EXTENDED TO NOVEMBER 17, 2025

Form **990**

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2024 calendar year, or tax year beginning and	ending	_	
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	CHILDREN'S HEART FOUNDATION			
	Name change	Doing business as		36-40775	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	JFinal Jreturn/ termin-		200	(847)634	
_	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,527,413.
H	_return ☐Applica	NORTHBROOK, IL 00002		H(a) Is this a group re	
	⊥tiòn pendin	IF hame and address of principal officer. I Little 10 Process		for subordinates	
	-0V 0V	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in	list. See instructions
	Vebsit		01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	1 Year		1 State of legal domicile: IL
		Summary		or remaining a same	oute of logal definions.
		Briefly describe the organization's mission or most significant activities: ${f THE}$	MISSIC	N OF THE CH	ILDREN'S
Activities & Governance] :	HEART FOUNDATION (CHF) IS TO ADVANCE THE	DIAGN	OSIS, TREAT	MENT AND
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets.
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ies		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			15
Ϊ		Total number of volunteers (estimate if necessary)			309
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
		Contributions and grants (Part VIII line 1b)		3,995,610.	4,230,613.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
»Ve		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,549.	75,268.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-631,208.	-695,873.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,378,951.	3,610,008.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,435,000.	1,780,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15			1,143,834.	1,268,887.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 503,6		0.	0.
ž					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		554,242.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,133,076.	3,880,946.
<u>_ </u>	19	Revenue less expenses. Subtract line 18 from line 12		245,875.	-270,938.
ts o		T (D V.)		3,197,751.	End of Year 3,173,238.
Asse Bala	20	Total assets (Part X, line 16)		626,408.	872,833.
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,571,343.	2,300,405.
		Signature Block		2707270100	2/300/1030
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
Sign		Signature of officer		Date	
Her	е	TERRY K MORROW, PRESIDENT AND CEO			
		Type or print name and title		Doto I I	T DTIN
D-' '		Preparer's name Preparer's signature PONT MARKETINED		Date Check	PTIN DO1005511
Paid		RON MARKLUND RON MARKLUND	lu	9/23/25 if self-employ	P01985511 6-2886485
	oarer Only	Firm's name DUGAN & LOPATKA, CPA'S PC Firm's address 4320 WINFIELD ROAD SUITE 450		Firm's EIN 3	0-4000403
USE	Jilly	WARRENVILLE, IL 60555-4036		Phone no 63	0-665-4440
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		Ti none no. 0 3	X Yes No
y	10 11	0.00 . 0.00 . 0.00			: • • : • •

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2024)

including grants of \$

2,870,219.

4d Other program services (Describe on Schedule O.)

Total program service expenses

36-4077528 Page **3**

Form 990 (2024) CHILDREN'S HEART FOUNDATION
Part IV Checklist of Required Schedules

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 III 4 X X 5 Is the organization as extention 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.19? If "Yes," complete Schedule C, Part III 5 X 1 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 1 X 1 Did the organization intain and collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 1 X 1 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 1 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X				Yes	No
2 Is 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 D, Part I 8 Section 801(c)(3) organizations. Did the organization organge in lobbying activities, or have a section 501(f)) eloction in effect druing the tax year? If "Yes," complete Schedule D, Part I 5 Is the organization as estima in section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Pros. 98(19) If "Yes," complete Schedule D, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 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 Iraf X, or provide oredict counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for the message share part X, line 10? If "Yes," complete Schedule D, Part X 12 Did the organization report an am	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engage in index of midero planticer political campains activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3		If "Yes," complete Schedule A	1		
Section 501(R) againstations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization as action 501(c)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.179 "Yes," complete Schedule C, Part III by 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 II are the environment, historical areas, or historical treasures, or other similar assests? If "Yes," complete Schedule D, Part II are the environment, historical areas, or historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III are services or such that environment, historical areas, or historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III are services? If "Yes," complete Schedule D, Part II are organization report an amount in Part X, line 21, or escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regal, or debt negatition services? If "Yes," complete Schedule D, Part IV are "yes," complete Schedule D, Part V. 10 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 bid by the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII as assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII as assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII are particular to separate or consolidated financial statements for the tax year include a fortinote that addresses the organization report an amount for other assets in Part X, line 15? If	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(n)(4), 501(n)(5), or 501(n)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part II is 10 Did the organization marked may do nor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II is 10 Did the organization report on 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 is 10 Did the organization report an amount in Part X, line 21, for escrov 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 is "Yes," complete Schedule D, Part V is "Yes," complete Schedule D, Part V is 10 Did the organization report an amount for land, buildings, and oquipment in Part X, line 10? If "Yes," complete Schedule D, Part V is 11 the organization asserts only of the following questions is "Yes," then complete Schedule D, Part V is 11 the organization report an amount for land, buildings, and oquipment in Part X, line 10? If "Yes," complete Schedule D, Part V ii If the organization report an amount for investments - organization report and amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V ii If the Organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part V iii If the Organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part V iii If Yes, Tomplete Schedule D, Part V iii If Yes, Tomplete Schedule D, Part V iii If Yes, Tomplete Schedul	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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6 Is the organization a section \$01(c)(4), \$01(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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization reserves to hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Provided advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Provided account is a page of the environment, historical treasures, or destination of 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 IV Post, "complete Schedule D, Part VIV IV Post, "complete Schedule D, Part VIV IV Post, "complete Schedule D, Part VIV IV III Post, "complete Schedule D, Part VIV IV III Post, "complete Schedule D, Part VIV IV IV III Post, "complete Schedule D, Part VIV IV IV III Post, "complete Schedule D, Part VIV IV	4				
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 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 Is X 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			15		Х
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			16		X
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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17				v
1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17		Λ
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or m	18		40	v	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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	40		18	Λ	
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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0	19		40		y
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	00-	Did the examination encycle and as many hospital facilities? If "Vee " complete Schedule !!			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					- 22
			200		
			21	х	

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
_	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	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?/f	200		
C		200		X
00	"Yes," complete Schedule L, Part IV	28c 29	Х	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		₩
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_ v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	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)?	35a		Х
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?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	X	L
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 15 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? Х 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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? 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 15			
	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 15			
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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
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		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedIL, CA			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MOWERY & SCHOENFELD, LLC - 847-247-8959			
	475 HALF DAY ROAD, SUITE 500, LINCOLNSHIRE, IL 60069			

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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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ABIGAIL RODDIE-HAMLIN PRESIDENT & CEO THROUGH 9/30/2024	40.00	x		x				183,569.	0.	23,587.
(2) JEFF FRANCO	40.00									
INTERIM CEO BEGAN 10/1/2024		x		x				60,000.	0.	0.
(3) TAMARA THOMAS	10.00									
BOARD CHAIR		Х		x				0.	0.	0.
(4) KEVIN SLAWIN	10.00							-		
IMMEDIATE PAST BOARD CHAIR		Х		х				0.	0.	0.
(5) KATHRYN OSTEEN	10.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(6) JIM BOLOTIN	10.00									
TREASURER		Х		Х				0.	0.	0.
(7) LORI JONES	10.00									
SECRETARY		Х		Х				0.	0.	0.
(8) DR. NANCY GHANAYEM	10.00									
MEMBER		Х						0.	0.	0.
(9) SALLY POWERS	10.00									
MEMBER		Х						0.	0.	0.
(10) DANIELLE PRADAS	10.00									
MEMBER		Х						0.	0.	0.
(11) WILLIAM ROACH	10.00									
MEMBER		Х						0.	0.	0.
(12) MATTHEW SCHOENHOLTZ	10.00								_	_
MEMBER		Х						0.	0.	0.
(13) TAWANNA WILLIAMS	10.00									
MEMBER		Х						0.	0.	0.
(14) KELLY WITTICH	10.00	l								•
MEMBER	1.0.00	Х						0.	0.	0.
(15) JASON YOUNG	10.00	ļ								•
MEMBER	10.00	Х						0.	0.	0.
(16) DR. JOHN COSTELLO	10.00	ļ <u>, , </u>							_	_
MEMBER	10 00	Х						0.	0.	0.
(17) WILLIAM LYMAN	10.00	Į.,							_	^
MEMBER		Х			l			0.	0.	0. Form 990 (2024)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(A) (B) Name and title Average						one	(D) Reportable compensation	(E) Reportable		Est	(F) imated	
	week (list any hours for related	offi	cer an		irecto	is bot or/trus		from the organization	compensation from related organizations (W-2/1099-MISO		comp fro	ount of other pensation om the	I
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and	nization related nizations	
													_
								0.10 5.60					_
1b Subtotal c Total from continuation sheets to Part V	I, Section A							243,569. 0. 243,569.		0.		3,587 0 3,587	•
d Total (add lines 1b and 1c)								<u> </u>		-	23		<u>.</u> 1
Did the organization list any former officer,	director trust	ee l	Kev e	emp	love	e or	hio	nhest compensated emr	olovee on		,	Yes No	=
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual										3	Х	
and related organizations greater than \$15Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	uch ,	pers	son .					5	X	_
Complete this table for your five highest co the organization. Report compensation for										oensa			
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Сс	(C) ompen	sation	
							_						
													_
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than				
w 100,000 of compensation from the organi	Lation					-				F	orm 9	90 (2024	4)

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Pa	rt V	Ш	Statement of Rev							
			Check if Schedule O co	ontains a respo	nse	or note to any lin				
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	for a second and
										sections 512 - 514
nts nts	1 :	a I	Federated campaigns	1a						
ir al	ı	b	Membership dues	1b						
S, G			Fundraising events			3,125,757.				
ar i			Related organizations							
s, a			Government grants (contrib							
Sign			All other contributions, gifts, gr							
he bt			similar amounts not included a			1,104,856.				
들힌			Noncash contributions included in li		:	130,700.				
Contributions, Gifts, Grants and Other Similar Amounts		-	-			•	4,230,613.			
<u> </u>		_	Total: / loa iii los la 11			Business Code	2,222,222,			
o l	2 :	2				Buomedo ocuc				
ķ		a b			_					
Ser		-			_					
E S		۳								
gra		d -								
Program Service Revenue		e .	All ather program contine re							
			All other program service re							
$\overline{}$	3		Total. Add lines 2a-2f Investment income (includi							
	Ü		other similar amounts)	-			75,946.			75,946.
	4		Income from investment of				,			,
	5		Royalties							
	·			(i) Rea		(ii) Personal				
	6	a (Gross rents	6a		()				
				6b						
				6c						
			· · · · · · · · · · · · · · · · · · ·							
			Net rental income or (loss). Gross amount from sales of	(i) Securit		(ii) Other				
	, ,			.,	103	(ii) Other				
			´ ⊢	7a						
ø	'		Less: cost or other basis		70					
ŭ					578.					
Revenue			· /		578.		680			680
er B			Net gain or (loss)		· · · · · · ·		-678.			-678.
Othe	8 8		Gross income from fundraising							
١			including \$ 3,1							
			contributions reported on li			212 556				
			Part IV, line 18		8a	213,556. 916,727.				
			Less: direct expenses		8b		702 171			-703,171.
			Net income or (loss) from fu				-703,171.			-703,171.
	9 (Gross income from gaming							
			Part IV, line 19		9a 9b					
			Less: direct expenses Net income or (loss) from g							
			Gross sales of inventory, le		<u>`</u>					
	10 6		and allowances		10a					
			Less: cost of goods sold		10a					
			Net income or (loss) from sa							
	`			31 1117 61110	· y	Business Code				
ous	11 :	a (OTHER INCOME			900099	7,298.	7,298.		
ane		۳. b			_		, ,	,		
		c .			_					
Miscellaneous Revenue	(d /	All other revenue							
			Total. Add lines 11a-11d .				7,298.			
	12		Total revenue. See instruction	s			3,610,008.	7,298.	0.	-627,903.

CHILDREN'S HEART FOUNDATION

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,780,000.	1,780,000.		
2	Grants and other assistance to domestic	, ,	, ,		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	267,155.	192,351.	24,044.	50,760
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	741,546.	338,179.	220,169.	183,198
8	Pension plan accruals and contributions (include			0 64 5	4 004
	section 401(k) and 403(b) employer contributions)	7,359.	2,808.	2,615.	1,936 39,217
9	Other employee benefits	164,962.	82,339.	43,406.	39,217
10	Payroll taxes	87,865.	45,806.	21,591.	20,468
11	Fees for services (nonemployees):				
а		/1 01F	21 405	10 100	0 (00
b	Legal	41,215. 19,715.	21,485. 10,278.	10,128.	9,602 4,592
	Accounting	19,715.	10,2/0.	4,845.	4,594
	Lobbying				
	Professional fundraising services. See Part IV, line 17	300.		300.	
f	Investment management fees	300.		300.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	367,802.	191,739.	90,386.	85 677
12	Advertising and promotion	31,114.	7,779.	3073001	85,677 23,335
13	Office expenses	132,726.	72,765.	30,783.	29,178
14	Information technology	87,402.	45,564.	21,478.	20,360
15	Royalties	- , -	, , , ,	, -	. ,
16	Occupancy	21,845.	11,388.	5,368.	5,089
17	Travel	3,225.	1,681.	793.	751
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,170.	61,603.	29,040.	27,527
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,050.	4,196.	1,979.	1,875
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	495.	258.	122.	115
b					
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	3,880,946.	2,870,219.	507,047.	503,680
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)				

Form 990 (2024)
Part X | Balance Sheet

CHILDREN'S HEART FOUNDATION

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Part	X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,453,208.	1	2,455,047
	2	Savings and temporary cash investments			476,805.	2	433,854
	3	Pledges and grants receivable, net			141,937.	3	51,500
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
21	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
<	9	B			68,472.	9	80,468
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	. 10a	28,258.			
	b	Less: accumulated depreciation	10b	28,258.	0.	10c	(
1	11	Investments - publicly traded securities				11	114,943
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir		13			
1	14	Intangible assets	51,803.	14	31,900		
1	15	Other assets. See Part IV, line 11			5,526.	15	5,526
	16	Total assets. Add lines 1 through 15 (must e			3,197,751.	16	3,173,238
1	17	Accounts payable and accrued expenses			67,389.	17	98,321
1	18	Grants payable			500,000.	18	728,985
1	19	Deferred revenue	29,164.	19	35,575		
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
န္မ 2	22	Loans and other payables to any current or for	ormer offi	cer, director,			
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		22	
- 2	23	Secured mortgages and notes payable to unr	elated th	rd parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X			
		of Schedule D			29,855.		9,952
2	26	Total liabilities. Add lines 17 through 25			626,408.	26	872,833
ဖွာ		Organizations that follow FASB ASC 958, c	heck her	e X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			0 155 265		1 540 500
	27	Net assets without donor restrictions			2,155,365.	27	1,748,580
	28	Net assets with donor restrictions			415,978.	28	551,825
5		Organizations that do not follow FASB ASC	958, ch	eck here			
5		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund				29	
3	30	Paid-in or capital surplus, or land, building, or				30	
₹ 3	31	Retained earnings, endowment, accumulated			0 554 242	31	0 200 405
ž 3	32	Total net assets or fund balances			2,571,343.	32	2,300,405
3	33	Total liabilities and net assets/fund balances			3,197,751.	33	3 , 173 , 238 Form 990 (202

Form	990 (2024) CHILDREN'S HEART FOUNDATION	36-	40775	28	Pa	ge 12
	rt XI Reconciliation of Net Assets					
	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				08.
2	Total expenses (must equal Part IX, column (A), line 25)	2				46.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	<u>57:</u>	L,3	43.
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	2,	300),4	05.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			_		X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILDREN'S HEART FOUNDATION

Employer identification number

36-4077528 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990) 2024 CHILDREN'S HEART FOUNDATION 36-4077528 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

		· / · / · /	· / / / /
(Complete only if you checked the box on line 5,	7, or 8 of Part I or if the organiza	ation failed to qualify under	Part III. If the organization
faile to qualify under the tests listed below place	o complete Port III.)		

Sec	tion A. Public Support	, prod		,			
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	,	` '	` ,	()	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	2,303,135.	3,295,557.	4,534,964.	3,995,610.	4,230,613.	18,359,879.
	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	2,303,135.	3,295,557.	4,534,964.	3,995,610.	4,230,613.	18,359,879.
	The portion of total contributions	, , , , , , , , ,	,,			, , , , , , ,	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						18,359,879.
	tion B. Total Support						10,333,073.
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	2,303,135.	3,295,557.	4,534,964.	3,995,610.	4,230,613.	18,359,879.
	Gross income from interest,	2,303,133.	3,233,337.	1,331,301.	3,333,010.	4,230,013.	10,333,073.
	*						
	dividends, payments received on						
	securities loans, rents, royalties,	1,037.	188.	4,020.	14,549.	75,946.	95,740.
	and income from similar sources	1,057.	100.	4,020.	11,515	73,540.	73,740.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	343.	21,993.	4,350.	11,135.	7,298.	45,119.
	assets (Explain in Part VI.)	242.	21,9950	4,330.	11,133.	1,290.	18,500,738.
	Total support. Add lines 7 through 10		ì			40	10,500,730.
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section t	501(c)(3)	
	organization, check this box and stop tion C. Computation of Publ		roontogo				<u></u>
	<u> </u>			al (6)		44	99.24 %
	Public support percentage for 2024 (I					14	
	Public support percentage from 2023					15	<u>%</u>
	33 1/3% support test - 2024. If the contains the contains the contains the contains the contains and life in the contains						
	stop here. The organization qualifies						
	33 1/3% support test - 2023. If the c						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	· ·	VI how the organiza	ation
	meets the facts-and-circumstances to	-			-		
	10% -facts-and-circumstances tes	ū				·	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
	Private foundation. If the organizatio	المنام ممامية مماركات من	" 40 40	401 47 471	1 1 11 2 1		1 1

Schedule A (Form 990) 2024

CHILDREN'S HEART FOUNDATION

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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	now, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and	(4) 2020	(2) 2021	(6) 2522	(4) 2020	(6) 202 1	(1) 1014
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					+	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		<u> </u>		<u> </u>	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received					1	<u> </u>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
		#1.0004	1 () 2000	/ N 0000	1 1 2004	(0.T.)
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6					-	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					+	+
13 Total support. (Add lines 9, 10c, 11, and 12.)					504()(2)	<u></u>
14 First 5 years. If the Form 990 is for the	e organization's f	ırst, second, third,	tourth, or fifth tax	year as a section	5U1(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Publi						
15 Public support percentage for 2024 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	
16 Public support percentage from 2023					16	97.64
Section D. Computation of Inves	tment Incom	<u>ie Percentage</u>				
17 Investment income percentage for 202	24 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	
18 Investment income percentage from 2	.023 Schedule A,	Part III, line 17			18	.12
19a 33 1/3% support tests - 2024. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	-					
b 33 1/3% support tests - 2023. If the						and
line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization						
Lo Frivate iounidation, ii the organization	Tala HOL CHECK a	. DOX OH IIHE 14, 18	a, ur 190, check t	ins bux and see if	เอเเนษแบบไว	🗀

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

		Yes	No
1		169	140
	1		
	2		
	22		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	,		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	40		
	10a		
	10b		
عاديا	A (Forr	n 990	2024

_	dule A (Form 990) 2024 CHILDREN'S HEART FOUNDATION 36-4	07752	U P	ag
Par	t IV Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	1
	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		Г
	A family member of a person described on line 11a above?	11b		t
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	113		t
	provide detail in Part VI.	11c		ı
	tion B. Type I Supporting Organizations	110		_
			Yes	
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
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,			
	supervised, or controlled the supporting organization.	2		
3ect	tion C. Type II Supporting Organizations			_
			Yes	ļ
	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			
	the supported organization(s).	1		
eci	tion D. All Type III Supporting Organizations		V	Т
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	ł
	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			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		ı
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		ł
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		ł
	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 Part VI the role the organization's			l
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		_
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
	Activities Test. Answer lines 2a and 2b below.		Yes	I
	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			
				l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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			
		2 a		l
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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	2a		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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	2a 2b		
b	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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			
ь 3	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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.			
b 3 a	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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. Parent of Supported Organizations. Answer lines 3a and 3b below.			
b 3 а	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

Tebble hysrbellott cor r

CHILDREN'S HEART FOUNDATION 36-4077528 Page 6 Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3.

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

Schedule A (Form 990) 2024

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2024 CHILDREN'S HEART FOUNDATION

36-4077528 Page 7

_	t V Type III Non-Functionally Integrated 509		anizations (continu	<u> </u>	0-4077320 Page 7
	ion D - Distributions	(u)(o) cupporting crys	COMMIN	uea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	<u> </u>
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	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2024	ns	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
C	From 2021				
d	From 2022				
e	From 2023				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to under distributions of prior years				
<u>h</u>	Applied to 2024 distributable amount				
i_	Carryover from 2019 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				
				_	

Schedule A (Form 990) 2024

Schedule A	(Form 990) 2024	CHILDREN'S	HEART	FOUNDATION	36-4077528 Page 8
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	ormation. Provide th	ne explanatio	ons required by Part II, line 10: I	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
	(See instructions.)				,

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

Pai	t I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		,
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space	i reservation c	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualit	find conservation contribution in the form	n of a conservation easement on the last
2	day of the tax year.	ned conservation contribution in the for	Held at the End of the Tax Year
•			
a	Total propage restricted by generation assembles		
b		water a line lead on line On	
C	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	ne organization during the tax
4	year	coment is legated	
4	Number of states where property subject to conservation ea		£
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	nservation easements during the year
7	Amount of expanses incurred in monitoring inspecting hand	dling of violations, and onforcing conson	vation agraments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conserv	vation easements during the year
	Dage and consequation accompation and an line 2d above	a action, the requirements of eastion 170	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Does each conservation easement reported on line 2d above	•	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	· · · · · · · · · · · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footr	Tote to the organization's illiancial state	Tierits that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or 0	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		other ommur 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its final		•
h			
b	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	therance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ıaı gaın, provide
	the following amounts required to be reported under FASB A	_	•
a	Revenue included on Form 990, Part VIII, line 1		·
b	Assets included in Form 990, Part X		\$

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

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

Schedule D (Form 990) (Rev. 12-2024)

28,258.

e Other

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

28,258.

Schedule [O (Form 990) (Rev. 12-2024) CHILDREN'S	HEART FOUNDA	ATION	36-4077528 Page 3
Part VII	Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Can Farm 000 Dort V line 10	
(a) Deccri	ption of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
		(b) book value	(C) Method of Valuation. Cost	or end-or-year market value
. ,	ial derivatives			
	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h)			
	(b) must equal Form 990, Part X, line 12, col. (B)) I Investments - Program Related.			
rait VII	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 Soo Form 000 Bort V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end of year market value
	(a) Description of investment	(b) DOOK value	(C) Wethod of Valuation. Cost	or end-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must squal Form 000 Port V line 12 sel (P))			
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
I dit ix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	7 114. 333 1 3111 333, 1 417 7, 1115 13.	(b) Book value
(1)	(/			(2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X		(//		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	ine 25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	PERATING LEASE LIABILITY			9,952.
(3)				·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 25, co	ol. (B))		9,952.
	v for uncertain tax positions. In Part XIII, provide			

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... X

Schedule D (Form 990) (Rev. 12-2024)

				2.6	4000000
	dule D (Form 990) (Rev. 12-2024) CHILDREN'S HEART FOUNDATI				4077528 Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per H	leturr	1
	<u> </u>			1	4,526,435.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	4,320,433.
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities			-	
	Recoveries of prior year grants	•		-	
	Other (Describe in Part XIII.)		916,727.	-	
	Add lines 2a through 2d			2e	916,727.
3	Subtract line 2e from line 1			3	3,609,708.
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	300.		
	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	300.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,610,008.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,797,373.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
	Prior year adjustments				
	Other losses		046 808		
	Other (Describe in Part XIII.)	•	916,727.	1 1	016 707
е	Add lines 2a through 2d			2e	916,727.
3	Subtract line 2e from line 1			3	3,880,646.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	200		
	Investment expenses not included on Form 990, Part VIII, line 7b		300.	-	
	Other (Describe in Part XIII.)				300.
	Add lines 4a and 4b			4c	3,880,946.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	3,000,940.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	· IV lings 1h	and 2h: Part V line	1. Part	Y line 2: Part YI
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2:			, r urc	λ, πιο Σ, τ αιτλί,
THE	E FOUNDATION HAS BEEN DETERMINED TO BE EXE	MPT F	ROM INCOME	TAX	UNDER
	CTION 501(C)(3) OF THE INTERNAL REVENUE CO				
PRO	OVISION HAS BEEN MADE FOR EITHER FEDERAL O	R STAT	TE INCOME T	AXE	S.
	E FOUNDATION HAS EVALUATED THE TAX POSITION				
YE	ARS. CURRENTLY, THE 2021, 2022, AND 2023 T	AX YE	ARS ARE OPE	N A	ND SUBJECT
	EXAMINATION BY THE INTERNAL REVENUE SERVI				
	CURRENTLY UNDER AUDIT NOR HAS THE FOUNDA	TION E	BEEN CONTAC	TED	BY THIS
JUE	RISDICTION.				
D 3 (THE ON THE BURLIAMION OF FOUNDAMION OF THE	DOGTE		T384T3	NO DEL TELLE
	SED ON THE EVALUATION OF FOUNDATION'S TAX				
	C POSITIONS WOULD BE UPHELD UNDER AN EXAMI				
THE	OVISION FOR THE EFFECTS OF UNCERTAIN TAX PERSON EXPENDED DECEMBER 31, 2024 AND 2023.	OSTITE	NO UNO DEL	IN K.	ECORDED FOR
111	I IEMAS ENDED DECEMBER 31, 2024 AND 2023.				
PΔI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	VDRAISING EXPENSES				916,727.
- 01	15-11-10 HALL HALVHO				J = 0 , 1 <u> </u>
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	NDRAISING EXPENSES				916,727.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) CHILDREN'S HEART FOUNDATION Part XIII Supplemental Information (continued)	36-4077528 Page 5
Part XIII Supplemental Information (continued)	<u> </u>
<u> </u>	
	Cahadula D (Farm 000) (Pay 10 0004)

432055 01-02-25

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go t	o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		opootion
Name of the organization CHILDRE	N'S HEART FOUNDATI	ON				Employer ide 36-4077	ntification number 528
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the following e Solicitars f Solicitars g Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includerofess	nongo gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-	EZ.		Sche	edule G (Form	990) (Rev. 12-2024)

LHA 432081 01-14-25

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	11 (of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONGENITAL	STL HEARTS		(add col. (a) through
			HEART WALK	THAT HOPE GA	3	l · · · · · ·
Θ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	2,269,409.	478,978.	590,926.	3,339,313
_	2	Less: Contributions	2,269,409.	362,353.	493,995.	3,125,757
	3	Gross income (line 1 minus line 2)		116,625.	96,931.	213,556.
	4	Cash prizes				
ώ	5	Noncash prizes		15,000.	21,750.	36,750.
xpense	6	Rent/facility costs		82,253.	78,270.	160,523.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		98,041.	71,376.	719,454.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			916,727.
_	11	Net income summary. Subtract line 10 from li				-703,171
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	(b) Pull tabs/instant		(n= , , , , , , , , , , , , , , , , , , ,
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				zgo, p. og. coom c zgo		Col. (a) till oagit col. (b)
ž	1	Gross revenue				
	_					
nses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	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)			
_						
		ter the state(s) in which the organization condu	-			Yes No
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No
320	32 N	1-14-25			Schedule G (Fo	orm 990) (Rev. 12-2024

Sch	edule G (Form 990) (Rev. 12-2024) CHILDREN'S HEART FOUNDATION 36	<u>-407752</u>	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		
	An outside facility	[130]	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
~	of gaming revenue retained by the third party \$		
_	e If "Yes," enter the name and address of the third party:		
·	the res, enter the name and address of the tillid party.		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Briodomonia.		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		☐ No
	retain the state gaming license?		□□ NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	CHILDREN'S HEART	FOUNDATION	36-4077528 Page 4
Part IV	Supplemental Inf	CHILDREN'S HEART ormation (continued)		ugo +
		(
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				_
				_
_				

432084 01-28-25

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHTLDREN'	S HEART F	FOUNDATION					Employer identification number $36-4077528$
		001(2111101(30 1077320
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
					anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of noncash	valuation (book, FMV, appraisal,		
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(0)(3)	300,000.	0.			CONGENITAL HEART DISEASE RESEARCH
	13 3013737	501(0)(3)	300,000.	· ·			RESEARCH
AMERICAN ACADEMY OF PEDIATRICS							CARDIOLOGY AND CARDIAC
345 PARK BLVD							SURGERY RESEARCH
ITASCA, IL 60143	36-2275597	501(C)(3)	35,000.	0.			FELLOWSHIP AWARD
UNIVERSITY OF MICHIGAN HEART CENTER - 1000 OAKBROOK DRIVE, SUITE 100 - ANN ARBOR, MI 48104	38-6006309	501(C)(3)	142,500.	0.			CARDIAC NETWORKS UNITED
CINCINNATI CHILDREN'S HOSPITAL							
MEDICAL CENTER - 3333 BURNET							
AVENUE, ML 7030 - CINCINNATI, OH							CARDIAC NETORKS UNITED
45229	31-0833936	501(C)(3)	142,500.	0.			GRANT
PERELMAN SCHOOL OF MEDICINE AT THE							DR. YULI KIM WAS GIVEN A
UNIVERSITY OF PENNSYLVANIA - 3400							2 YEAR GRANT FUNDED IN
CIVIC CENTER BLVD - PHILADELPHIA,							PARTNERSHIP WITH MEND A
PA 19104	23-2810852	501(C)(3)	200,000.	0.			HEART FOUNDATION.
CHILDREN'S HOSPITAL OF							
PHILADELPHIA - 3401 CIVIC CENTER							DR. BENJAMIN SMOOD WAS
BLVD - PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	200,000.	0.			GIVEN A 2 YEAR GRANT.
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	he line 1 table				9.
3 Enter total number of other organizations	s listed in the line	1 table					0.

Schedule I (Form 990) CHILDREN'S HEART FOUNDATION

36-4077528

Page 1

Schedule I (Form 990) CHILDREN							00-4077326 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NINNESOTA - TWIN							
CITIES - 450 MCNAMARA ALUMNI							
CENTER, 200 - MINNEAPOLIS, MN							DR. ROBERT TRANQUILLO WAS
55455	41-6007513	501(C)(3)	300,000.	0.			GIVEN A 2 YEAR GRANT.
GEORIGA TECH CORPORATION							
926 DALNEY STREET NW							DR. THANGAM NATARAJAN WAS
ATLANTA, GA 30332	58-0603146	501(C)(3)	300,000.	0.			GIVEN A 2 YEAR GRANT.
COLUMBIA UNIVERSITY IRVING MEDICAL							
CENTER - 622 W. 168TH STREET - NEW							DR. YUN ZHANG WAS GIVEN A
YORK, NY 10032	13-5598093	501(C)(3)	160,000.	0.			2 YEAR GRANT.
•			,				
	<u> </u>		<u> </u>	<u> </u>	<u> </u>		2

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part Llin	ne 2: Part III. column	(b): and any other a	dditional information	
PART I, LINE 2:	dired ii i art i, iii	ic 2, i art iii, coluiiiii	r (b), and any other a	dational imormation.	
BY OCTOBER 15 OF EACH YEAR DURING					
ACCOMPLISHMENTS AND ACTIVITIES, FU					
PRESENTATION OR PRESENTED AT NATIC					
PUBLISHED OR ACCEPTED FOR PUBLICAT					
PROJECT RESULTS, SHALL BE SUBMITTE	D PROMPT	LY TO CHIL	DREN'S HEA	RT	
FOUNDATION.					

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		37	
а	Receive a severance payment or change-of-control payment?	4a	Х	37
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coetion $501(a)(2)$, $501(a)(4)$, and $501(a)(20)$ organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
_		5a		х
	The organization? Any related organization?	5b		X
Ŋ	If "Yes" on line 5a or 5b, describe in Part III.	JD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
O	contingent on the net earnings of:			
_		60		х
d h	The organization? Any related organization?	6a 6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD		<u> </u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	110galation 0 000tion 00.7000 0(0):			

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

Schedule J (Form 990) (Rev. 12-2024)

36-4077528

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	(B) Breakdown of V	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ABIGAIL RODDIE-HAMLIN	(i)	183,569.	0.	0.	5,178.	18,409.	207,156.	0.	
PRESIDENT & CEO THROUGH 9/30/2024	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
ABIGAIL RODDIE-HAMLIN RECEIVED \$36,000 IN SEVERANCE PAY.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	CHILDREN S H	EART F	OUNDATION			30-4	0 / /	240	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	non	(d) Method of det cash contribut			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	2	130,700	.FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	zation durin	n the tax vear for o	contributions					
	for which the organization completed Form 82		• .						
	To which the organization completed form of	00,1 411 1, 2	one of termious	Join 10110				Yes	Nο
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted on Part I lines 1 thro	ouah 28 t	hat it			110
oou	must hold for at least 3 years from the date of					Tide it			
	exempt purposes for the entire holding period						30a		Х
h	If "Yes," describe the arrangement in Part II.	•				·····	33a		
31	Does the organization have a gift acceptance	nolicy that re	equires the review	of any nonstandard contrib	outions?		31		Х
	Does the organization have a gift acceptance possible by the organization hire or use third parties					·····			
oza	-		-	* *			32a		Х
h	contributions? If "Yes," describe in Part II.					·····	3Zd		-2
	If the organization didn't report an amount in c	olumo (a) fa	er a tuno of proport	v for which column (a) is ab	ockod				
33	describe in Part II.	Joiuitiii (C) 10	ı a type ol propert	y for without column (a) is cr	ieckeu,				
	ucound III Fail II.								

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

Schedule M (Form 990) 2024

Schedule M	(Form 990) 2024	CHILDREN'S HI	EART	FOUNDATION	36-4077528	Page 2
Part II	Supplemental	Information. Provide	the infor	mation required by Part I, lines 30b, 32b, and ibutions, the number of items received, or a	nd 33, and whether the organiza	ition
	is reporting in Part	I, column (b), the number	of contr	ibutions, the number of items received, or a	combination of both. Also com	plete
	this part for any ac	dditional information.		,	'	•
	-					
32142 01-18-	25				Schedule M (Form	990) 202

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

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.

CHF PROVIDED FUNDING FOR THE FOLLOWING INDEPENDENT RESEARCH:

DR. YULI KIM, UNIVERSITY OF PENNSYLVANIA 2 YR. GRANT AWARD FUNDED BY CHF; MEND A HEART FOUNDATION FUND RESTRICTED FUNDS HEPATIC PERFUSION AND LIVER HEALTH AS ASSESSED BY DUAL CHOLATE CLEARANCE ASSAY IN FALD SUBMITTED BY YULI KIM, M.D., PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA.

DR. ROBERT TRANQUILLO, REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES, 2 YR. GRANT AWARD FUNDED BY CHF; APPROVED BY BOD IN 2024. GROWING TRANSCATHETER PULMONARY STENT VALVE FOR CONGENITAL HEART DISEASE SUBMITTED BY ROBERT TRANQUILLO, UNIVERSITY OF MINNESOTA TWIN CITIES.

DR. YUN ZHANG, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER 2 YR. GRANT AWARD FUNDED BY CHF; APPROVED BY BOD IN 2024. ADVANCING NEONATAL TETRALOGY OF FALLOT CARE WITH A COMPREHENSIVE EVALUATION FRAMEWORK SUBMITTED BY YUN ZHANG, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER.

THE CHILDREN'S HEART FOUNDATION PROVIDES FUNDING TO CARDIAC NETWORKS
UNITED TO IMPROVE OUTCOMES FOR CHILDREN WITH CHDS. ONE OF CNU'S CURRENT
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.

THE AMERICAN ACADEMY OF PEDIATRICS PEDIATRIC CARDIOLOGY RESEARCH FELLOWSHIP AWARD WAS FUNDED IN 2024; HOWEVER, THE 2024 RECIPIENT WILL BE AWARDED IN 2025.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CAMPAIGN - 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 MEDIA AND VIDEO STORYTELLING TO SPREAD FURTHER AWARENESS OF CHDS AND CHF. OUR SOCIAL MEDIA EFFORTS FOCUS ON SHARING STORIES OF CHILDREN, 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:
WE INTEND TO PROVIDE MORE EDUCATIONAL AND OUTREACH OPPORTUNITIES AROUND
THE CURRENT ENVIRONMENT FOR CONGENITAL HEART DEFECTS. OUR ADVOCACY

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024 Page 2 Name of the organization **Employer identification number** CHILDREN'S HEART FOUNDATION 36-4077528 EFFORTS SEEK TO EDUCATE OUR COMMUNITIES ON THE SIGNIFICANCE OF CONGENITAL HEART DEFECTS AND ITS IMPACT ON INDIVIDUALS AND FAMILIES. FORM 990, PART VI, SECTION B, LINE 11B: 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 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 B, LINE 15: COMPENSATION IS REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE. 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. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 181,109. MANAGEMENT AND GENERAL EXPENSES 85,374. FUNDRAISING EXPENSES 80,927. TOTAL EXPENSES 347,410. PAYROLL PROCESSING FEES: 7,752. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 3,655. FUNDRAISING EXPENSES 3,464. TOTAL EXPENSES 14,871. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,878. MANAGEMENT AND GENERAL EXPENSES 1,357. FUNDRAISING EXPENSES 1,286. 5,521. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 367,802. FORM 990, PART XII, LINE 2C, COMMITTEE ASSUMES RESPONSIBILITY: THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

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