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Form 990-T	E	Exempt Organization Bus	ine	ss Income T	ax Return	·  -	OMB No 1545-0047
7 -	Forca	lendar year 2019 or other tax year beginning	CI 3C	, and ending			2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in  Do not enter SSN numbers on this form as it may		ons and the latest inform		_	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name c				D Emplo	oyer identification number oyees' trust, see ctions }
B Exempt under section	Print	CARDIOVASCULAR RESEARC	) T H	ОТТАПИЛ			2-1752653
X 501(c 103 )	or	Number, street, and room or suite no. If a P.O. box				E Unrela	ated business activity code
408(e) 220(e)	Type	1700 BROADWAY	,			(266 )	istructions )
408A 530(a)		City or town, state or province, country, and ZIP o NEW YORK, NY 10019	r foreig	n postal code		485	0.00
Book value of all assets		F Group exemption number (See instructions.)	<b></b>			1200	
at end of year		G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a	trust	Other trust
	-	ation's unrelated trades or businesses.	1		the only (or first) ur	related	
trade or business here	► QUZ	ALIFIED TRANSPORTATION	FRIN	IGE . If only one,	complete Parts I-V.	If more	than one,
		ace at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or
business, then complete						<u> </u>	TV
		poration a subsidiary in an affiliated group or a parer tifying number of the parent corporation.	nt Subsi	diary controlled group?	▶ (	· Ye	s X No
		EILEEN MORALES		Telenh	one number 🕨 (	646	) 434-4611
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es						
b Less returns and allow	wances	c Balance ▶	1c				* * * * * * * * * * * * * * * * * * * *
2 Cost of goods sold (S	Schedule	A, line 7)	2				
3 Gross profit. Subtract	t line 2 fi	rom line 1c	3		-2 4		
4 a Capital yani net incon		•	4a				
<b>-</b>		Part II, line 17) (attach Form 4797)	4b			- 1	·
c Capital loss deduction			4c		11 12 13	*	
		ship or an S corporation (attach statement)	5		· '\$``.	كمد طبيعيات	
The income (Schedu		(C-b-d-l- E)	6				
1 / Officialed debt-filland		TIE (SCREQUIE E) Indirents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
Exploited exempt acti			10				
(2) Advertising income (S			11				-
12 Other income (See in		•	12		2. 2.		
13 Total. Combine lines			13	0.			
		ot Taken Elsewhere (See instructions for					
(Deductions	must b	be directly connected with the unrelated busin	ess inc	come )			
•	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15_	
16 Repairs and mainter	nance					16	<del></del>
17 Bad debts	م/ (مانيات	ee instructions)  562)  n Schedule A and elsewhere on return				17 18	
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	, ,	ee instructions)	VED			19	
20 Depreciation (attach	Form 4	562) WAR I	The state of	20		<u> </u>	
21 Less depreciation cla	aimed o	n Schedule A and elsewhere on return	Pen	21a		21b	
22 Depletion		GDE	•	/9/ <u> </u>	-	22	-
23 Contributions to def	erred co	562) n Schedule A and elsewhere on return		ž/		23	
24 Employee benefit pr	ograms		_	/		24	
25 Excess exempt expe	nses (Se	chedule I)		į.		25	
26 Excess readership c	osts (Sc	hedule J)				26	
27 Other deductions (at						27	
28 Total deductions. A		-				28	0.
		ncome before net operating loss deduction. Subtrac				29	0.
	erating	loss arising in tax years beginning on or after Janua	ry 1, 20	110		00	0.
(see instructions)	lavahla -	nooma Subtract line 20 from line 20				30	0.
31 Unrelated business t	axabie i	ncome. Subtract line 30 from line 29			·	1 31	Earm <b>990-T</b> (2010)

	90-T (2019)			<u>,                                    </u>	/52653 Page 2
	<del>,</del>	Total Unrelated Business Taxable Income			
•	• •	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	2	0.
. 33	Amoun	ts paid for disallowed fringes	3	3	<del></del>
34	Charita	ble contributions (see instructions for limitation rules)	34	4	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	3	5	
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	30	δ	
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	7	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	8	1,000.
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	-	
		ne smaller of zero or line 37	39	<u> </u>	0.
Par	t IV	Tax Computation			
40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	- 40	<u>.                                    </u>	0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	ļ	_	
	T	ax rate schedule or Schedule D (Form 1041)	· 4	1	
42	Proxy t	ax. See instructions	42	2	
43	Alterna	tive minimum tax (trusts only)	43	3	
44	Tax on	Noncompliant Facility Income. See instructions	44	4	· · · · · · · · · · · · · · · · · · ·
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	4	5	0.
·Par		Tax and Payments			
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	┙・		
þ	Other o	redits (see instructions) 46b		.	
C	Genera	business credit. Attach Form 3800 46c	_	ار	
d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)	_		
е	Total c	redits. Add lines 46a through 46d	46	e	
47		ct line 46e from line 45	47	7	0.
48	Other to	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	3	
49	Total ta	ax. Add lines 47 and 48 (see instructions)	49	3	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	3	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019	_	1	
b	2019 e	stimated tax payments 51b 35,280	-  ∶	,	
C	Tax dep	posited with Form 8868 51c	٠ ا	4	
d	Foreign	organizations: Tax paid or withheld at source (see instructions)  51d	_ ⊢		
е	Backup	withholding (see instructions) 51e	<i>ا</i> ا		
f	Credit f	for small employer health insurance premiums (attach Form 8941)	<b>-</b>  -'	S.	
g		redits, adjustments, and payments: Form 2439	١.,	'	
	F	orm 4136 Other Total ▶ <b>51g</b>	_ _	_	
52	Total p	ayments. Add lines 51a through 51g	52	2	35,280.
53		ted tax penalty (see instructions). Check if Form 2220 is attached	53	3	<del></del>
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		35,280.
56		ne amount of line 55 you want: Credited to 2020 estimated tax	-   56	3	35,280.
Par		Statements Regarding Certain Activities and Other Information (see instructions)			
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			المسجوب المجاهدا
	here	<u> </u>			X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
50	_	see instructions for other forms the organization may have to file.			
59_		ne amount of tax-exempt interest received or accrued during the tax year > \$			
Sign	60	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known or ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL	leuge a	id belief,	, it is true,
Here	.   .		-		cuss this return with
		Signature of officer Date OFFICER		_	own below (see
					X   Yes   No
		Print/Type preparer's name Preparer's signature Date Check		PTIN	
Paid		LORI ROTHE  LORI ROTHE  Self- employe		D 0 1	272422
-	parer	YOKOBOSKY, CPA YOKOBOSKY, CPA  02/20/20			273422
Use	Only	Firm's name ► COHNREZNICK LLP Firm's EIN		<u> </u>	1478099
		1301 AVENUE OF THE AMERICAS	21 2	20	7 0400
	01.07	Firm's address ► NEW YORK, NY 10019 Phone no.	<u> </u>		7-0400 orm <b>990-T</b> (2019)
923711	01-27-20			Fr	nrm ララリー (/2019)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory va	aluation N/A		<del></del>	
1 Inventory at beginning of year	1			Inventory at end of yea	r		6
2 Purchases	2	7 Cost of goods sold. Sub				ine 6	
3 Cost of labor	3		]	from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs				line 2		Į	7
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to	Yes No
<ul><li>Other costs (attach schedule)</li></ul>	4b		1	property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			the organization?		<del></del>	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	sonal Property L	ease	d With Real Prope	erty) 
Description of property				-		······································	
(1)							· · · · · · · · · · · · · · · · ·
(2)							···
(3)							
(4)						r	
		ed or accrued				3/a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal p	nal property (if the percentagoroperty exceeds 50% or if d on profit or income)	je		d 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)	_						<del></del>
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1,	<b>&gt;</b> 0.
Schedule E - Unrelated Del		Income (see	notruc	ational	<u> </u>	Part I, line 6, column (B)	<u> </u>
ochedule L - Officialed Del	ot-i ilianocu	meome (see		Gross income from		3. Deductions directly conn to debt-finance	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)						-	
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5	• •	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<u> </u>			%			
(2)				%			
(3)				%		<del></del>	
(4)	1			%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				<b>.</b>		0.	0.
Total dividends-received deductions	actuded in column	n 8			l .		0.
10/01 disinguing receised negatifilis II	ioragea ili coidilli						Form 000 T (2010)

Form 957-T (2019) CARDIO Schedule F - Interest,	VASCU:	LAR RI	ESEARC	H FO	UNDATIO	N			52-17	5265	Page 4	
Schedule F - Interest, /	Annuities	s, Royal	ties, and	Rents	From Co	ntrolled	d Organiza	tions	see ins	truction	s)	
-,				Exempt	Controlled O	rganızatı	ons					
Name of controlled organizal	tion	2. Em identifi num	cation		related income e instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
/1\				-			<del></del>	<del></del>				
(1)												
(2)	-							_		<del>-  </del>	<del></del>	
								├	_		<del></del>	
(4) Nonexempt Controlled Organi	zatione							<u> </u>				
7. Taxable Income	ľ	nrelated incom	no (long)	O Tatal	of specified payr		10 Part of colur	O the	t to maludod	44 Da	ductions directly connected	
7. Taxable income		ee instructions		g. Total	made	ionis	in the controlls	ng organ	nization's		income in column 10	
(1)	-					Ì						
(2)						į						
(3)												
(4)	†					<u>-</u>						
_(4)	1						Add colum		1, Part I,	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
						ļ	line o, c	olumin (				
Totals						<u> </u>			0.		0.	
Schedule G - Investme	nt Incon ructions)	ne of a S	Section 5	501(c)(7	7), (9), or ( <sup>-</sup>	17) Org	anization					
1. Desc	cription of incor	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)	-											
(2)												
(2)						i						
(4)						İ						
					Enter here and o Part I, line 9, co				<b>!</b>		Enter here and on page 1, Part I, line 9, column (B)	
Totals				•		0.					0.	
Schedule I - Exploited (see instru	. •	Activity	Income	, Other	Than Adv		g Income					
-			2		4. Net incom	ie (loss)					7. Excess exempt	
Description of exploited activity	unrelated	e from	3. Expedirectly co- with proc of unre- business	innected duction lated	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	that attributable to		expenses (column 6 minus column 5, but not more than column 4)		
(1)												
(2)												
(3)										<u> </u>		
(4)						Ì					· · · · · · · · · · · · · · · · · · ·	
	Enter her page 1, line 10,	Part I	Enter here page 1, line 10, c	Part I,		•					Enter here and on page 1, Part II, line 25	
Schedule J - Advertision	ng Incon		nstructions		ł ,							
Part I Income From					solidated	Rasis						
	Criodio	uio riepi					•					
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, compute	5. Circulat		6. Reado		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)						,						
(3)												
(4)					<u> </u>							
			0.	0							0.	
Totals (carry to Part II, line (5))	<u> </u>		V • I	U	•1				L		Form <b>990-T</b> (2019)	
											, 01111 200 1 (2013)	

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1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			00.0 000g			anan oolahiin 4)
(2)						·
(3)				· · · · · · · · · · · · · · · · · · ·		
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	L			0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devote busines	ad to	pensation attributable inrelated business
(1)					%	
(2)					%	
(3)					%	_
(4)					%	-
Total. Enter here and on page 1, Part II, III	ne 14		·			0.

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