EXTENDED TO NOVEMBER 15, 2019

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

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

and ending

В	Check if applicable	C Name of organization		D Employer identific	cation number				
	₹ Addres								
	<u>^</u> _chang ☐Name	THE CHILDREN 5 HEART FOUNDATION		36 1	077528				
F	chang Initial	- J	D / 't -	 					
H	return Final	Number and street (or P.O. box if mail is not delivered to street address) 5 REVERE DRIVE	Room/suite 200	E Telephone numbe	ber .7)634-6474				
	—lreturn/ termin		200	 	2,651,851.				
Г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code NORTHBOOK , IL 60062-1500		G Gross receipts \$					
F	lreturn □Applic		H(a) Is this a group re						
	Itiòn pendir	SAME AS C ABOVE		for subordinates	·····- —				
_	T-11 -111	empt status:	or 527	H(b) Are all subordinates in					
		enpt status: (A) 301(c)(3) (B) 301(c) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	01 327	┥,	list. (see instructions)				
		organization: X Corporation Trust Association Other ►	I Vaar	of formation: 1996	1 State of legal domicile: IL				
		Summary	L Teal	oriorination, ±556 N	A State of legal dominicile. + 1				
	T	Briefly describe the organization's mission or most significant activities: SUPP	ОВТТИС	CONGENTUAL	НЕАВТ				
Governance	1'	DEFECT (CHD) RESEARCH	01(111(0	CONCENTINE	11111111				
nar	2	Check this box if the organization discontinued its operations or disposit	ecod of more	than 25% of its not as	cente				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			20				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			20				
ფ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			9				
Ę					500				
Activities &	70	Total number of volunteers (estimate if necessary)		7a	0.				
¥		Net unrelated business taxable income from Form 990-T, line 38			0.				
	b	Net unrelated business taxable income from Form 990-1, line 36		Prior Year	Current Year				
		Contributions and grants (Dort VIII line 1h)		1,950,118.	2,603,388.				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
ě	9	Program service revenue (Part VIII, line 2g)		400.	83.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		641,927.	-45,803.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,592,445.	2,557,668.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,019,127.	529,239.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	JZ9,ZJ9•				
		Benefits paid to or for members (Part IX, column (A), line 4)		348,342.	327,954.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
e	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă	_b	Total fundraising expenses (Part IX, column (D), line 25) 213,3	<u> </u>	1,089,061.	918,814.				
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,456,530.	1,776,007.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		135,915.	781,661.				
<u>_ 0</u>		Revenue less expenses. Subtract line 18 from line 12							
tso		Total accepts (Dark V. Para 4.0)	Ве	eginning of Current Year 1,219,592.	End of Year 1,809,346.				
SSE	20	Total assets (Part X, line 16)		594,942.	403,718.				
Net Assets or	21	Total liabilities (Part X, line 26)		624,650.	1,405,628.				
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		024,030.	1,405,020.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the hest of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and boller, it is				
- ii u	5, 001100	t, and complete. Bookington of property (cutor than officer) to becode on an information of the	mon propuror	nao any knowloago.					
Sig	ın.	Signature of officer		Date					
He		BARBARA NEWHOUSE , CHIEF FINANCIAL OF	FTCER						
пе	16	Type or print name and title	ТТОШК						
_		Print/Type preparer's name Preparer's signature		Date Check	II PTIN				
Pai	id		NK, C1	.1/08/19 if self-employe	P00188165				
	parer	Firm's name MUELLER & CO., LLP		Firm's EIN	36-2658780				
	e Only	Firm's address 1707 N RANDALL RD, STE 200		T IIIII 3 LIIV	30 2000700				
50		ELGIN, IL 60123		Phone no 84	7-888-8600				
N/10	ıv the IE	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	001 12-3		ions.		Form 990 (2018)				
002	221 12.0				. 5 = = (2010)				

ı u	Till Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUPPORTING CONGENITAL HEART DEFECT (CHD) RESEARCH
	SUPPORTING CONGENITAL REART DEFECT (CRD) RESEARCH
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	J J J J J J J J J J J J J J J J J J J
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 529,239. including grants of \$ 529,239.) (Revenue \$)
	AWARDED MEDICAL RESEARCH GRANTS TO FUND RESEARCHERS AND ORGANIZATIONS
	FOR PROJECTS FOR CONGENITAL HEART DEFECTS.
4b	(Code:) (Expenses \$ 62,547 • including grants of \$) (Revenue \$)
	EXPENSES RELATED TO OUTSIDE FUNDRIASING
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 433,371 • including grants of \$) (Revenue \$)
40	Total program service expenses 1,025,157.
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_V
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		122
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV	Checklist of Required Schedules (continued)
I altiv	Oneokiist of nequired ochedules (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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	<u></u>	
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 in Schedule O for Part VI, lines 11b and 19?		~	
Pa	Note. All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
1 4	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2018) THE CHILDREN'S HEART FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
· ·	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-22
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2012)

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 in 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			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
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, or trustees, or key employees to a management company or other person?	3		Х
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				
	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		Х
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	
	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 in 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	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed LIL Section 6104 requires on experiention to make its Forms 1033 (1034 or 1034 A if applicable), 990, and 990 T (Section 501/c)(Section 501/	la cal:) over!!	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(5)	ys only) availa	anie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Value Of the (explain in Schedule O)			
10		d fina-	oial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	u iiilah	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BARBARA NEWHOUSE, CHIEF FINANCIAL OFFICER - 847-634-6474			
	5 REVERE DRIVE ONE NORTHBROOK PLACE, SUITE 200, NORTHBROOK, II	<u>.</u> 6	006	2-1
				_

832006 12-31-18

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REX HOMME	10.00	X						0.	0.	0.
DIRECTOR (2) DON MAYACK	10.00	^						0.	0.	0.
DIRECTOR	10.00	X						0.	0.	0.
(3) BIANCA GARILLI	10.00	<u> </u>						0.	•	
DIRECTOR	10.00	x						0.	0.	0.
(4) DEBBIE DEGRACE	10.00									
DIRECTOR		Х						0.	0.	0.
(5) KRISTEN GOESSEL	10.00									
DIRECTOR		Х						0.	0.	0.
(6) KATHRYN OSTEEN	10.00									
DIRECTOR		Х						0.	0.	0.
(7) ANNE WITTE	10.00									
DIRECTOR		Х						0.	0.	0.
(8) LORI JONES	10.00									
DIRECTOR		Х						0.	0.	0.
(9) JULIE LE GASSICK	10.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) DANIELLE PRADAS	10.00								_	
DIRECTOR		Х						0.	0.	0.
(11) SALLY POWERS	10.00									
SECRETARY	1000	Х		Х				0.	0.	0.
(12) WILLIAM ROACH	10.00	l							•	•
MEMBER	10.00	Х						0.	0.	0.
(13) TAMARA THOMAS	10.00	,,		,,					0	0
PRESIDENT	10.00	Х		Х				0.	0.	0.
(14) KRISTEN VICKNAIR	10.00	Ι,,							0	0
DIRECTOR	10 00	Х						0.	0.	0.
(15) BETSY PETERSON	10.00	X						0.	0.	0
FOUNDER (16) DR. JENNIFER ROMANO	10.00	^	\vdash			\vdash		0.	0.	0.
(16) DR. JENNIFER ROMANO MEDICAL ADVISORY BOARD LIA	10.00	Х		х				0.	0.	0.
(17) KEVIN SLAWIN	10.00	₽		^				0.	0.	<u> </u>
MEMBER	10.00	Х						0.	0.	0.
832007 12-31-18				I					0.	Form 990 (2018)

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Part VII Section A. Officers, Directors, Ti	(B)				C)			(D)	(E)			(F)	
Name and title	Average	l	Position					Reportable	Reportable		Fs	timate	ed
	hours per		(do not check more that box, unless person is b					· .	compensation			nount	
	week	offi	icer ar	nd a d	directo	or/trus	stee)	from	from related			other	
	(list any	director						the	organizations		com	pensa	tion
	hours for	or din	au au			rted		organization	(W-2/1099-MIS	2)		om the	
	related organizations	stee	truste		۵	bens		(W-2/1099-MISC)			_	anizati	
	below	lal tri	ional		ploye	t com						d relate Inizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer.				orga	ııızatı	3113
(18) MARTHA HAUBER	10.00	 =	=	0		Τ 60	۳						
TREASURER		x		x				0.		0.			0.
(19) JIM BOLOTIN	10.00												
TREASURER IN TRAINING		Х		Х				0.		0.			0.
(20) KELLY WITTICH	10.00												
DIRECTOR	40.00	Х	<u> </u>					0.		0.	<u> </u>		0.
(21) JOSEPH BROWNLEE	40.00	-		37				105 040		_			^
EXECUTIVE DIRECTOR				Х		-	_	105,949.		0.	<u> </u>		0.
		1											
			\vdash				\vdash			-			
		1											
											<u> </u>		
		1											
4. 0.1.1.1							Ļ	105,949.		0.	-		0.
1b Sub-total								105,949.		0.			0.
c Total from continuation sheets to Part								105,949.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but								· · · · · · · · · · · · · · · · · · ·		-			0.
compensation from the organization		iose	IISLE	eu ai	VOO	e) w	101	received more than \$100	,,000 or reportable	,			1
compensation from the organization												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	1			
line 1a? If "Yes," complete Schedule J fo	or such individual										3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	150,000? If "Yes	" cc	mpl	ete S	Sch	edul	e J	for such individual			4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsat	tion 1	from	any	y uni	rela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," c	omplete Schedu	le J i	for s	uch	pers	son					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest the organization. Report compensation in	•	-								ens	ation t	rom	
(A)	ior the calendar y	eai	enui	ng v	VILII	OI W	/11111	(B)	year.		(C	٠,	
Name and busine	ess address	N	ОМІ	Ξ				Description of s	services	С	comper		n
2 Total number of independent contractor		not li	mite	d to		^	ste	d above) who received n	nore than				
\$100,000 of compensation from the organization	anization >					0							

Pa	rt V			and the Heir Deat VIII			
		Check if Schedule O contains a re	sponse or note to any II	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	1a				
_			Business Code				
Program Service Revenue	(a b c d e All other program service revenue					
		g Total. Add lines 2a-2f)				
	3 4 5	Investment income (including dividend other similar amounts)	s, interest, and bond proceeds	83.			83.
	6 a	a Gross rents b Less: rental expenses c Rental income or (loss)	eal (ii) Personal				
		d Net rental income or (loss)					
	(b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	<u> </u>				
Other Revenue		a Gross income from fundraising events including \$ 807,749. ocontributions reported on line 1c). See	(not				
Other I		Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising e	ь 94,183.	-76,310.			-76,310.
	ı	 a Gross income from gaming activities. S Part IV, line 19 b Less: direct expenses 	a b				
	10 a	 c Net income or (loss) from gaming active a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 	а				
		c Net income or (loss) from sales of inver					
	11 :	Miscellaneous Revenue a OTHER INCOME	Business Code 900099	30,507.	30,507.		
		b					
		C					
		d All other revenue		30,507.			
	12	e Total. Add lines 11a-11d		2,557,668.		0.	-76,227.
				, , ,			,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 529,239 529,239. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 327,954. 174,990. 58,907. 94,057. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management 547,863. 131,487. 367,068. 49,308. Legal 21,664. 21,664. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 48,038. 4,251. 57,457 5,168. column (A) amount, list line 11g expenses on Sch O.) 2,204. 35,252. 44,065. 6,609. Advertising and promotion 12 4,779. 11,946. 21,720. 4,995. Office expenses 13 14 Information technology 15 Royalties 30,000. 24,000. 1,500. 4,500. 16 Occupancy 14,329. 12,610. 430. 1,289. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 2,761 18,407. 11,964. 3,682. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,246. 3,246. Depreciation, depletion, and amortization 22 11,657. 1,865. 9,443. 349. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 99,279. 62,547. 993. 35,739. FUNRAISING 27,553. 2,074. PUBLIC EDUCATION AND AD 29,627. 3,703. **MISCELLANEOUS** 19,500. 9,311. 6,486. С d All other expenses е 1,776,007. 1,025,157. 537,511 213,339. Total functional expenses. Add lines 1 through 24e 25 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)

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			583,469.	1	1,545,310.
	2	Savings and temporary cash investments	591,185.	2	94,181.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	24,651.	4	61,389.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	74,268.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,954.			
	b	Less: accumulated depreciation	10b	30,793.	4,659.	10c	2,161. 14,945.
	11	Investments - publicly traded securities			15,628.	11	14,945.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	17,092.
	16	Total assets. Add lines 1 through 15 (must equ	1,219,592.	16	1,809,346.		
	17	Accounts payable and accrued expenses			590,942.	17	161,682.
	18	Grants payable				18	
	19	Deferred revenue			4,000.	19	242,036.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			594,942.	26	403,718.
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
Fund Balances	27	Unrestricted net assets			624,650.	27	1,405,628.
Bali	28	Temporarily restricted net assets				28	
l br	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶∟			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	4 44
Z	33	Total net assets or fund balances			624,650.	33	1,405,628.
	34	Total liabilities and net assets/fund balances			1,219,592.	34	1,809,346.

Pa	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				68. 07.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5			-6	83.	
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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,	, 40!	5,6	28.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	3,				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	ı,				
	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 in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

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 THE CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

				HEART FOUND			-	0-4077320
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.	
he.	organi	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					-	the hospital's name,
		city, and state:	•				(, ,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental unit describ	ned in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/Δ)	(v)	
7	一	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	Titial part of its support i	ioiii a gov	errinentai	unit of from the general	public described in
8		A community trust describe		1VAVvi) (Complete Bor	+ II \			
9	H	•				nd in agni	ination with a land grant	collogo
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
40	X	university:						
IU	21	An organization that norma						
		activities related to its exen	-					
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor					20()(4)	
11	\square	An organization organized a	•	•	•			
12		An organization organized a	•	•	•			
		more publicly supported or	~					neck the box in
		lines 12a through 12d that				•	, ,	
а		Type I. A supporting orga	· ·	· ·	•			
		the supported organization			a majority (of the dire	ctors or trustees of the s	supporting
		organization. You must o						
D	L	Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						1 20
С		Type III functionally inte	-				•	ed with,
		its supported organization		•				
d		Type III non-functionally					• • • • • •	
		that is not functionally int	-	* *	•		•	iveness
		requirement (see instructi	•	•	•			
е		Check this box if the orga					a Type I, Type II, Type III	
	Ento	functionally integrated, or		nally integrated support	ing organia	zation.		
f		r the number of supported or ide the following information		d examination(s)				
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		
-4-								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

		tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) 6 Public support. Settled the 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from incleaded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, and income from shall a sources 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, atc. (see instructions) 13 First five years. If the Form 950 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreat line 8 from line 4 8 Pection B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sizelylarly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 30% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances' test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances' test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Expla	1	Gifts, grants, contributions, and						
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		·						
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	<u></u>
		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2018

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.)

Se	ction A. Public Support	now, picase comp	icto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	·	. ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,418,230.	2,711,480.	2,399,112.	2,509,205.	2,544,951.	12,582,978.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,418,230.	2,711,480.	2,399,112.	2,509,205.	2,544,951.	12,582,978.
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	c Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						12,582,978.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,418,230.	2,711,480.	2,399,112.	2,509,205.	2,544,951.	12,582,978.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	216.	244.	285.	400.	83.	1,228.
ł	unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	216.	244.	285.	400.	83.	1,228.
	Net income from unrelated business activities not included in 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.)				2,323.	30,507.	32,830.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,418,446.	2,711,724.	2,399,397.	2,511,928.	2,575,541.	12,617,036.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (lin		•	olumn (f))		15	99.73 %
	Public support percentage from 2017					16	99.97 %
	ction D. Computation of Inves						0.1
	Investment income percentage for 20			e 13, column (f))		17	.01 %
	Investment income percentage from 2	•				18	.01 %
198	a 33 1/3% support tests - 2018. If the						
ŀ	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the	organization did no	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, chec			•		ŭ	> ;;;
20	Private foundation. If the organization	i dia not check a h	ox on line 14, 19a	, or 190, check thi	is box and see ins	Tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
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		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(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	writing that the assets held in donor advised f	iunds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring		
_					
Pai			IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or e				
	Protection of natural habitat	Preservation of a certified	historic structure		
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str		. 2c		
a	Number of conservation easements included in (c) acquired				
•	listed in the National Register				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax		
4	Number of states where preparty subject to concernation as	coment is leasted			
4 5	Number of states where property subject to conservation ea				
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
Ū	b	Thanding of violations, and emoreing conserv	ation casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year		
-	▶ \$		caccinicate adming the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	· · · · · · · · · · · · · · · · · · ·			
	conservation easements.				
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that describes these items.				
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historic					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts		
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	in, provide		
	the following amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018		

832051 10-29-18

Sche	dule D (Form 990) 2018 THE CHII	DREN'S HE	ART	FOUNDA	TION		36-	407	7528	Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar As	sset	S (continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a sigi	nificant use o	f its co	ollection	item	s
	(check all that apply):										
a Public exhibition d Loan or exchange programs											
b	Scholarly research	е		Other							
С											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Par	t IV, lir	ne 9, or		
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	ssets not ir	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
	-	•							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		-]
Par											
	·	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three years b	ack	(e) Four y	ears	back
1a	Beginning of year balance	, ,	. ,	•	, ,	ì					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column (a	a)) held as:	I					
	Board designated or quasi-endowment	,	%	J, ("						
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	<u></u> *									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation th	at are held a	and administe	ered for the	organization				
	by:						3		Г	'es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the								0.0		
_	t VI Land, Buildings, and Equipm			.3.140.							
	Complete if the organization answered). Part I'	V. line 11a .	See Form 99	0. Part X. lii	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	1	d) Book	value	
	2000. Priority	basis (investr			(other)		eciation	l '	4, 200K	· aiut	-
12	Land	<u> </u>	-7	1 1 1 1 1 1	• /	= = #1	•				
ıu	Laira	·· 		-				—			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
e	Other		32,954.	30,793.	2,161.
Tota	. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10c.)	>	2,161.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 THE CHILDRE	EN'S HEART FO	DUNDATION	3	6-4077528	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes'					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes'					
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes'		ne 11d. See Form 990	, Part X, line 15.		
(a)	Description			(b) Book v	alue
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.))	<u> </u>	
Part X Other Liabilities.				_	
Complete if the organization answered "Yes'	on Form 990, Part IV, li		m 990, Part X, line 2	25.	
1. (a) Description of liability		(b) Book value	-		
(1) Federal income taxes					
(2)					
(3)					
(4)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(5) (6) (7) (8)

	dule D (Form 990) 2018 THE CHILDREN'S HEART FOUND			4077528 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,556,985
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a -683	<u> </u>	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-683
3	Subtract line 2e from line 1		3	2,557,668
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,557,668
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r 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	1,776,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	1,776,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0 .
5			5	1,776,007
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		ŕ	, , ,
PAF	RT X, LINE 2:			
	·			
THE	FOUNDATION QUALIFIES AS A TAX-EXEMPT FOU	NDATION UNDER SE	ECTI	ON 501C3 OF
	~			
THE	INTERNAL REVENUE CODE; THERFORE, NO PROV	ISION FOR INCOME	TA:	XES HAS
BEI	N MADE IN THE FINANCIAL STATEMENTS.			
тнг	FOUNDATION FILES INCOME TAX RETURNS IN T	HE U.S. FEDERAL	'IIIB	ISDICTION.
	- 1001,5111101, 11110 INCOME IM METORIA IN II	0.5. I DUIMI	5 511.	
тні	E FOUNDATION IS NO LONGER SUBJECT TO U.S.	FEDERAL INCOME	'AX	
EX/	AMINATIONS BY TAX AUTHORITIES FOR YEARS BE	FORE 2015.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE CHILDREN'S HEART FOUNDATION

Employer identification number 36-4077528

	DEREN S HEART FOON	דעת	TON		30-4077	<u>JZ</u> 0
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indicate whether the organization rais		ng acti	vities.	Check all that apply		
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants		
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of						
key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the		iani io	agree	ments under which	the fundraiser is to t	De .
compensation at least 40,000 by the				-		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
Total			<u> </u>			:
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contric	outions	s or nas been notifie	a it is exempt from re	egistration

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1 EXTERNAL SPECIAL EVEN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	825,622.			825,622.
	2	Less: Contributions	807,749.			807,749.
	3	Gross income (line 1 minus line 2)	17,873.			17,873.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	378.			378.
Δ	8	Entertainment	1,250. 92,555.			1,250.
	9	Other direct expenses	92,555.			92,555.
	10	, ,	. , , , , , , , , , , , , , , , , , , ,			94,183. -76,310.
Da	ırt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	2 000 Dort IV line 10 or	rangeted mare than	-/6,310.
Г	וונו	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
Revenue		\$10,000 0m 0m 000 LL, mio 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses r Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 THE CHILDREN'S HEART FOUNDATION 36-	4077528	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ 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
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
_	The root, officer harmonian address of the time party.		
	Name		
	Address ►		
16	Gaming manager information:		
10	Garning manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,, e,	,
	105, 105, 10, and 175, as applicable. 7 list provide any additional information. 355 instructions.		

Schedule G	G (Form 990 or 990-EZ)	THE CHILDREN'S	HEART	FOUNDATION	36-4077528 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
_					

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE CHILDREN'S HEART FOUNDATION						Employer identification number $36-4077528$	
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	sistance?						tion Yes X No
Part II Grants and Other Assistance t					anization answered "	Yes" on Form 990. Par	t IV. line 21, for any
recipient that received more tha	=						- · · , ····- = · , · - · · - · · ,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE			419,239.	0.			RESEARCH
DALLAS, TX 75231			419,239.	0.			RESEARCH
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA , IL 60143			35,000.	0.			RESEARCH
LISA BERGERSEN, MD 300 LONGWOOD AVE BOSTON, MA 02115			40,000.	0.			RESEARCH
JESSICA GARBEN 345 PARK BLVD. ITASCA , IL 60143			35,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3	and government or	rganizations listed in t	he line 1 table	1	l	1	>

3 Enter total number of other organizations listed in the line 1 table

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	rered "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 I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
	,	,	, ,	(),		

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

THE CHILDREN'S HEART FOUNDATION	36-4077528
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S BOARD TREASURER REVIEWS FORM 990 AND D	ISCUSSES IT DURI
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 FREQUEN	CY TO BE
PRESCRIBED BY THE BOARD OF DIRECTORS, SHALL BE REQUIRED,	AS A CONDITION O
HIS OR HER OFFICE, TO DISCLOSE FULLY ANY INTEREST THAT CO	ULD GIVE RISE TO
CONFLICT OF INTEREST AS DEFINED IN ARTICLE 8 OF THE ORGAN	IZATION'S BYLAWS
AND ANY POLICY ADOPTED BY THE BOARD RELATING TO CONFLICT	OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF IN	TEREST POLICY AR
AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAI	LABLE ON THEIR
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OV	ERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE IN	DEPENDENT
ACCOUNTANT ON AN ANNUAL BASIS.	