### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

A	For th	e 2022 calendar year, or tax year beginning and	i enaing		
B	Check if applicab	le: C Name of organization		D Employer identifi	cation number
	Addre	CU KIDS AT HEART, INC.			
	Name			81-49058	53
	Initial		Room/suite		
	Final returr	35 CORPORATE DRIVE	300	781-933-	
	termi ated			G Gross receipts \$	460,337.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: UANE MELCHIONDA		for subordinates	
	pend	<sup>mg</sup> 35 CORPORATE DRIVE, BURLINGTON, MA 018	303	H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	xempt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Webs			H(c) Group exemption	n number
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2016	<b>M</b> State of legal domicile: <b>MA</b>
Pa	art I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities: TO H			
Governance		AND HAPPY LIVES THROUGH THE FUNDING OF M			
erné	2	Check this box if the organization discontinued its operations or dispo	sed of more		1
Š	3				5
کہ ص	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	0. Current Year
				436,674.	448,645.
an	8	Contributions and grants (Part VIII, line 1h)		430,074.	448,845.
Revenue	9	Program service revenue (Part VIII, line 2g)		116.	1,377.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,574.	5,692.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,364.	455,714.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		615,918.	452,403.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,397.	6,252.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		626,315.	458,655.
	19	Revenue less expenses. Subtract line 18 from line 12		-182,951.	-2,941.
Net Assets or	6		Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		249,995.	247,354.
tAs	21	Total liabilities (Part X, line 26)		3,700.	4,000.
ENe.	22	Net assets or fund balances. Subtract line 21 from line 20		246,295.	243,354.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Circulture of officer		Dete	
Sia	n	Signature of officer		Date	

Sign	Signature of officer	Dale							
Here	DAVID HOANG, TREASURER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature, Date Check PTIN								
Paid	KEVIN BONNETT, CPA	hum Banut	05/10/23 self-employed P01384136						
Preparer	Firm's name GERALD T. REILLY	& COMPANY	Firm's EIN 04-2513210						
Use Only	Firm's address 424 ADAMS STREET								
	MILTON, MA 02186 Phone no. 617-696-8900								
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No									
232001 12-1	J2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

Form	1990 (2022) CU KIDS AT HEART, INC.	81-4905853	Page <b>2</b>
Pa	rt III 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:		
	TO HELP CHILDREN LEAD HEALTHY AND HAPPY LIVES THROUGH		
	RESEARCH ACTIVITIES AIMED AT THE PREVENTION, TREATMENT	AND/OR CURE (	OF
	PEDIATRIC NEUROLOGICAL DISEASES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		s X No
	prior Form 990 or 990-EZ?	Ye	S [A] NO
2	If "Yes," describe these new services on Schedule O.		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service 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 massured by expense	<b>c</b>
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.		and
4a	(Code: ) (Expenses \$ 452,403. including grants of \$ 452,403. ) (F	Revenue \$ 448	<b>,645.</b> )
	THROUGH A VARIETY OF FUNDRAISING EVENTS AND ACTIVITIES		<u>,                                     </u>
	ORGANIZATION COLLECTS DONATIONS FROM THE EMPLOYEES, ME		
	PHILANTHROPIC CONTRIBUTIONS OF CREDIT UNIONS THROUGHOU	T THE UNITED	
	STATES; SUPPORTING CORPORATIONS; AND THE GENERAL PUBLI	C. DONATIONS	
	RAISED BY THE ORGANIZATION ARE DISTRIBUTED TO VARIOUS	NON-PROFIT	
	ENTITIES TO FUND MEDICAL RESEARCH IN LINE WITH THE ORG		
	MISSION. THE ORGANIZATION ALSO WORKS TO RAISE AWARENES	S OF RARE	
	PEDIATRIC DISEASES AND RELATED MEDICAL RESEARCH.		
4b	(Code:) (Expenses \$ including grants of \$) (F	levenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
<u></u>	Other program convices (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	٨	
40	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses     452,403.	)	
40			990 (2022)

 Form 990 (2022)
 CU KIDS AT HEART, INC.

 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? 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		X
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		X X
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		X X
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		X X
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 X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	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			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120		12a		x
h	Schedule D, Parts XI and XII	120		<u> </u>
5	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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 Form 990 (2022)
 CU KIDS AT HEART, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	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			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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	07		x
<b>00</b>	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?	1		
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
,			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 1b 1b</b>	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	Did the organization comply with backup with bounding rules to reportable payments to vehiclos and reportable gaming			

rga mpiy ng r reportable pay эp g ١ŀ (gambling) winnings to prize winners?

1c

Form	990 (2022) CU KIDS AT HEART, INC. 81-49	05853	Р	age <b>5</b>	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			37	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_X_	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X	
D	If "Yes," enter the name of the foreign country	-			
Fe	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X	
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			- 23	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
ou	any contributions that were not tax deductible as charitable contributions?	6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
~	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? <b>7a</b>		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	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 contract?	7e		Х	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
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		X	
9	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?	<u>9b</u>			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	_			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a	_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
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			
u	<b>Note:</b> 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	_			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	. 15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	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 activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

	Form	990	(2022)
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CU	KIDS	AΤ	HEART,	INC.
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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 resp	onse or note to any	/ line in this Part VI	

X

Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5				
	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		5				
2						
_	officer, director, trustee, or key employee?	2		x		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X		
6	Did the survey institute have an end of the block of	6		X		
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
74	more members of the governing body?	7a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10				
D	a second other the approximation hash Q	7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10				
		0.0	x			
	The governing body?	<u>8a</u>	X			
b	Each committee with authority to act on behalf of the governing body?	8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ A		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.			
10-	Did the survey institute have been been shown as a filling of	40-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?	10a				
D	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				
	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.		v			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ A			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37			
	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	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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 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 <u>MA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	8)s only	availa	ble		
	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, a	nd finar	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					
	DAVID HOANG - (781) 933-9950					
	35 CORPORATE DRIVE, BURLINGTON, MA 01803					

Form 990 (2022)	CU KIDS AT HEART, INC.	81-4905853 Page 7
-	isation of Officers, Directors, Trustees, Key Employees ees, and Independent Contractors	s, Highest Compensated
	chedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees
<ul> <li>List all of the orga</li> </ul>	e for all persons required to be listed. Report compensation for the calen anization's <b>current</b> officers, directors, trustees (whether individuals or o , (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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1711 US		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related
	below	ridual	In stitutional trustee	er	Key employee	Highest compensated employee	Ter			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) JANE MELCHIONDA	1.00									
CHAIRMAN		Х		х				0.	0.	0.
(2) DAVID HOANG	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) ROBERT BARTOL	1.00									
SECRETARY/CLERK		Х		Х				0.	0.	0.
(4) CYNTHIA NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ASIM MIAN	1.00									
DIRECTOR		Х						0.	0.	0.
							L			

Form 990 (2022) CU KIDS 2		-							81-49	0585	<u>3</u>	-age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		· ,			
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unles	ss per	ition more rson is	) than o s both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimation amountion othe	t of
	(list any hours for related organizations below	ndividual trustee or director	institutional trustee	er	Key em ployee	Highest compensated employee	ner	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/ C	ompens from t organiza and rela rganiza	ation he ation ated
	line)	Indiv	Insti	Officer	Key 6	High emp	Former					
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								0 • eceived more than \$100,		0.		0.
compensation from the organization											Yes	-
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3		x
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>Did any parage listed on line 1a receive are</li> </ul>	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J fo	or such individual	-	4		x
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors</li> </ul>										5		X
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-	-								nsation	from	
(A) Name and business			ONE	0				(B) Description of s		Com	(C) pensatio	on
2 Total number of independent contractors (ii \$100.000 of compensation from the organi	•	ot lin	nitec	d to f	thos C		ted	above) who received me	ore than			

					DS AT	HE	ART, I	NC	•		81-4905	853 Page <b>9</b>
Pa	rt V	111	Statement of Re	ven	ue							
			Check if Schedule O	conta	ains a respo	nse	or note to a	ny lin		(P)	(0)	
									<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
									Total Tovende		business revenue	from tax under
												sections 512 - 514
nts Its	1	а	Federated campaigns									
jai our			Membership dues									
A S		С	Fundraising events		1c							
ar Sift		d	Related organizations		1d							
ini, 0		е	Government grants (contr	ibuti	ons) <b>1e</b>							
r S		f	All other contributions, gifts,	grant	ts, and							
the			similar amounts not included	l abov	/e <b>1</b> f		448,64	15.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	la-1f <b>1g</b> \$	6						
a C		h	Total. Add lines 1a-1f						448,645.			
							Business C	ode				
ė	2	а										
۳ <u>ج</u> ز		b										
Se		с										
an eve		d										
Program Service Revenue		е										
Å		f	All other program service	reve	nue							
			Total. Add lines 2a-2f									
	3		Investment income (includ									
									1,377.			1,377.
	4		Income from investment of									
	5		Royalties									
			,		(i) Real		(ii) Perso					
	6	а	Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss)	-	•							
			Gross amount from sales of	/	(i) Securit		(ii) Othe					
		u	assets other than inventory	7a			(					
		h	Less: cost or other basis	74								
Ð		D	and sales expenses	7b								
venue		~	Gain or (loss)	7c								
eve			Net gain or (loss)									
er Re			Gross income from fundraisi			·····						
Other	0	a	including \$	-								
0			contributions reported on									
					,		10,00	۱ <u>۵</u>				
			Part IV, line 18			8a 8b						
			Less: direct expenses						6,635.			6,635.
			Net income or (loss) from		-		<u> </u>		0,055.			0,055.
	9	а	Gross income from gamin	-								
			Part IV, line 19			9a						
			Less: direct expenses			9b						
			Net income or (loss) from			s <u></u>						
	10	а	Gross sales of inventory, I				21	F				
		_	and allowances			10a		5.				
			Less: cost of goods sold			10b			0.4.2			042
		С	Net income or (loss) from	sales	s of inventor	у			-943.			-943.
s							Business C	ode				
Miscellaneous Revenue	11											
evenue:		b										
scel		C										
Nis			All other revenue									
		е	Total. Add lines 11a-11d						155 714	0.	0	7 060
	12		Total revenue. See instruction	ons					455,714.	U .	0.	7,069.

25

26

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_\_\_if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

	990 (2022) CU KIDS AT H t IX   Statement of Functional Expense			81-4	9
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	452,403.	452,403.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disgualified				
	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):				_
 а					
	Management				_
		4,000.		4,000.	
	Accounting	4,0001		4,000.	_
d	Lobbying Professional fundraising services. See Part IV, line 17				
-					_
f	Investment management fees				
g	( °				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	756.		756.	
13	Office expenses	/50.		750.	
14 45	Information technology				
15	Royalties				
16 17					
17 10	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					_
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MERCHANT SERVICE FEES	1,496.		1,496.	
b		_, _, ,		_,,	
c					
d					
	All other expenses				
	Total functional expanses Add lines 1 through 24a	458 655	452 403	6 252	_

452,403.

458,655.

**(D)** Fundraising expenses

0.

6,252.

J	KIDS	AT	HEART,	INC.	
---	------	----	--------	------	--

		Check if Schedule O contains a response or no	te to any	line in this Part X			·····	
					<b>(A)</b> Beginning of yea			<b>(B)</b> End of year
	1	Cash - non-interest-bearing			245,92	0.	1	243,623.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current o	r former	officer, director,				
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%				
		controlled entity or family member of any of the	se perso	ns			5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)			6	
ŝ	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Š	9				4,06	9.	9	3,514.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	980.				
	b	Less: accumulated depreciation		980.		0.	10c	0.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line					12	
	13	Investments - program-related. See Part IV, line	11				13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				6.	15	217.
	16	Total assets. Add lines 1 through 15 (must equ			249,99	95.	16	247,354.
	17	Accounts payable and accrued expenses			3,70	0.	17	4,000.
	18	Grants payable				18		
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete					21	
s	22	Loans and other payables to any current or form	ner office	er, director,				
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%				
abil		controlled entity or family member of any of the	se perso	ns			22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties			23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties			24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third				
		parties, and other liabilities not included on line	s 17-24).	Complete Part X				
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25			3,70	0.	26	4,000.
		Organizations that follow FASB ASC 958, che	eck here	X				
Ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions			186,44		27	223,704.
Bal	28	Net assets with donor restrictions			59,85	<b>i</b> 0.	28	19,650.
pu		Organizations that do not follow FASB ASC 9	958, che	ck here				
ЪЧ		and complete lines 29 through 33.						
٥ د	29	Capital stock or trust principal, or current funds					29	
set	30	Paid-in or capital surplus, or land, building, or e					30	
Ast	31	Retained earnings, endowment, accumulated ir					31	
Net Assets or Fund Balances	32	Total net assets or fund balances		····· -	246,29	5.	32	243,354.
~	33	Total liabilities and net assets/fund balances			249,99		33	247,354.

Form 990 (2022)

### Form 990 (2022) Part X Balance Sheet Cl

Form	1990 (2022) CU KIDS AT HEART, INC.	81-490	)5853	Pag	<sub>ge</sub> 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	455	,71	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	458	, 6!	55.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	, 94	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	246	, 2	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	243	, 3!	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	О.			
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	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , , , , , , , , , , , , , , , , ,				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <b>3</b> a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	L
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Total

## 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.

OMB No. 1545-0047
2022
Open to Public

							Open to Public Inspection		
Name of	the organizati	on						Employer	r identification numbe
			IDS AT HEA						1-4905853
Part I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	IS.	
The orgar	nization is not a	private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, cor	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>.</sup>	I)(A)(i).		
2	A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).		
4	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	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). ((	Complete Part II.)						
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X		-	-	ntial part of its support fi				ne general i	public described in
			complete Part II.)		Ũ			0 1	
8				(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(		ed in coniu	unction with a	land-grant	college
	-	-	-	ulture (see instructions).		-		-	-
	university:		5 5 5			, ,	,	5	
10		on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d aross receipts from
	-		•	t to certain exceptions; a				-	
				(less section 511 tax) fro					
			mplete Part III.)	(			····, ···.	,	
11				ively to test for public sa	fetv. See	section 50	)9(a)(4).		
12	-	-	-	ively for the benefit of, to	•			erry out the	purposes of one or
	-	-	-	ed in section 509(a)(1) o				-	
				f supporting organization					
a	_			upervised, or controlled					aivina
u _			-	gularly appoint or elect a	•	-		•••••	
		-	complete Part IV, Se		majority c				ipporting
b				l or controlled in connect	tion with it	s sunnorte	ad organizatio	n(s) by bay	vina
				anization vested in the sa			-		-
		-	st complete Part IV,		anic perso	113 11121 00		ge the supp	Jonea
c				g organization operated	in connoc	tion with	and functions	lly intograte	od with
		-		). You must complete I				ily integrate	a with,
d	_							rtad araani:	zation(a)
u		-		porting organization oper				-	
				zation generally must sat nplete Part IV, Sections					leness
•	_			written determination fro					
e 🗌		•					турет, туре	п, туре п	
f Ent				nally integrated supporti					
	er the number	• •	n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10	Yes	ing document?	support (see i	-	support (see instructions
				above (see instructions))	165				

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	~					01 400	
	edule A (Form 990) 2022 C	U KIDS AT	Described in	NC. Sections 170/h	$(1)(\Delta)(iv)$ and	81 - 490 170(b)(1)(A)(vi	
10	(Complete only if you checked	-		•			-
	fails to qualify under the tests				r lanca to quality a		organizi
See	ction A. Public Support	<i>,</i> ,	•	,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f)
	Gifts, grants, contributions, and	(4) = 0 + 0	(2) 2010	(0) =0=0	(4) = = = :		
	membership fees received. (Do not						
	include any "unusual grants.")	461,090.	448,674.	420,875.	443,493.	448,645.	222
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	4.61 000	440 684	400.000	440 400	110 615	
4	Total. Add lines 1 through 3	461,090.	448,674.	420,875.	443,493.	448,645.	222
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.						222
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f)
	Amounts from line 4	461,090.	448,674.	420,875.	443,493.	448,645.	222
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	29.	287.	109.	116.	1,377.	1
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.)						222
11			(ma)			10	444
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th	-		fourth or fifth toy y			
13	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publi			<u></u>	<u></u>		
14	Public support percentage for 2022 (I			column (f))		14	
15	Public support percentage from 2021					15	
	<b>33 1/3% support test - 2022.</b> If the o	,	<i>,</i>				< and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	<b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	13, 16a, 16b, or 1	7a, 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

5853 Page 2

(f) Total

2222777.

2222777.

2222777.

(f) Total 2222777.

1,918.

2224695.

X

%

%

L

20	Ρ	rivate
232023	3	12-09-22

e foundation.	If the organization did not check	a box on line 14,	19a, or 19b,	check this box and see instructions		
22				S	chedule A (Form 990) 2022	

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	<b>3 received from disqualified persons</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(1.) 0010	(-) 0000	(-1) 0001	(-) 0000	(1) Tabal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
с	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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17	%
40						1 1	
	Investment income percentage from a					18	%
	Investment income percentage from a 33 1/3% support tests - 2022. If the						
		organization did n	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### CU KIDS AT HEART, INC. Schedu Part III Support Schedule for Organizations Described in Section 509(a)(2)

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ule A (Form 990) 2022	(	
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Section A. Public Support

(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.)

#### 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.)

INC.

#### 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.

CU KIDS AT HEART,

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

Schedule A (Form 990) 2022

# Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990) 2022	CU	KIDS	AT	HEART,
Part IV	Supporting Organi	zation	S (contin	ued)	

2

			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			
Section B. Type I Supporting Organizations					
			Yes	No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			

INC.

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,

supervis	ed. or controll	led the supporting	a organization.
Section C.	Type II Su	pporting Org	anizations

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D.	All Typ	e III Sup	porting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 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		

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

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a 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.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

chedule A (Form 990) 2022 CU KIDS AT HEART, IN			81-4905853 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qu	alifying trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations	must complete S	Sections A through E.	-
ection 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		
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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 amoun	ıt,		
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		

1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

_	edule A (Form 990) 2022 CU KIDS AT H	EART, INC.		81	1- <b>4905853</b> Ра
Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Sect	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6				6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	- I	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
•					
5	Remaining underdistributions for years prior to 2022, if			I	
	-				
	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CU KIDS	AT	HEART,	INC.	81-4905853 Page 8
Part VI	line 1; Part IV, Section D,	lines 2 and 3; F	art IV, 3	Section E, line	es 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, olete this part for any additional information.

		Supplement	al Einanaial Statamanta	OMB No. 1545-0047
			al Financial Statements	2022
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022
	ment of the Treasury I Revenue Service		Attach to Form 990. 10 for instructions and the latest information.	Open to Public Inspection
_	e of the organizatio			Employer identification number
		CU KIDS AT HEART,		81-4905853
Pa	_	-	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lir		
	<b>T</b> . <b>i</b> . <b>i i i</b>	d of each	(a) Donor advised funds (l	b) Funds and other accounts
1 2		d of year contributions to (during year)		
2		grants from (during year)		
4		end of year		
5	Did the organizatio	ls		
	-		exclusive legal control?	
6	Did the organizatio	n inform all grantees, donors, and donor a	advisors in writing that grant funds can be used or	nly
	for charitable purpo	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose conferri	ng
De	impermissible priva			
Pa			ganization answered "Yes" on Form 990, Part IV,	line 7.
1		ervation easements held by the organizati		riably important land area
		of land for public use (for example, recrea f natural habitat	Preservation of a certif	rically important land area
		of open space		
2		• •	fied conservation contribution in the form of a cor	nservation easement on the last
_	day of the tax year.	<b>.</b> .		Held at the End of the Tax Year
а	Total number of co	nservation easements		2a
b		the set of the second second the second s		2b
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c
d	Number of conserv	vation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure lis	sted in the National Register		2d
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the organiz	zation during the tax
	year	· · · · · ·		
4		where property subject to conservation earlier bases a unittee policy reservation the policy reservation the policy reservation.		
5	-	ion have a written policy regarding the pe prcement of the conservation easements i	t helde0	Yes No
6	,		handling of violations, and enforcing conservation	
Ŭ				
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sements during the year
8			ve satisfy the requirements of section 170(h)(4)(B)(	
9		•	on easements in its revenue and expense stateme	
			note to the organization's financial statements tha	t describes the
Pa		ounting for conservation easements. Itions Maintaining Collections o	f Art, Historical Treasures, or Other Si	imilar Assets.
		the organization answered "Yes" on Form		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	nce sheet works
			blic exhibition, education, or research in furtheran	
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	-	· · ·	58, to report in its revenue statement and balance	
			c exhibition, education, or research in furtherance	of public service,
		ng amounts relating to these items:		
~				
2			asures, or other similar assets for financial gain, p	provide
~	-	Ints required to be reported under FASB A	-	¢
a h				
<u> </u>	, assets included III	10111000,1 att A		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Sche	dule D (Form 990) 2022 CU KIDS	AT HEART,	INC.			81-49	0585	3 р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Oth	er Simila	r Assets	) (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	e significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	he organization's e>	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	f art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma			llection?			Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	on answered "Yes"	on Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contribution	s or other assets no	ot included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				<b>1f</b>				
2a	Did the organization include an amount on F	orm 990, Part X, line :	21, for escrow or c	ustodial account lia	bility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V</b> Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	- · ·	,	. ,	r years	back
1a	Beginning of year balance	0.	50,000.		•	25,000.			
b	Contributions	0.	25,000.			25,000.		25,	000.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		75,000.						
f	Administrative expenses								
g	End of year balance			50,000	•	50,000.		25,	000.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	l)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organization	tion that are held a	nd administered for	the			Vee	Nia
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4   Dor	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.						
Fai			Dout IV line 110 C	Can Farm 000 Dart	V line 10				
	Complete if the organization answere					.	<i></i> -		
	Description of property	(a) Cost or ot basis (investm	. ,		Accumulat depreciation		(d) Boo	k valu	e
1a	Land								
	Buildings								
с	Leasehold improvements								
d	Equipment			980.	9	80.			0.
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part >	K. column (B), line 1	'0c.)					0.
						<u> </u>			

Schedule D (Form 990) 2022

#### CU KIDS AT HEART, INC. Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)

(3) (4) (5) (6) (7) (8) (9)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CU KIDS AT HEART, INC.		81-4905853 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial Si		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>18.)</u>	
Pa	rt XIII Supplemental Information.		

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

#### PART V, LINE 4:

THE INVESTMENT EARNINGS FROM THE ENDOWMENT FUND WILL BE USED TO PAY FOR

ANNUAL OPERATIONAL EXPENSES OF THE ORGANIZATION. DURING 2021 THE DONOR OF

THESE ENDOWMENT FUNDS RELEASED THE RESTRICTIONS FOR THE FUNDS TO BE USED

TO SUPPORT THE ORGANIZATIONS EXEMPT PURPOSE WHICH HAS BEEN SHOWN AS AN

EXPENDITURE IN SCHEDULE D PART V.

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni on Form 990, Pa	ted States		20	1545-0047 <b>22</b>
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form .gov/Form990 for		ation.			o Public ection
Name of the organizatio	on CU KIDS A	ጥ ዣፑኔρጥ						Employer identificati	on number 05853
Part I General Inf	formation on Grants a	1						01 49	03033
criteria used to av <b>2</b> Describe in Part I	ation maintain records t ward the grants or assis V the organization's pro	tance? cedures for monit	oring the use of grant	funds in the United	l States.			X Yes	□ No
	I Other Assistance to I at received more than \$					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistant	0
CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	CORPORATION	04-2774441	501C3	352,403.	0.			FUND RESEARCH AC' AIMED AT THE PREV TREATMENT, AND/OI PEDIATRIC NEUROLO	VENTION, R CURE OF
BETH ISRAEL DEACON CENTER - 330 BROOK BOSTON, MA 02215		04-2103881	501C3	100,000.	0.			PEDIATRIC BRAIN ( RESEARCH TO SUPPO GROUNDBREAKING WO THE PANIGRAHY LAI	ORT THE ORK OF
2 Enter total number	er of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table					2.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

CU KIDS AT HEART, INC.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Dravida the information					

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHILDRENS HOSPITAL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND RESEARCH ACTIVITIES AIMED AT

THE PREVENTION, TREATMENT, AND/OR CURE OF PEDIATRIC NEUROLOGICAL

DISEASES, INCLUDING MOYAMOYA DISEASE, CEREBRAL PALSY, PEDIATRIC EPILEPSY

AND OTHER SEIZURE DISORDERS, AND PEDIATRIC BRAIN CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: BETH ISRAEL DEACONESS MEDICAL CENTER

#### (H) PURPOSE OF GRANT OR ASSISTANCE: PEDIATRIC BRAIN CANCER RESEARCH TO

 Schedule I (Form 990)
 CU KI

 Part IV
 Supplemental Information

#### SUPPORT THE GROUNDBREAKING WORK OF THE PANIGRAHY LAB AT BETH ISRAEL

#### DEACONESS MEDICAL CENTER THROUGH THE CJ BUCKLEY MEMORIAL FUND.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



Employer identification number 81 - 4905853

FORM 990, PART VI, SECTION B, LINE 11B:

CU KIDS AT HEART,

A COPY OF THE FORM 990 AND FORM PC IS PROVIDED TO THE BOARD OF DIRECTORS

INC.

FOR REVIEW AND APPROVAL BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD OF DIRECTORS ON

AN ANNUAL BASIS

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CORPORATE RECORDS ARE AVAILABLE AT ITS OFFICES DURING

REGULAR BUSINESS HOURS.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE FINANCIAL STATEMENT REVIEW OVERSIGHT OR

ACCOUNTANT SELECTION PROCESS FROM THE PRIOR YEARS - THIS IS COMPLETED

BY THE BOARD OF DIRECTORS, ALL DIRECTORS WILL OBTAIN, REVIEW AND

APPROVE THE FINANCIAL STATEMENTS PRIOR TO ISSUANCE.