,
u	that is not functionally int		• •				-	
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
e	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	II, Type III	
	functionally integrated, or		nally integrated supportir	ng organiz	ation.			[]
	er the number of supported on vide the following informatior	0	d organization(c)					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
Total								

Schedule A	(Form	aan	2021
Schedule A		990	12021

		HILDREN'S HEAR		<u> </u>		36-40775	T ugo 🖬
Pa	IT II Support Schedule for	-					
	(Complete only if you checke			-	on failed to qualify i	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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	The portion of total contributions						
Ŭ	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,						
	a a lu ura ura (4)						
~							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
							(n
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020					15	%
	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
٢	<b>33 1/3% support test - 2020.</b> If the o						
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
1/2							
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-		• • • •	•	17	
t	10% -facts-and-circumstances test	-					u% or
	more, and if the organization meets th						
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alities as a publicly	y supported organi	zation	

.....▶∟ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

#### 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 qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (d) 2020 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,509,205. 2,544,951 2,396,929 2,303,135. 3,295,557 13,049,777. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 6,000. 6,000. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 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 2,509,205 2,544,951 2,396,929 2,303,135, 3,301,557 13,055,777. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0. 13,055,777. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 2,509,205 2,544,951 2,396,929 2,303,135 3,301,557 13,055,777. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 400 83 612 1,037, 188 2,320. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 400 83 612, 1,037. 188 2,320. 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 2,323 30,507 257,746 343 21,993 312,912. assets (Explain in Part VI.) 2,511,928. 2,575,541. 2,655,287. 2,304,515. 3,323,738, 13,371,009. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 97.64 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 97.64 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .02 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

15

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<sup>2021.05000</sup> CHILDREN'S HEART FOUNDATI 81264.21

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 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?
- 6 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).*
- 8 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.)

16

132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

		almatiana
Parity	Supporting Organ	nizations (continued)

Yes

1

2

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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>b</b> A family member of a person described on line 11a above?	11b		
c 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		

#### Supporting Organi

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? <i>If "No," describe in</i> <b>Part VI</b> <i>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</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

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,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
		4		

#### the supported organization(s). Section 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 <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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 income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

_	edule A (Form 990) 2021 CHILDREN'S HEART FOUNDATION			36-4077528 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instruction
			Sections A through E.	(B) Current Year
ect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

132027 01-04-22

1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in <b>Part VI</b> ). See instructions.	le organization le respensive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	is	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
	and 4c.				
8					
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-					

Schedule A (Form 990) 2021

Current Year

Section D - Distributions

Schedule A	(Form 990) 2021	CHILDREN'S HEART FO	UNDATION		36-4077528	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, lines 2 and 3; Part IV, Sectio	anations required by Part II, line , 9b, 9c, 11a, 11b, and 11c; Par on E, lines 1c, 2a, 2b, 3a, and 3 es 2, 5, and 6. Also complete th	t IV, Section B, lines 1 and b; Part V, line 1; Part V, Se	2; Part IV, Section ction B, line 1e; Pa	n C,
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.52520 01-04-2	-		20			

### \*\* PUBLIC DISCLOSURE COPY \*\*

## 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

# 2021

Employer identification number

36	-4	0	77	5	2	8

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Urganization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	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.

CHILDREN'S HEART FOUNDATION

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**

**X** 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-EZ 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-EZ 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  $\dots$   $\blacktriangleright$  \$

**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 B (Form 990) (2021)

CHILDREN	'S HEART FOUNDATION		36-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$110,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,01	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,00	0.     Person     X       Payroll

#### Schedule B (Form 990) (2021)

Name of organization

Page **2** 

Employer identification number

CHILDREN	'S HEART FOUNDATION		36-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$12,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$12,01	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$37,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$20,77	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person         X           Payroll         Image: Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

CHILDREN	'S HEART FOUNDATION	3	6-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$15,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$7,500.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Page **2** 

Employer identification number

Schedule B (Form 990) (2021) Name of organization

CHILDREN	'S HEART FOUNDATION	3	6-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		- _ \$5,555. -	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

Page **2** 

Employer identification number

CHILDREN	'S HEART FOUNDATION	3	6-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$15,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,810.	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CHILDREN	'S HEART FOUNDATION	3	6-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$11,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_		\$5,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

Page **2** 

CHILDREN	'S HEART FOUNDATION	3	6-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$32,500.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

Page **2** 

Employer identification number

CHILDREN	'S HEART FOUNDATION	36	6-4077528
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)

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Name of organization

Schedule B (Form 990) (2021)

Page **2** 

Employer identification number

CHILDREN	'S HEART FOUNDATION		36-4077528
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$5,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)

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#### Schedule B (Form 990) (2021)

Name of organization

. . . . . . .

Employer identification number

Page **2** 

Schedule I	B (Form 990) (2021)			Page <b>3</b>
Name of o	rganization		Employe	er identification number
CHILDREN	'S HEART FOUNDATION		36-	-4077528
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	STOCKS	_		
		_		
		_ \$5	<u>,555.</u>	11/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		_   \$		

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Schedule E	B (Form 990) (2021)		Page <b>4</b>			
Name of organization			Employer identification number			
CHILDREN	'S HEART FOUNDATION		36-4077528			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, ar		Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, ar	(e) Transfer of gift	er of gift Relationship of transferor to transferee			

SC	HEDULE D Supplemer	ntal Financial Statements		OMB No. 1	545-0047
(Forn	orm 990) 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.			20	21
Depart	ment of the Treasury	Attach to Form 990.			Public
Interna	I Revenue Service Go to www.irs.gov/For	rm990 for instructions and the latest information		Inspect	
Nam	e of the organization CHILDREN'S HEART FOUNDAT	TON	Emp	oloyer identificatio 36-4077528	
Par			Accoun		
	organization answered "Yes" on Form 990, Part IV			e empiete in a	
		(a) Donor advised funds	(b) Fun	ds and other accou	ints
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				<u> </u>
•	are the organization's property, subject to the organizatio			Yes	└── No
6	Did the organization inform all grantees, donors, and done for charitable purposes and not for the benefit of the done	5 5			
			5	Yes	No
Par		e organization answered "Yes" on Form 990. Part	IV. line 7.		
1	Purpose(s) of conservation easements held by the organize				
	Preservation of land for public use (for example, rec	creation or education) Preservation of a his	storically	important land area	а
	Protection of natural habitat	Preservation of a ce	rtified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form of a	conservat		
	day of the tax year.			Held at the End of the	ie Tax Year
а	Total number of conservation easements				
b					
	Number of conservation easements on a certified historic		. <u>2</u> c		
d	Number of conservation easements included in (c) acquire		0.1		
2	listed in the National Register		2d	during the tax	
3	vear >	i, released, extinguished, or terminated by the orga	Inzation	duning the tax	
4	Number of states where property subject to conservation	easement is located			
5	Does the organization have a written policy regarding the				
-	violations, and enforcement of the conservation easemen			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecti				ear
	►				
7	Amount of expenses incurred in monitoring, inspecting, h	nandling of violations, and enforcing conservation	easement	s during the year	
	\$				
8	Does each conservation easement reported on line 2(d) a	above satisfy the requirements of section 170(h)(4)(	B)(i)		
_				Yes	└── No
9	In Part XIII, describe how the organization reports conserved	-			
	balance sheet, and include, if applicable, the text of the for	ootnote to the organization's financial statements	inat desc	rides the	
Par	organization's accounting for conservation easements.	s of Art. Historical Treasures, or Other	Similar	r Assets.	
	Complete if the organization answered "Yes" on F		2		
<b>1</b> a	If the organization elected, as permitted under FASB ASC		alance sr	neet works	
	of art, historical treasures, or other similar assets held for				
	service, provide in Part XIII the text of the footnote to its f		F		
b	If the organization elected, as permitted under FASB ASC		ce sheet	works of	
	art, historical treasures, or other similar assets held for pu				
	provide the following amounts relating to these items:		•		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vide	)
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	provide the following amounts relating to these items:		

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Sche	dule D (Form 990) 2021 CHILDREN'S	HEA	ART FOUNDATIC	ON					36-407	77528	Р	Page <b>2</b>
Par	t III Organizations Maintaining C	olle	ections of Ar	t, Hist	torical Tre	easures, o	r Other	Simila	r Asset	s (contil	nued)	
3	Using the organization's acquisition, accession	on, a	and other records	s, chec	k any of the	following that	t make sig	nificant u	use of its			
	collection items (check all that apply):	,		,	,	Ũ	e e					
а	Public exhibition		d		Loan or exc	hange progra	am					
b	Scholarly research		e		1							
c	Preservation for future generations		-									
4	Provide a description of the organization's co	ollect	tions and explain	how t	hev further th	ne organizatio	n's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit o									/		
Ŭ	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrange											
	reported an amount on Form 990, Par				ie organizatie		103 011	0111 000	, i aitiv,	1110 0, 01		
10				ion (for	oontribution	o or othor oo	oto not ir	aludad				
Id	Is the organization an agent, trustee, custodi									Yes		
<b>h</b>	on Form 990, Part X?								∟			_ No
D	If "Yes," explain the arrangement in Part XIII	and	complete the fol	lowing	table:					Amoun	+	
										Amoun		
с.	Beginning balance											
a	Additions during the year											
e	Distributions during the year											
f	Ending balance							_ 1f		7		٦
	Did the organization include an amount on Fe							y?	L	Yes		
	If "Yes," explain the arrangement in Part XIII.							<u></u>				
Par	<b>t V</b> Endowment Funds. Complete i									1005		. h l.
		(a)	) Current year	(d)	Prior year	(c) Two yea	rs back (	<b>d)</b> Inree y	ears back	(e) Fou	r years	Dack
<b>1</b> a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent y	year end balance	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment	-	-	%								
b	Permanent endowment		%									
с		%										
	The percentages on lines 2a, 2b, and 2c sho	uld e	aual 100%.									
3a	Are there endowment funds not in the posse			tion th	at are held a	nd administer	red for the	organiza	ation			
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza											<u> </u>
4	Describe in Part XIII the intended uses of the											<u> </u>
	t VI Land, Buildings, and Equipm	<u>u</u>		WINCH	Turius.							
	Complete if the organization answere			). Part l	V. line 11a. S	See Form 990	. Part X. I	ine 10.				
	Description of property		(a) Cost or o		, 	t or other		cumulate	bd	(d) Boo	k vali	
	Description of property		basis (investn			(other)	.,	reciation		( <b>u)</b> 600	in vaic	ie.
4-	Land				54313	(30101)		. colucion				
-	Land											
b	Buildings											
	Leasehold improvements					20 250			200		<b>^</b>	050
d	Equipment	I				28,258.		24,	300.		, د	,958.
	Other										~	050
Tota	. Add lines 1a through 1e. (Column (d) must e	qual	Form 990, Part	<u>X, colu</u>	<u>mn (B), line 1</u>	0c.)	<u></u>					,958.
									Schedule	e D (Forr	n 990	) 2021

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		I	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	on Form 000 Doct N/ Here	110 or 11f Soo Form 000 Dart V Har 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			

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) 2021

X

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Sche	edule D (Form 990) 2021 CHILDREN'S HEART FOUNDATION		36-4077528	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	3,323,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d		494,431.		
е	Add lines 2a through 2d		2e	494,431.
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,829,307.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
с	Add lines <b>4a</b> and <b>4b</b>		4c	٥.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			2,829,307.
Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,045,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Conter losses 2c			
d		494,431.		
е	Add lines 2a through 2d		2e	494,431.
3	Subtract line 2e from line 1		3	2,550,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b				
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	1	5	2,550,795.
Pa	rt XIII Supplemental Information.		•	
Prov	, vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Part V, line 4;	Part X, line 2; F	Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO

PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES.

THE FOUNDATION HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX

YEARS. CURRENTLY, THE 2018, 2019, AND 2020 TAX YEARS ARE OPEN AND SUBJECT

TO EXAMINATION BY THE INTERNAL REVENUE SERVICE; HOWEVER, THE FOUNDATION IS

NOT CURRENTLY UNDER AUDIT NOR HAS THE FOUNDATION BEEN CONTACTED BY THIS

JURISDICTION.

BASED ON THE EVALUATION OF FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES

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Schedule D (Form 990) 2021 CHILDREN'S HEART FOUNDATION	36-4077528	Page 5
Part XIII Supplemental Information (continued)		
ALL POSITIONS WOULD BE UPHELD UNDER AN EXAMINATION; THEREFORE, NO		
PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR		
THE YEARS ENDED DECEMBER 31, 2021 AND 2020.		
DADW VI LINE 2D - OWHED ADIHICHMENNES.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENTS 494,431.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENTS 494,431.		
	Schedule D (Form	990) 2021

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							rities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2021		
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection		
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	entification number		
		HEART FOUNDATION					36-407752			
	<b>sing Activities.</b> complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not		
a Aail solicitat b Internet and c Phone solici d In-person so 2 a Did the organizatio	tions email solicitations tations licitations on have a written o		tion of tion of fundra (includ	non-g gover iising (	overnment grants nment grants events ficers, directors, trus	tees,	or 📃 Yee	s 🗌 No		
	) highest paid indiv	viduals or entities (fundraisers) pursua			-	he fui	ndraiser is to b	e		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	egistration		
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-F	Z.		Schedule	e G (Form 990) 2021		
							00.1040			

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EXTERNAL SPECIAL EVENTS		NONE	(add col. (a) through
			event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(	(	(	
Revenue	1	Gross receipts	2,056,973.			2,056,973.
٦	2	Less: Contributions	2,050,973.			2,050,973.
	3	Gross income (line 1 minus line 2)	6,000.			6,000.
	4	Cash prizes				
	4	Cash phzes				
	5	Noncash prizes	37,858.			37,858.
penses	6	Rent/facility costs	142,366.			142,366.
Direct Expenses	7	Food and beverages				
ē	8	Entertainment				
	9	Other direct expenses				314,207.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	494,431.
		Net income summary. Subtract line 10 from I	line 3, column (d)			-488,431.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			1
anne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
	1	Gross revenue				
	2	Cash prizes				

s	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
9		er the state(s) in which the organization condu	· · -				
		he organization licensed to conduct gaming ac				Yes	No
b	lf "I	No," explain:					
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes	No
b	lf "`	Yes," explain:					

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	CHILDREN'S HEART FOUNDATION	36-4	4077528	Page <b>3</b>
11	Does the organization conduct g	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership	p or other entity formed		
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gamin				
а	The organization's facility			13a	%
				13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/specia	al events books and records:		
	Name 🕨				
	Address				
15a	Does the organization have a cor	tract with a third party from whom the organization recei	ives gaming revenue?	Yes	No
100	Dood the organization have a oor			🗀	
b	If "Yes," enter the amount of gam	ing revenue received by the organization $\blacktriangleright$ \$	and the amount		
		e third party ▶\$			
c	If "Yes," enter name and address				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
10	Gaming manager mormation.				
	Name ►				
	Gaming manager compensation	▶ \$			
	Description of services provided	•			
	Director/officer	Employee Independent contract	tor		
		Employee Independent contract			
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gam	ing proceeds to		
	retain the state gaming license?	~ ~	• •	Yes	🗌 No
b		required under state law to be distributed to other exem		•	
_	organization's own exempt activi	es during the tax year 🕨 \$			
Pa		mation. Provide the explanations required by Part I, li		rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	applicable. Also provide any additional information. See	e instructions.		
_					
1320	33 10-21-21		Sched	lule G (Form	990) 2021
		40			

Schedule G (Form 990)	CHILDREN'S HEART FOUNDATION	36-4077528	Page 4
Part IV Supplemen	tal Information (continued)		
		Schedule G (	Form 90
2084 11-18-21			
2007 TI-10-21	41		
	9 L		

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SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	·	C C	Attach to Form				Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization CHILDREN'S HEAD	RT FOUNDATION	1					Employer identification number 36-4077528
Part I General Information on Grants and	d Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assistance</li> <li>Describe in Part IV the organization's processing</li> </ol>	ance?						on Yes X No
Part II Grants and Other Assistance to D recipient that received more than \$5	•			1 0	anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231			225,000.	0.			RESEARCH
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD							
ITASCA, IL 60143			35,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN HEART CENTER - 1000 OAKBROOK DR. STE 100 - ANN ARBOR, MI 48104			300,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 6TH FLOOR - SAN FRANCISCO, CA							
94143			194,153.	0.			RESEARCH
2 Enter total number of postion 501/p/(2) and	d govorpmont ar	anizations listed is th	lino 1 tablo				<u> </u> ▶ 4.
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> </ul>							

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

Schedule I (Form 990) 2021

Page 2

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.

recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	297,535.	0.		
		1 297,535.	1 297,535. 0. 	1 297,535. 0. 

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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



Employer identification number 36-4077528

CHILDREN'S HEART FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION OF CONGENITAL HEART DEFECTS (CHDS) BY FUNDING THE MOST

PROMISING RESEARCH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITED (CNU), A NATIONAL PEDIATRIC AND CONGENITAL CARDIOVASCULAR

RESEARCH NETWORK.

ALONG WITH NEW RESEARCH, THE FOUNDATION PROVIDED THIRD-YEAR FUNDING TO

THREE PROJECTS THAT MADE SIGNIFICANT PROGRESS:

-KRISTOPHER B. DEATRICK, MD [UNIVERSITY OF MARYLAND] FOR HIS

WORK ON STEM CELL THERAPY FOR POST- CARDIOPULMONARY BYPASS LOW CARDIAC

OUTPUT SYNDROME.

-YOUNGJAE CHUN, PHD [UNIVERSITY OF PITTSBURGH] FOR HIS

EFFORTS ON A SELF-GROWING PERCUTANEOUS HEART VALVE FRAME TO TREAT

CONGENITAL HEART DISEASE.

-ALLEN EVERETT, MD [JOHNS HOPKINS UNIVERSITY] WHO IS STUDYING

THE ROLE OF CYCLOHEXANONE TOXICITY IN MEDIATING CONGENITAL CARDIAC

SURGICAL OUTCOMES.

THESE RESEARCH EFFORTS WILL HELP EXPERTS LEARN MORE ABOUT THE LIFE-LONG

CARE NEEDS OF INDIVIDUALS LIVING WITH CHDS AND HOW TO CONTINUE TO

IMPROVE THEIR OVERALL QUALITY OF LIFE.

THE CHILDREN'S HEART FOUNDATION PROVIDES FUNDING TO CARDIAC NETWORKS

UNITED TO IMPROVE OUTCOMES FOR CHILDREN WITH CHDS. ONE OF CNU'S CURRENT

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization CHILDREN'S HEART FOUNDATION	Employer identification number 36-4077528
RESEARCH EFFORTS - THE PAC3 CHEST TUBE PROJECT - IS NOW BEING	
IMPLEMENTED AT NEARLY 20 U.S. HOSPITALS AS RESEARCHERS CONSIDER THE	
OPTIMAL TIME FOR CHEST TUBE REMOVAL IN YOUNG CHD PATIENTS.	
IN ADDITION, THE FOUNDATION FUNDED THE AMERICAN ACADEMY OF PEDIATRICS'	
2021 PEDIATRIC CARDIOLOGY RESEARCH FELLOWSHIP AWARD GIVEN TO MOHAMMAD	
AL-MOUSILY, MD, PEDIATRIC CARDIOLOGY FELLOW AT MEDICAL UNIVERSITY OF	
SOUTH CAROLINA. HIS RESEARCH - THE USE OF A 12 LEAD ECG AND ARTIFICIAL	
INTELLIGENCE WITH A MACHINE LEARNING MODEL TO IDENTIFY STRUCTURAL HEART	
DISEASE - AIMS TO USE ARTIFICIAL INTELLIGENCE WITH ECG'S TO QUICKLY	
IDENTIFY CHILDREN WITH STRUCTURAL HEART DISEASE. IF SUCCESSFUL, THIS	
WILL IDENTIFY PATIENTS WITH STRUCTURAL HEART DISEASE SOONER.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
25TH ANNIVERSARY: IN 2021 THE FOUNDATION CELEBRATED IT'S 25TH	
ANNIVERSARY. THE 25TH ANNIVERSARY CAMPAIGN SHOWCASED THE DRAMATIC ROLE	
RESEARCH HAS PLAYED, HIGHLIGHTING BREAKTHROUGH SCIENCE AND THE	
RESEARCHERS WHO LED IT.	
FUNDRAISING EVENTS AND CAMPAIGNS: VARIOUS FUNDRAISING EVENTS AND	
CAMPAIGNS TOOK PLACE THROUGHOUT 2021, INCLUDING HEARTS AT PLAY,	
GRAEME'S RUN, #GIVINGTUESDAY, HEART MONTH, AND VOLUNTEER APPRECIATION	
MONTH - ALL OF WHICH HELPED RAISE AWARENESS AND FUNDS OF THE CHILDREN'S	
HEART FOUNDATION'S CRITICAL MISSION.	
GENERAL AWARENESS: THE CHILDREN'S HEART FOUNDATION UTILIZES SOCIAL	

GENERAL AWARENESS: THE CHILDREN'S HEART FOUNDATION UTILIZES SOCIAL

MEDIA AND VIDEO STORYTELLING TO SPREAD FURTHER AWARENESS OF CHDS AND

CHF. OUR SOCIAL MEDIA EFFORTS FOCUS ON SHARING STORIES OF CHILDREN,

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
CHILDREN'S HEART FOUNDATION	36-4077528
ADULTS, AND FAMILIES IMPACTED BY CHDS, AS WELL AS TELLING OUR AUDIENCE	
ABOUT THE IMPORTANT RESEARCH EFFORTS WE ARE FUNDING. THESE TOOLS HELP	
US REACH PEOPLE WHO MAY NOT HAVE PREVIOUSLY KNOWN ABOUT OUR IMPORTANT	
WORK.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
WITH CHD PATIENTS LIVING LONGER WE ARE LOOKING TO DRIVE MORE RESEARCH	
FUNDING AND ADVOCATE FOR EFFORTS IN NEURODEVELOPMENT, COGNITIVE	
FUNCTION, MENTAL HEALTH CARE, DEVICES, AND PROCEDURAL RESEARCH,	
TRANSITIONAL CARE, AND LONG-TERM CARE FOR ADULTS WITH CHDS. LAST YEAR,	
WE HELD MORE THAN 20 VIRTUAL RESEARCH RECEPTIONS THAT UNDERSCORED THIS	
CRITICAL LINKAGE FROM THE DOLLARS RAISED IN COMMUNITIES THROUGH OUR	
WALKS AND OTHER EVENTS, CREATING MORE AWARENESS OF CHDS, AND,	
ADVOCATING FOR MORE FUNDING THROUGH PARTNERSHIPS AND HEALTH SYSTEM	
RELATIONSHIPS.	
WE ARE MOVING FORWARD TO ENGAGE MORE IN ADVOCACY EFFORTS BY RECRUITING	
GRASSROOTS VOLUNTEERS, CREATING A STRATEGIC LEGISLATIVE AGENDA, AND	
ADVOCATING THROUGH VOLUNTEER EFFORTS TO INFLUENCE MORE FUNDING FOR	
CARDIAC HEART DEFECTS.	

THE ORGANIZATION'S BOARD TREASURER REVIEWS FORM 990 AND DISCUSSES IT DURING

THE TREASURER'S REPORT AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY DIRECTOR AND OFFICER, IN A MANNER, FORM AND FREQUENCY TO BE

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page
Name of the organization CHILDREN'S HEART FOUNDATION	Employer identification number 36-4077528
PRESCRIBED BY THE BOARD OF DIRECTORS, SHALL BE REQUIRED, AS A CONDITION OF	
HIS OR HER OFFICE, TO DISCLOSE FULLY ANY INTEREST THAT COULD GIVE RISE TO A	
CONFLICT OF INTEREST AS DEFINED IN ARTICLE 8 OF THE ORGANIZATION'S BYLAWS	
AND ANY POLICY ADOPTED BY THE BOARD RELATING TO CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE	
AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR	
WEBSITE.	
132212 11-11-21 <b>4</b> 7	Schedule O (Form 990) 2021