

Form **990**

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

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CHILDREN'S HEARTLINK**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 390257** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **MINNEAPOLIS MN 55439**

D Employer identification number: **41-1307457**
E Telephone number: **952-928-4860**
G Gross receipts: **2,847,348**

F Name and address of principal officer:
JACKIE BOUCHER
5075 ARCADIA AVENUE
EDINA MN 55436

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CHILDRENSHEARTLINK.ORG** **H(c)** Group exemption number:

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1977** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SAVE LIVES OF CHILDREN WITH HEART DISEASE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	255
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,096,946	2,707,130
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,654	75,451
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-69,615	-142,148
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,045,985	2,640,433
	14 Benefits paid to or for members (Part IX, column (A), line 4)	150,000	100,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,803,297	1,912,794
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	646,300	0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,011,107	1,409,487
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,964,404	3,422,281
	20 Total assets (Part X, line 16)	1,081,581	-781,848
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	3,647,192	2,736,730
		231,687	103,073
		3,415,505	2,633,657

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Jackie Boucher* Date: **12/23/2024**
 Signature of officer: **JACKIE BOUCHER** Title: **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **RYAN N. HAGAN, CPA** Preparer's signature: *Ryan N. Hagan* Date: **12/18/24** Check if PTIN self-employed **P00293011**
 Firm's name: **ALTRUIIC ADVISORS, CPAS** Firm's EIN: **46-1335331**
 Firm's address: **417 FOREST AVENUE PLYMOUTH, MI 48170** Phone no.: **888-298-5297**