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Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: SAVING TINY HEARTS SOCIETY

Doing Business As

Number and street (or P O box if mail is not delivered to street address): WELTMAN BERNFIELD 485 HALF DAY RD — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: BUFFALO GROVE IL 60089

D Employer identification number: 20-5505536

E Telephone number: 847-780-4869

G Gross receipts$ 297,811

F Name and address of principal officer:
BRIAN PAUL
PO BOX 1058
DEERFIELD IL 60015

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ HTTP://WWW.SAVINGTINYHEARTS.ORG/

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2006

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶[ ] 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Section			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	26,314	297,672
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	674	139
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,690	-82,479
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,678	215,332
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		190,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 505		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,326	12,084
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,326	202,084
	19	Revenue less expenses Subtract line 18 from line 12	123,352	13,248
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	277,144	310,600
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	277,144	310,600

RECEIVED
NOV 10 2014
OGDEN, UT
IRS-OSC

SCANNED DEC 1 2 2014

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 — Date 10-26-14

BRIAN PAUL — VICE PRESIDENT & SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ THIS TAX RETURN PREPARED BY A NON-PAID PREPARER. — Firm's EIN ▶

Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions — SEE STATEMENT 1

DAA

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G17 11

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission·

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses $ 60,000 including grants of $ 60,000) (Revenue $)

GRANT AWARD: $60,000 TO FUND RESEARCH DEFINING NEW MECHANISMS TO UNCOVER THE EARLY DEVELOPMENTAL MANIFESTATIONS OF ARRHYTHMOGENIC CARDIOMYOPATHY IN CHILDREN.
PRINCIPLE INVESTIGATOR - FARAH SHEIKH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
UNIVERSITY OF CALIFORNIA SAN DIEGO

ARRHYTHMOGENIC CARDIOMYOPATHY (AC) IS AN ESPECIALLY DEVASTATING INHERITED HEART MUSCLE DISEASE THAT TRADITIONALLY AFFECTS THE RIGHT SIDE OF THE HEART AND LEADS TO SUDDEN CARDIAC DEATH IN YOUNG CHILDREN AND PEOPLE. EARLY DETECTION IS HINDERED BECAUSE CHILDREN AND PEOPLE CARRYING MISTAKES IN THE

4b (Code:) (Expenses $ 30,000 including grants of $ 30,000) (Revenue $)

GRANT $30,000 TO FUND RESEARCH ENGAGING SONOGRAPHERS TO IMPROVE PRENATAL SCREENING FOR HEART DEFECTS IN PRACTICE.
PRINCIPLE INVESTIGATOR - NELANGI M. PINTO
UNIVERSITY OF UTAH
WITH EARLY DETECTION AND TREATMENT, SURVIVAL AND LONG-TERM OUTCOMES FOR CHD ARE IMPROVING. SCREENING FOR CHD BEFORE BIRTH IS A WAY IN WHICH CHD CAN BE DIAGNOSED. IDENTIFYING CHD BEFORE BIRTH ALSO ALLOWS FOR PLANNED DELIVERIES AT CENTERS THAT CAN PROVIDE APPROPRIATE CARE AND ALLOWS PHYSICIANS TO COUNSEL FAMILIES PRENATALLY SO THEY HAVE SOME TIME TO CONSIDER TREATMENT OPTIONS AND EXPECTED OUTCOMES BEFORE THEIR CHILD IS BORN. MOST MOTHERS WHO HAVE A CHILD WITH CHD DO NOT HAVE ANY RISK FACTORS, SO ALL MOTHERS ARE

4c (Code:) (Expenses $ 35,000 including grants of $ 35,000) (Revenue $)

GRANT $35,000 TO FUND RESEARCH AUGMENTING O-GLCNACYLATION, AN INTRINSIC CARDIOVASCULAR STRESS ADAPTION, TO PREVENT LOW CARDIAC OUTPUT SYNDROME IN MODEL OF PEDIATRIC CARDIAC SURGERY.
PRINCIPLE INVESTIGATOR - AARON OLSON
SEATTLE CHILDREN'S HOSPITAL
CONGENITAL HEART SURGERY FREQUENTLY CAUSES A DECREASE IN HEART FUNCTION DURING THE EARLY POST-OPERATIVE RECOVERY PERIOD THAT PROLONGS THE NEED FOR INTENSIVE CARE AND INCREASES THE RISK OF SERIOUS COMPLICATIONS AND DEATH. RECENTLY, BASIC SCIENTISTS HAVE IDENTIFIED AN IMPORTANT MECHANISM OF THE BODY'S NATURAL RESPONSE TO ABNORMAL STRESSES SIMILAR TO THOSE ENCOUNTERED FROM CARDIAC SURGERY. THE TECHNICAL TERM FOR THIS PROCESS IS O-

4d Other program services. (Describe in Schedule O)
(Expenses $ 66,137 including grants of $ 65,000) (Revenue $)

4e Total program service expenses ▶ 191,137

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	X	
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
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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		X
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 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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	**Section 501(c)(3) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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 qualified 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, Parts 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 in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
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?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	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:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**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	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section 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: 12) If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent (1b: 12)				
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BRIDGET ZOCHER P.O. BOX 1058

DEERFIELD IL 60015 773-373-9007

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANCIE PAUL PRESIDENT	10.00 0.00	X		X				0	0	0
(2) BRIAN PAUL VP & SECRETARY	10.00 0.00	X		X				0	0	0
(3) AMY BROPHY SECRETARY	5.00 0.00	X		X				0	0	0
(4) BRIDGET ZOCHER TREASURER	5.00 0.00	X		X				0	0	0
(5) LARRY KLUGE LIAISON-MEDICAL BD	3.00 0.00	X						0	0	0
(6) PAT BROPHY DIRECTOR	2.00 0.00	X						0	0	0
(7) PAUL CARDALL DIRECTOR	2.00 0.00	X						0	0	0
(8) JIM CONZEMIUS DIRECTOR	2.00 0.00	X						0	0	0
(9) STEVE EISEN DIRECTOR	2.00 0.00	X						0	0	0
(10) LEE GUTHMAN DIRECTOR	2.00 0.00	X						0	0	0
(11) STEVEN HARFIELD DIRECTOR	2.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) JENNIFER KRAHNKE DIRECTOR	2.00 0.00	X						0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	264,619				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,053				
	g Noncash contributions included in lines 1a-1f	$					
	h Total. Add lines 1a–1f ▶			297,672			
Program Service Revenue		Busn Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			139	139		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ 264,619 of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b	82,479				
	c Net income or (loss) from fundraising events ▶			-82,479			-82,479
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Busn Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d ▶						
	12 Total revenue. See instructions ▶			215,332	139	0	-82,479

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	190,000	190,000		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S 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 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 (non-employees)				
a Management				
b Legal	470		470	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	722		722	
14 Information technology	7,505			7,505
15 Royalties				
16 Occupancy				
17 Travel	502	502		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,507		1,507	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	743		743	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD PROCESSING	635	635		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	202,084	191,137	3,442	7,505
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	274,144	1	303,100
	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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,000	9	7,500
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D (10a)			
	b	Less accumulated depreciation (10b)		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	277,144	16	310,600
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	277,144	27	310,600
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	277,144	33	310,600
	34	Total liabilities and net assets/fund balances	277,144	34	310,600

Part 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	215,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	202,084
3	Revenue less expenses Subtract line 2 from line 1	3	13,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	277,144
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 in Schedule O)	9	20,208
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	310,600

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 reviewed 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 basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

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 11, 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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:

5 ☐ 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).**

7 ☐ 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)

9 ☒ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2012.** 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 **10%-facts-and-circumstances test—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV 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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	67,055	190,507	266,750	26,314	297,672	848,298
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					139	139
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	67,055	190,507	266,750	26,314	297,811	848,437
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						848,437

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	67,055	190,507	266,750	26,314	297,811	848,437
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			830	674		1,504
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			830	674		1,504
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	67,055	190,507	267,580	26,988	297,811	849,941

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.82 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		ANNUAL GALA (event type)	END OF YEAR CAM (event type)	1 (total number)	
Revenue	1 Gross receipts	231,400	27,877	5,342	264,619
	2 Less Contributions	231,400	27,877	5,342	264,619
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	32,676			32,676
	7 Food and beverages	5,776			5,776
	8 Entertainment	2,007			2,007
	9 Other direct expenses	39,255	2,409	356	42,020
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				82,479
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-82,479

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate 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 operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

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 ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: SAVING TINY HEARTS SOCIETY
Employer identification number: 20-5505536

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CA-SAN DIEGO 9500 GILLMAN DRIVE, MC 0857 LA JOLLA CA 92093-0857			60,000				RESEARCH
(2) UNIVERSITY OF UTAH DEPARTMENT OF PEDIATRICS SALT LAKE CITY UT 84158			30,000				RESEARCH
(3) SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 MAILSTOP S-200 SEATTLE WA 98145-5005			35,000				RESEARCH
(4) UNIVERSITY OF WASHINGTON 850 REPUBLICAN ST, RM 453 BROTMAN SEATTLE WA 98109			35,000				RESEARCH
(5) OHIO STATE UNIVERSITY 1960 KENNY RD. COLUMBUS OH 43210			30,000				RESEARCH
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
SAVING TINY HEARTS SOCIETY	20-5505536

FORM 990 - ORGANIZATION'S MISSION

THE SAVING TINY HEARTS SOCIETY'S MISSION IS TO RAISE MONEY FOR GROSSLY UNDER-FUNDED, LIFESAVING GRASS ROOTS RESEARCH OF CONGENITAL HEART DEFECTS (CHD'S). THIS SEED FUNDING ACTS AS A BRIDGE FOR THIS RESEARCH TO MILLIONS OF DOLLARS OF EXTRAMURAL FUNDING FROM THE NATIONAL INSTITUTE OF HEALTH (NIH) OR OTHER OUTSIDE FUNDING. CHD'S ARE THE #1 BIRTH DEFECT WORLDWIDE AFFECTING OVER 1,000,000 BABIES EVERY YEAR!

FORM 990, PART I, LINE 6

VOLUNTEERS RUN ALL FUNDRAISING EVENTS

THE BOARD OF DIRECTORS ARE ALL VOLUNTEERS

THE MEDICAL ADVISORY BOARD MEMBERS ARE ALL VOLUNTEERS

THE MANAGEMENT OF THE CHARITY IS DONE BY VOLUNTEERS

THEIR ARE NO SERVICES OR BENEFITS OFFERED TO THE VOLUNTEERS

FORM 990, PART III, LINE 2

GRANT $60,000 TO FUND RESEARCH DEFINING NEW MECHANISMS TO UNCOVER THE EARLY DEVELOPMENTAL MANIFESTATIONS OF ARRHYTHMOGENIC CARDIOMYOPATHY IN CHILDREN.

PRINCIPLE INVESTIGATOR - FARAH SHEIKH

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

UNIVERSITY OF CALIFORNIA SAN DIEGO

GRANT $30,000 TO FUND RESEARCH ENGAGING SONOGRAPHERS TO IMPROVE PRENATAL SCREENING FOR HEART DEFECTS IN PRACTICE.

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

PRINCIPLE INVESTIGATOR - NELANGI M. PINTO

UNIVERSITY OF UTAH

GRANT $35,000 TO FUND RESEARCH AUGMENTING O-GLCNACYLATION, AN INTRINSIC CARDIOVASCULAR STRESS ADAPTION, TO PREVENT LOW CARDIAC OUTPUT SYNDROME IN MODEL OF PEDIATRIC CARDIAC SURGERY.

PRINCIPLE INVESTIGATOR - AARON OLSON

SEATTLE CHILDREN'S HOSPITAL

GRANT $35,000 TO FUND RESEARCH EXAMING MYOSIN HEAVY CHAIN 7 MUTATION AND HYPERTROPHIC CARDIOMYOPATHY.

PRINCIPLE INVESTIGATOR - CHARLES E. MURRAY

UNIVERSITY OF WASHINGTON

GRANT $30,000 TO FUND RESEARCH DEFINING NEW PARADIGMS FOR ARRHYTHMIA AND SUDDEN CARDIAC DEATH IN CHILDREN.

PRINCIPLE INVESTIGATOR - PETER MOHLER, PHD

THE OHIO STATE UNIVERSITY, COLUMBUS, OHIO

SECOND YEAR FUNDING

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

GENETIC CODE LINKED TO AC HAVE HIGHLY VARIABLE CLINICAL SYMPTOMS, MAKING AC AND CATASTROPHIC CARDIAC EVENTS VERY HARD TO PREDICT AND AVOID. EVIDENCE SUGGESTS THAT 40% OF CASES ARE CAUSED BY MISTAKES IN GENES THAT ARE ESSENTIAL FOR HOLDING THE MECHANICAL INTEGRITY OF HEART MUSCLE CELLS TOGETHER OR CELL JUNCTIONS (DESMOSOMES); HOWEVER, WHAT IS MISSING IS A FUNDAMENTAL UNDERSTANDING OF THE EARLY DEVELOPMENTAL CUES THAT DRIVE THE RIGHT HEART TO BE MORE SUSCEPTIBLE TO DISEASE IN CHILDREN. THE PROPOSED RESEARCH COMBINES STATE-OF-THE-ART GENOMIC, HUMAN CARDIAC STEM CELL AND GENETIC MOUSE ENGINEERING APPROACHES TO CHARACTERIZE THE BIOLOGICAL ACTIONS

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

OF A NOVEL GROUP OF SHORT NON-CODING RNAS THAT WE BELIEVE MAY ACT AS MASTER REGULATORS OF RIGHT HEART HEALTH AND THE DISEASE, AC. WE BELIEVE INFORMATION GAINED FROM OUR PROPOSAL FUNDED BY SAVING TINY HEARTS SOCIETY WILL LEAD US TO UNCOVER NOVEL CAUSES AND MECHANISMS UNDERLYING THE EARLY DEVELOPMENTAL MANIFESTATION OF AC IN CHILDREN THAT WILL ALSO BRING TO LIGHT A NEW ENTRY POINT TO STUDY AND INTERVENE WITH THE UNDERLYING DEVELOPMENTAL CAUSES OF AC, WHICH IS PLAYING AN INCREASINGLY PREVALENT ROLE IN PEDIATRIC POPULATIONS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

SCREENED AT THE TIME OF THEIR PRENATAL ULTRASOUND. HOWEVER, PRENATAL ULTRASOUND MISSES MOST CHD IN THE US (>50%) EVEN THOUGH IT HAS BEEN PROVEN TO BE VERY SENSITIVE IN CERTAIN SETTINGS. THIS STUDY PROPOSES TO ENGAGE THE SONOGRAPHERS WHO PERFORM PRENATAL ULTRASOUNDS TO GET THEIR PERSPECTIVE ON WHAT OBSTACLES EXIST TO OBTAINING THE STANDARD IMAGES NEEDED TO SCREEN FOR CHD. WE KNOW THAT SCREENING IS MOST SUCCESSFUL IN ACADEMIC HOSPITALS, BUT THIS IS NOT WHERE MOST PREGNANT MOTHERS HAVE THEIR SCREENING ULTRASOUND. THUS, WE NEED TO UNDERSTAND WHAT MAY DIFFER FOR PRACTICING SONOGRAPHERS AND PHYSICIANS WHO PERFORM THESE ULTRASOUNDS IN OTHER TYPES OF PRACTICES. WE WILL GATHER INFORMATION USING A WEB SURVEY THAT WILL ALLOW ALL SONOGRAPHERS PRACTICING THROUGHOUT THE UNITED STATES TO AND TO BE REPRESENTED IN OUR RESULTS. THIS SURVEY ASKS SONOGRAPHERS QUESTIONS ABOUT WHAT FACTORS INFLUENCE THEIR ABILITY TO OBTAIN SCREENING IMAGES OF THE FETAL HEART. IT ALSO EVALUATES THEIR ABILITY TO PERFORM IMAGING IN A NUMBER OF WAYS, INCLUDING ASKING THEM TO INTERPRET IMAGES OF THE FETAL HEART THAT ARE PRESENTED TO THEM BY DIGITAL VIDEO CLIPS. UNDERSTANDING WHAT IS NEEDED FOR MORE EFFECTIVE SCREENING, WHETHER THAT IS CHANGES IN POLICY, MORE

Name of the organization: SAVING TINY HEARTS SOCIETY | Employer identification number: 20-5505536

CONSISTENT AND ACCESSIBLE TRAINING, BETTER SYSTEMS FOR RELIABLE FEEDBACK, HIGHER EXPECTATIONS FROM SUPERVISORS, MORE TIME FOR SCANNING OR BETTER INSTITUTIONAL SUPPORT OR EQUIPMENT AND HOW THESE NEEDS MAY DIFFER FOR SONOGRAPHERS WHO PRACTICE IN DIFFERENT SETTINGS WILL HELP US ULTIMATELY DESIGN A MORE EFFECTIVE INTERVENTION TO IMPROVE PRENATAL DETECTION OF CHD THROUGHOUT THE UNITED STATES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

GLCNACYLATION AND IT INVOLVES THE RAPID, SIMULTANEOUS MODIFICATIONS OF MULTIPLE PROTEINS THAT THEN CHANGE THE FUNCTION OF AN ORGAN SUCH AS THE HEART. WE BELIEVE THAT INCREASING CARDIAC O-GLCNACYLATION COULD REPRESENT A NOVEL THERAPY THAT USES THE BODY'S INTRINSIC ADAPTATION TO STRESS IN ORDER TO REDUCE DEATH AND IMPROVE RECOVERY FROM CARDIAC SURGERY IN CHILDREN. FOR THIS PROJECT, WE WILL DETERMINE WHETHER USING MEDICATIONS TO INCREASE O-GLCNACYLATION WILL IMPROVE THE HEART'S RECOVERY FROM HEART SURGERY IN AN ANIMAL MODEL OF PEDIATRIC HEART SURGERY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

GRANT $35,000 TO FUND RESEARCH EXAMING MYOSIN HEAVY CHAIN 7 MUTATION AND HYPERTROPHIC CARDIOMYOPATHY.

PRINCIPLE INVESTIGATOR - CHARLES E. MURRAY

UNIVERSITY OF WASHINGTON

CARDIOMYOPATHY LITERALLY MEANS "HEART MUSCLE DISEASE" AND MANIFESTS IN THE DETERIORATION OF THE FUNCTION OF THE HEART, TYPICALLY LEADING TO DEATH THROUGH HEART FAILURE OR ARRHYTHMIAS. WE KNOW THAT MOST HYPERTROPHIC CARDIOMYOPATHIES (MEANING PATHOLOGIC THICKENING OF THE HEART WALL) ARE GENETICALLY BASED AND MOST COMMONLY ARE ASSOCIATED WITH VARIOUS MUTATIONS

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

IN THE GENE ENCODING MYOSIN HEAVY CHAIN 7, A MAJOR PROTEIN IN THE CONTRACTILE MACHINERY OF THE HEART MUSCLE CELL. DESPITE THIS INSIGHT TO CAUSE, THERE HAVE BEEN NO SIGNIFICANT ADVANCEMENTS IN THE TREATMENT OF THE DISEASE. IN OUR PROJECT WE WILL COLLECT SKIN CELLS FROM PEDIATRIC AND ADULT PATIENTS WITH HYPERTROPHIC CARDIOMYOPATHY. WE WILL THEN USE THE BREAKTHROUGH TECHNOLOGY OF INDUCED PLURIPOTENT STEM CELLS TO GENERATE STEM CELLS AND THEN RE-DIFFERENTIATE THESE INTO PATIENT-SPECIFIC HEART MUSCLE CELLS. THESE HEART MUSCLE CELLS WILL CARRY THE CARDIOMYOPATHY MUTATION AND PROVIDE THE IDEAL PLATFORM TO STUDY THE DISEASE. WE EXPECT TO LEARN WHY THE CELLS HAVE ABNORMAL CONTRACTION AND RELAXATION, WHY THEY ARE PRONE TO IRREGULAR RHYTHMS AND WHY THEY ENLARGE IN RESPONSE TO WORK. FURTHERMORE, WE WILL PERFORM GENETIC CORRECTION STUDIES BY BOTH KNOCKING OUT THE DEFECTIVE GENE AND BY REPAIRING THE GENE. THESE WILL SHED LIGHT ONTO THE MECHANISM THROUGH WHICH THE MUTATION CAUSES DISEASE. DOWN THE ROAD WE WILL USE THESE CELLS FOR HIGH THROUGHPUT DRUG SCREENS TO DEVELOP NEW TREATMENTS FOR CARDIOMYOPATHY.

GRANT $30,000 TO FUND RESEARCH DEFINING NEW PARADIGMS FOR ARRHYTHMIA AND SUDDEN CARDIAC DEATH IN CHILDREN.

PRINCIPLE INVESTIGATOR - PETER MOHLER, PHD

THE OHIO STATE UNIVERSITY, COLUMBUS, OHIO

SECOND YEAR FUNDING

HUMAN ANK2 MUTATIONS RESULT IN SEVERE CARDIAC ELECTRICAL AND STRUCTURAL ABNORMALITIES (E.G. POTENTIALLY FATAL VENTRICULAR ARRHYTHMIAS) IN CHILDREN AND YOUNG ADULTS. DESPITE THE CLEAR LINK BETWEEN HUMAN ANK2 MUTATIONS AND POTENTIALLY FATAL CARDIAC PHENOTYPES IN CHILDREN, ESSENTIALLY NOTHING IS KNOWN REGARDING 1) HOW HUMAN ANK2 MUTATIONS AFFECTING ANKYRIN-B FUNCTION

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

CAUSE SEVERE STRUCTURAL AND ELECTRICAL DYSFUNCTION IN THE DEVELOPING HEART, OR 2) HOW ANKYRIN-B EXPRESSION IS REGULATED IN HUMANS. THE PROPOSED RESEARCH WILL COMBINE A HOST OF SYNERGISTIC APPROACHES AND A NEWLY GENERATED ANIMAL MODEL OF ANKYRIN-B (ANK2) DEFICIENCY TO DEFINE THE CAUSE OF FATAL CONGENITAL CARDIAC PHENOTYPES IN CHILDREN WITH ANKYRIN-B MUTATIONS. WE ANTICIPATE THAT THE NEW INFORMATION GAINED THROUGH THE SAVING TINY HEARTS FOUNDATION WILL DELIVER CRITICAL NEW INSIGHT INTO OUR UNDERSTANDING OF POTENTIALLY FATAL CARDIAC ARRHYTHMIA IN CHILDREN, AS WELL AS PROVIDE A NECESSARY FIRST STEP FOR DEVELOPING IMPROVED DIAGNOSTICS, AS WELL AS THERAPIES FOR REGULATING CARDIAC FUNCTION IN COMMON FORMS OF PEDIATRIC HEART DISEASE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRESENTED AT BOARD OF DIRECTOR'S MEETING FOR COMMENT AND DISCUSSION BEFORE OFFICER SIGNS AND MAILS RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

NO CONFLICTS OF INTEREST EXIST. A SEPARATE BOARD, THE MEDICAL ADVISORY BOARD,MAKES ALL PROJECT FUNDING DECISIONS. THE PURPOSE OF THE MEDICAL ADVISORY BOARD (MAB) IS TO DETERMINE WHICH PROJECTS THE SAVING TINY HEARTS SOCIETY WILL FUND. WITH THE HELP OF OUR MAB (COMPRISED OF AN ELITE GROUP WORLD-RENOWN CARDIOTHORACIC SURGEONS, RESEACHERS AND CARDIOLOGISTS) WE CAN ASSURE THAT THE SAVING TINY HEARTS SOCIETY WILL FUND THE MOST PROMISING RESEARCH FOR THE #1 BIRTH DEFECT WORLDWIDE! THIS BOARD HAS 14 MEMBERS FROM DIFFERENT HOSPITALS AND CARDIOLOGY PROGRAMS AROUND THE COUNTRY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization: SAVING TINY HEARTS SOCIETY

Employer identification number: 20-5505536

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGES TO INCOME IN 2012 AFTER RETURN FILED	$ 20,208

Federal Statements

Statement 1 - Late Filing Explanation

Description
ORGANIZATION WAS TOLD EXTENSIONS WERE TIMELY FILED. SINCE THE EXTENSIONS HAD BEEN TIMELY FILED IN THE PAST, THE ORGANIZATION HAD NO REASON TO SUSPECT THIS WAS NOT THE CASE. THE CPA PREPARING THE RETURN HAD CHANGED FIRMS. THE NEW CPA FIRM WAS NOT TOLD THEY WERE FILING THE RETURN UNTIL AFTER THE DEADLINE. THE ORGANIZATION HAD NO REASON TO SUSPECT THAT EXTENSIONS HAD NOT BEEN FILED AND REQUESTS PENALTY ABATEMENT BASED ON THEIR RELIANCE ON THEIR CPA'S ASSURANCES THAT EXTENSIONS WERE FILED. THE CPA FIRM IS PROVIDING THE RETURN PREPARATION PRO BONO BUT ASSURES SAVING TINY HEARTS THAT FUTURE FILINGS AND EXTENSIONS WILL BE PREPARED TIMELY.