THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning , 2023, and ending

OMB No. 1545-0047

Department of the Treasury

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer CONGENITAL HEART DEFECT COALITION 27-4808551 MICHAEL LAUB Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize HOLLAND AND COMPANY CPA'S 05399 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22049405399 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. HOLLAND AND COMPANY CPA'S 05/10/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning	and	l ending	_	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres	S CONGENITAL HEART DEFECT	COALTTON			
	Name change		COMMITTON		27-48085	51
	Initial return Final	Number and street (or P.O. box if mail is not delived 45 CAREY AVE	vered to street address)	Room/suite 250-1	E Telephone number 973850632	
	—lreturn/ termin ated		7IP or foreign postal code		G Gross receipts \$	268,327.
	Ameno	BUTLER, NJ 07405			H(a) Is this a group re	
	Applic tion		HAEL LAUB		for subordinates	
	pendir	9 45 CAREY AVE, SUITE 250-	-1, BUTLER, NJ	07405	H(b) Are all subordinates in	cluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J	Websit				H(c) Group exemption	
		g	ociation Other	∟ Year	of formation: 2011	f State of legal domicile: $f NJ$
P	art I	Summary				
e	1	Briefly describe the organization's mission or most	significant activities: COMM	UNITY	BUILDING AND	<u> </u>
auc		FUNDRAISING ACTIVITIES FOR				
/ern			tinued its operations or dispo			_
Activities & Governance		Number of voting members of the governing body (<u>6</u>
∞		Number of independent voting members of the gov			·····	0
ţies		Total number of individuals employed in calendar ye				0
Ξ̈́		Total number of volunteers (estimate if necessary)				0.
Ą		Total unrelated business revenue from Part VIII, col Net unrelated business taxable income from Form S				0.
	+ -	Net differated business taxable income from Forms	990-1, Fait i, iiile 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			180,663.	268,327.
Revenue	9				0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4,			0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	-74,341.
		Total revenue - add lines 8 through 11 (must equal I			180,663.	193,986.
		Grants and similar amounts paid (Part IX, column (A			124,242.	143,993.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
S		Salaries, other compensation, employee benefits (P			5,474.	6,811.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line		0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		66,616.	39,634.
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		196,332.	190,438.
	19	Revenue less expenses. Subtract line 18 from line 1	12		-15,669.	3,548.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
Sset	20				108,621.	112,169.
et A	21				0.	112 160
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		108,621.	112,169.
		Ities of perjury, I declare that I have examined this return, i	neludina accompanyina cehadul	oc and etatom	uente, and to the heet of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer				Kilowieuge allu bellel, it is
11 11 11	, 001100	t, and complete. Declaration of proparer (other than officer) is based on all illiornation of w	mich proparci	ilas arry knowledge.	
Sig	ın	Signature of officer			Date	
He		MICHAEL LAUB, EXECUTIVE D	RECTOR			
110		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	[1	Date Check	X PTIN
Pai	d	31 1 1	,	lo	05/10/24 if self-employe	
	parer	Firm's name HOLLAND AND COMPAN	NY CPA'S	I	Firm's EIN 2	2-3108025
Use	Only	Firm's address 411 POMPTON AVENUE	3			
		CEDAR GROVE, NJ 07	7009		Phone no. 97	3-857-0666
Ма	y the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No
						E 000 (0000)

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	CREATE A UNIFIED COMMUNITY OF INDIVIDUALS AND FAMILIES AFFECTEI	BY THE
	CONGENITAL HEART DEFECTS FOR THE PURPOSE OF MUTUAL SUPPORT AND	
	FUNDRAISING FOR SCIENTIFIC AND MEDICAL RESEARCH IN THE FIELD OF	CHD
	CAUSES, DIAGNOSIS, AND CARE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 40 , 277 • including grants of \$) (Revenue \$ \$	76 230 \
4a	(Code:) (Expenses \$40 , 277 • including grants of \$) (Revenue \$)	10,230.
	TRICKI IKAI	
	24.064	163,739.)
4b	(Code:) (Expenses \$ 34,064. including grants of \$) (Revenue \$)	103,739.
	CIID WALK FONDAI	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.) (Expenses \$ 116,097. including grants of \$) (Revenue \$,
40	100 420)
-10	Total program service expenses 190,438.	Form 990 (2023)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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			
	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 donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		х
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		х
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			
	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 Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Dort IV	Charlist of Doguired Cahadulas	/ N
Partiv	Checklist of Required Schedules	(continuea)

			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		X
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			v
04 -	Schedule J	23		X
24 a	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			ĺ
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	21	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	l .

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		37			
3a			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X			
b	If "Yes," enter the name of the foreign country	- (FDAD)						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action the appropriate of providing the appropriate of the providing of the p	•	F-		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Form 2006 T2		5b 5c		- 22			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30					
ua			6a		Х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa					
b	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
	reme william to the state of th	visco provided to the payor.	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
•	to file Form 8282?	•	7c		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 or	ontract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h								
8	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? \dots		9b					
10	Section 501(c)(7) organizations. Enter:	ı						
а		10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I	IZa					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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.		100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
		13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or						
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		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								
	ore members of the governing body?							
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					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c						
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?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NJ							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MICHAEL LAUB - 9738506320							
	45 CAREY AVENUE SUITE 250-1, BUTLER, NJ 07405							

Form **990** (2023)

27-4808551

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Check this box if neither the organizar (A)	(B)	J. gc			C)	اں م	.cut	(D)	(E)	(F)
(A) Name and title				ر) Pos	رر ition	1		Reportable		(r) Estimated
name and title	Average hours per		not c	heck	more	than is bot		compensation	Reportable compensation	amount of
	week	offi	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	. direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	omp.		1099-NEC)		and related
	below	vidua	tution	je.	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) CATHY BIAMONTE	8.00									
OFFICE MANAGER					Х			6,811.	0.	0.
(2) MICHAEL LAUB	10.00									
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(3) MICKEY WILDER	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) MICHAEL BIAMONTE	5.00									
CHAIRMAN OF THE BOARD		Х		х				0.	0.	0.
(5) MICHAEL LUTERAN	5.00									
SPONSORSHIP		X		x				0.	0.	0.
(6) BARBARA MCFADDEN	5.00									
RESEARCH COORDINATOR		X		x				0.	0.	0.
(7) KEVIN NOVRESKE	5.00							_	_	
VICE PRESIDENT		X		x				0.	0.	0.
(8) LINDA BAAMONDE	5.00								•	
MARKETING OPERATIONS		1		x				0.	0.	0.
(9) ROBYN STEINBERG	5.00								•	
WEBSITE COORDINATOR		1		x				0.	0.	0.
		1								
		1								
		1								
		4								
		1								
		<u> </u>			<u> </u>					
		1								
		1								
					ĺ					

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	ition more rson		one :h an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensation om the inization related nizations
	Subtotal								6,811.	0.		0.
	Total from continuation sheets to Part VI								0.	0.		0.
	Total (add lines 1b and 1c)								6,811.	0.		0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportable		0
	compensation from the organization										1	Yes No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp		3	х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization	4	Х
5	Did any person listed on line 1a receive or a											
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	uch	pers	son .				5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co the organization. Report compensation for										sation fr	om
	(A) Name and business	address	N	ONE	E				(B) Description of s	ervices ((C) Compen	
					<u>-</u>				·		•	
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot li	mite	d to		se li:	stec	d above) who received m	nore than		
	, Jegania	-									Form C	90 (2023)

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Form 990 (2023) CONGENI
Part VIII Statement of Revenue CONGENITAL HEART DEFECT COALITION

			o or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a respons	se or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Toveride		business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
<u>s</u> al	b	Membership dues 1b					
β, F	С	Fundraising events 1c	239,969.				
# Z		Related organizations 1d					
S,E		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
널	•		28,358.				
문원		similar amounts not included above 1f	20,330.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f 1g \$		260 227			
<u>a</u> C	h	Total. Add lines 1a-1f		268,327.			
			Business Code				
e e	2 a						
ē Z	b	·					
ري <u>در</u>	С						
eve	d						
Program Service Revenue	е						
P.	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, into					
	3						
		/					
	4	Income from investment of tax-exempt bond	· .				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
ē	c	Gain or (loss) 7c					
Şe/		Net gain or (loss)	1				
her Revenue		Gross income from fundraising events (not					
g	0 a	including \$ 239,969 • of					
٠							
		contributions reported on line 1c). See	$_{\rm Ba}$ 0.				
			 				
		· · · · · · · · · · · · · · · · · · ·		7/ 2/1			74 241
		Net income or (loss) from fundraising events		-74,341.			-74,341.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	e l				
	b	Less: direct expenses)b				
	С	Net income or (loss) from gaming activities_					
	10 a	Gross sales of inventory, less returns					
		and allowances1	0a				
	b		0b				
		Net income or (loss) from sales of inventory	'				
		entrolly and the second	Business Code				
snc	11 a						
ne Tue			-				
Miscellaneous Revenue	b		-				
Re	C		-				
Ξ		All other revenue					
		Total. Add lines 11a-11d		102 006	^		7/ 2/1
	12	Total revenue. See instructions		193,986.	0.	ι υ.	-74,341.

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).

Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	122 222	100 000		
	and domestic governments. See Part IV, line 21	139,993.	139,993.		
2	Grants and other assistance to domestic	4 000	4 000		
	individuals. See Part IV, line 22	4,000.	4,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	6 011	6 011		
	trustees, and key employees	6,811.	6,811.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b	Legal	945.	945.		
С	5 ······	343.	940.		
d	, <u> </u>				
e	š , ,				
f	Investment management fees				
g	,				
40	column (A), amount, list line 11g expenses on Sch 0.)	3,136.	3,136.		
12	Advertising and promotion	3,130.	3,130.		
13	Office expenses				
14 15	Information technology				
15 16	Royalties	14,472.	14,472.		
17	Occupancy	11/1/20	11/1/20		
18	Payments of travel or entertainment expenses				
10	,,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	. F				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,779.	1,779.		
23 24	Insurance Other expenses. Itemize expenses not covered	=,	_,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HOSPITAL OUTREACH PROGR	8,587.	8,587.		
h	CARD PROCESSING FEES	4,932.	4,932.		
C	OTHER FAMILY & COMMUNIT	2,227.	2,227.		
d	TELEPHONE AND INTERNET	1,895.	1,895.		
e	A.II I	1,661.	1,661.		
25	Total functional expenses. Add lines 1 through 24e	190,438.	190,438.	0.	0
26	Joint costs. Complete this line only if the organization	,	,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	and the factor of the factor o				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 112,169. 108,621. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 108,621. 112,169. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 30 108,621. 112,169. 31 31 Retained earnings, endowment, accumulated income, or other funds 108,621. 112,169. Total net assets or fund balances 32 108,621. 112,169. 33 Total liabilities and net assets/fund balances ...

Form **990** (2023)

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

	n 990 (2023) CONGENITAL HEART DEFECT COALITION	27-48	308551 F	Page 12
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	193,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	190,	
3	Revenue less expenses. Subtract line 2 from line 1	3		548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,	621.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	112,	169.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Sche	dule O.		
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 revie	wed 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	arate basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			

Form 990 (2023)

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За

SCHEDULE A

(Form 990)

Total

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

CONGENITAL HEART DEFECT COALITION 27-4808551 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2023 C	<u>ONGENITAL</u>	HEART DE	EFECT COAL	LITION	27-480	8551 Page 2
Part II Support Schedule for	_					-
(Complete only if you checked			-	on failed to qualify	under Part III. If th	e organization
fails to qualify under the tests	listed below, plea	ase complete Part	: III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
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. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						

Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						

	Total Support the same of an engineer				
12	Gross receipts from related activities, etc. (see instructions)	12			
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 8	501(c)(3)		
	organization, check this box and stop here				
Sec	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14		9/	
15	Public support percentage from 2022 Schedule A, Part II, line 14	15		9/	
16a	33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore,	check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization				
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box				
	and stop here. The organization qualifies as a publicly supported organization				
17a	a 10% -facts-and-circumstances test - 2023. If 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 ho	w the organiz	ation	
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization				
b	10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or	17a, a	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	n Par	t VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	izatio	n		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	and se	ee instruction	s	

Schedule A (Form 990) 2023

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	clow, picase comp	nete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(,	(10) 2020	(0) = 0 = 1	(=) ====	(0) = 0 = 0	(1) 1 5 1 11.
	membership fees received. (Do not						
	include any "unusual grants.")	344,526.	159,518.	213,151.	180,663.	268,326.	1166184.
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 business under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	344,526.	159,518.	213,151.	180,663.	268,326.	1166184.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1166184.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023 268,326.	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	344,526.	159,518.	213,151.	180,663.	268,326.	1166184.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	344,526.	159,518.	213,151.	180,663.	268,326.	1166184.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
_	check this box and stop here		······				<u></u>
	ction C. Computation of Publ						100 00
	Public support percentage for 2023 (I						100.00 %
	Public support percentage from 2022					16	%
	ction D. Computation of Inves			10 1 (0)		47	•00 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2023. If the						I / is not
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ar did not check a !	oox on line 14. 19	a. or 190. Check th	us oox and see ins	structions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	iva		
	10b		
مارية	Δ (Forr	n 990	2023

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Seci	tion C. Type II Supporting Organizations		1	·
			Yes	No
	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). tion D. All Type III Supporting Organizations	_ 1		<u> </u>
000	tion b. All Type in 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		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instruction	ns).		
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 governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	6.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
L)	DIG THE OFGENERATION EXCLUSE A SUBSTAINAL GRAPE OF UNEQUOIDOVER THE DOLICIES, DIOGRAMS, SHO SCHVINES OF EACH			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st complete	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 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990) 2023

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

	(10111 000) 2020
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Employer identification number Name of the organization CONGENITAL HEART DEFECT COALITION 27-4808551 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CHD WALK	NONE	(add col. (a) through
			TRICKY TRAY	FUNDAY		col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue						
Seve	1	Gross receipts	76,230.	163,739.		239,969.
ш						
	2	Less: Contributions	76,230.	163,739.		239,969.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	_	D . 16				
фе	6	Rent/facility costs				
Έ	_	- · · · · ·				
irec	′	Food and beverages				
Ω		Entartainment				
		Entertainment Other direct expenses	40,277.	34,064.		74,341.
		Direct expense summary. Add lines 4 through		34,004.		74,341.
		Net income summary. Subtract line 10 from li	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-74,341.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.		, , ,	<u>-</u>	
4		*	() D:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ж	1	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ct E						
)ire	4	Rent/facility costs				
_						
	5	Other direct expenses				
	_		Yes %	Yes%	Yes %	
	6	Volunteer labor	∟ No	∟ No	└── No	
	_	Divert average average. Add lines Others al	h E in a a lumana (al)			
	′	Direct expense summary. Add lines 2 through				
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line 7	nomine i, column (a)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
~						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:				
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	nedule G (Form 990) 2023 CONGENITAL HEART DEFECT COALITION 27-4	1808551	. 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	%
	a The organization's facility	13b	/ 0
	o An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
k	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) CONGENITAL HEART DEFECT COALITION 27	/-4808551	Page 4
Schedule G (Form 990) CONGENITAL HEART DEFECT COALITION 27 Part IV Supplemental Information (continued)		
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-		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 27-4808551

CONGENITAL HEART DEFECT COALITION

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	benefits	(E) Total of columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHY BIAMONTE	(i)	6,811.	0.	0.	0.	0.		0.
OFFICE MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONGENITAL HEART DEFECT COALITION

Employer identification number 27-4808551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
DEFECTS. PRIMARY USE OF FUNDS IS TO FUND SCIENTIFIC RESEARCH IN THE							
FIELD OF CHD'S AT LOCAL HOSPITALS AND UNIVERSITIES. SECOND USE OF							
FUNDS IS FOR OUTREACH AND COMMUNITY EVENTS							
FORM 990, PART VI, SECTION B, LINE 11B:							
990 IS REVIEWED BY BOARD MEMBERS PRIOR TO SUBMISSION TO IRS							
FORM 990, PART VI, SECTION C, LINE 19:							
ALL DOCUMENTS WILL BE SUPPLIED UPON REQUEST							

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

Schedule O (Form 990) 2023