

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **07/01**, 20**22**, and ending **06/30**, 20**23**

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

C Name of organization **AMERICAN HEART ASSOCIATION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7272 GREENVILLE AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75231

D Employer identification number
13-5613797

E Telephone number
(214) 373-6300

F Name and address of principal officer: **NANCY BROWN**
SAME AS C ABOVE

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.

G Gross receipts \$ **1,191,113,566**

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

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

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1924** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE AMERICAN HEART ASSOCIATION IS A NATIONAL VOLUNTARY HEALTH AGENCY FOCUSED ON ACTIVITIES RELATED TO THE CAUSES, DIAGNOSIS, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE, STROKE, AND OTHER RELATED DISEASES.		
	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	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3,698
	6	Total number of volunteers (estimate if necessary)	6	30,170,700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	126,255
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	82,368	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 608,045,401	Current Year 647,447,749
	9	Program service revenue (Part VIII, line 2g)	54,923,656	68,717,409
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,756,665	48,079,967
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,018,358	161,583,523
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	855,744,080	925,828,648
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	170,601,719	183,274,062
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	360,723,415	394,682,323
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	151,433	78,095
	b	Total fundraising expenses (Part IX, column (D), line 25)	97,721,875	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	220,240,583	284,482,533
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	751,717,150	862,517,013
19	Revenue less expenses. Subtract line 18 from line 12	104,026,930	63,311,635	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,586,442,628	End of Year 1,790,168,039
	21	Total liabilities (Part X, line 26)	474,235,955	543,660,066
	22	Net assets or fund balances. Subtract line 21 from line 20	1,112,206,673	1,246,507,973

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: **CYNTHIA ROBERTS, CFO** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JEFFREY D. FRANK** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00287234**
 Firm's name: **DELOITTE TAX LLP** Firm's EIN: **86-1065772**
 Firm's address: **111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204** Phone no.: **(317) 464-8600**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

2022

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

AMERICAN HEART ASSOCIATION, INC.

EIN or SSN

13-5613797

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	925,828,648
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Cyndi Roberts | 3/13/2024 | CFO
 Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JEFFREY D. FRANK	<u>Jeffrey D Frank</u>	3/13/24		P00287234
	Firm's name	Firm's EIN			86-1065772
	Firm's address			111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204	Phone no. (317) 464-8600

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE AMERICAN HEART ASSOCIATION'S MISSION IS TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 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 \$ 295,834,417 including grants of \$ 14,067,964) (Revenue \$ 6,785,388)

PUBLIC/CONSUMER EDUCATION
INFORMING ALL AMERICANS ABOUT WAYS TO REDUCE THEIR RISK OF HEART DISEASE AND STROKE IS ONE OF THE MOST IMPORTANT OBJECTIVES OF THE AMERICAN HEART ASSOCIATION. IN 2022-23, THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 182,800,726 including grants of \$ 157,055,162) (Revenue \$ 2,990,521)

SCIENCE AND TECHNOLOGY
THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATED TO CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. SINCE OUR FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH.

RESEARCH SPENDING FOR FISCAL-YEAR 2022/23 WAS \$183 MILLION, OR 18%, AND RESEARCH AWARDS FOR THE YEAR TOTALED \$157.1 MILLION.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 141,162,846 including grants of \$ 7,175,993) (Revenue \$ 124,937,966)

PROFESSIONAL EDUCATION
RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICE ARE MOST USEFUL WHEN MADE AVAILABLE TO SCIENTISTS AND HEALTHCARE PROFESSIONALS. THE AHA HOSTED MORE THAN A DOZEN SCIENTIFIC CONFERENCES INCLUDING SCIENTIFIC SESSIONS AND THE INTERNATIONAL STROKE CONFERENCE, AS WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS. EACH OFFERED CONTINUING MEDICAL EDUCATION (CME) CREDITS, WHICH ARE ALSO AVAILABLE THROUGH AHA ONLINE LEARNING PROGRAMS.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 54,047,696 including grants of \$ 4,974,943) (Revenue \$ 46,795,870)

4e Total program service expenses 673,845,685

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,698		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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		✓	
b	If "Yes," enter the name of the foreign country <u>CH, IN, SA, AE</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
[CYNTHIA ROBERTS, 7272 GREENVILLE AVE, DALLAS, TX 75231-5129, \(214\) 373-6300](#)

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

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BROWN CEO	50.0 0.0			✓				4,069,422	0	75,633
(2) LESLIE UPTON CHIEF OPERATING OFFICER	50.0 0.0				✓			1,093,834	0	93,710
(3) MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	50.0 0.0				✓			1,069,478	0	62,081
(4) LARRY D CANNON CAO/CORP SECRETARY	50.0 2.0			✓				1,020,737	0	73,175
(5) JOHN MEINERS CHIEF OF MISSION ALIGNED BUSINESS	50.0 2.0				✓			743,293	0	59,570
(6) JEREMY BEAUCHAMP EVP SOUTHEAST	50.0 0.0					✓		596,273	0	77,658
(7) KATHLEEN ROGERS EVP WESTERN STATES	50.0 0.0					✓		585,800	0	82,728
(8) KEVIN HARKER EVP MIDWEST	50.0 0.0					✓		550,318	0	82,316
(9) CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	50.0 2.0			✓				554,110	0	73,190
(10) NICOLE SAPIO EVP EASTERN STATES	50.0 0.0					✓		552,306	0	72,561
(11) TANYA EDWARDS EVP SOUTHWEST	50.0 0.0					✓		535,142	0	78,259
(12) ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	50.0 0.0						✓	359,786	0	48,187
(13) MITCHELL ELKIND CHIEF CLINICAL SCIENCE OFFICER	50.0 0.0						✓	134,193	0	8,391
(14) RAYMOND VARA, JR. CHAIRMAN OF THE BOARD	4.0 0.0	✓		✓				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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARSHA JONES CHAIRMAN-ELECT	4.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) BERTRAM SCOTT IMMEDIATE PAST CHAIRMAN	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) MICHELLE ALBERT PRESIDENT	7.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,367	0	0
(18) DONALD LLOYD-JONES IMMEDIATE PAST PRESIDENT	7.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) JOSEPH WU PRESIDENT ELECT	6.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) LEE SHAPIRO TREASURER	3.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) CHERYL ANDERSON BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) REGINA BENJAMIN BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) DOUGLAS BOYLE BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) KEITH CHURCHWELL BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								11,867,059	0	887,459
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								11,867,059	0	887,459

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 894

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
PRODUCTION SOLUTIONS INC., 1953 GALLOWS ROAD, STE 500, VIENNA, VA 22182	DIRECT MAIL MKTG	9,497,006
FREEMAN AUDIO VISUAL INC, 1953 GALLOWS RD, VIENNA, VA 22182	AUDIO & VIDEO SERVICES	6,783,819
ASSEMBLY, ONE WORLD TRADE CENTER, NEW YORK, NY 10007	MARKETING & ADVERTISING	6,652,540
CDR FUNDRAISING GROUP, 4200 PARLIAMENT PLACE, LANHAM, MD 20706	MARKETING & ADVERTISING	6,482,850
ORORA VISUAL TX LLC, 3210 INNOVATIVE WAY, MESQUITE, TX 75149	PRINTING	5,176,551

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 251

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	1,369,549				
	b	Membership dues	1b					
	c	Fundraising events	1c	277,947,628				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20,725,759				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	347,404,813				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 30,738,889				
	h	Total. Add lines 1a-1f			647,447,749			
	Program Service Revenue				Business Code			
2a		GET W THE GUIDELINES REGISTRY		900099	24,190,951	24,190,951		
b		CONFERENCES & SEMINARS		611430	15,600,507	15,600,507		
c		EDITORIAL REVENUE		511120	6,197,500	6,197,500		
d		MEMBERSHIP DUES & SUBSCRIPTIONS		511120	6,312,462	6,312,462		
e		HOSPITAL ACCREDITATION		813920	4,768,613	4,768,613		
f		All other program service revenue . . .		900099	11,647,376	11,647,376	0	
g		Total. Add lines 2a-2f			68,717,409		0	
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			29,967,501		29,951,771	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			66,512,894		66,512,894	
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					531,340			
	b	Less: rental expenses	6b		38,961			
	c	Rental income or (loss)	6c		492,379	0		
	d	Net rental income or (loss)			492,379		492,379	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					223,132,565	15,346,705		
	b	Less: cost or other basis and sales expenses	7b		214,776,768	5,590,036		
	c	Gain or (loss)	7c		8,355,797	9,756,669		
	d	Net gain or (loss)			18,112,466		18,112,466	
8a	Gross income from fundraising events (not including \$ 277,947,628 of contributions reported on line 1c). See Part IV, line 18	8a						
				18,233,770				
b	Less: direct expenses	8b		36,098,573				
c	Net income or (loss) from fundraising events			(17,864,803)		(17,864,803)		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
				75,656				
b	Less: direct expenses	9b		0				
c	Net income or (loss) from gaming activities			75,656		75,656		
10a	Gross sales of inventory, less returns and allowances	10a						
				116,563,537				
b	Less: cost of goods sold	10b		8,780,580				
c	Net income or (loss) from sales of inventory			107,782,957	107,782,957			
Miscellaneous Revenue				Business Code				
	11a	RQIP CONTROLLING INT/MISC INCOME		900099	5,009,379	5,009,379		
	b	CHANGE IN SPLIT INTEREST AGREEMENTS		900099	312,297		312,297	
	c	LOSS ON UNCOLL ACCT		900099	(1,709,036)		(1,709,036)	
	d	All other revenue			971,800	0	110,525	
e	Total. Add lines 11a-11d			4,584,440				
12	Total revenue. See instructions			925,828,648	181,509,745	126,255	96,744,899	

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 domestic organizations and domestic governments. See Part IV, line 21	180,500,672	180,500,672		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,326,791	1,326,791		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,446,599	1,446,599		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,261,190		9,261,190	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	786,835		786,835	
7	Other salaries and wages	300,508,991	210,678,585	42,480,927	47,349,479
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,391,467	19,353,788	3,705,208	4,332,471
9	Other employee benefits	35,698,491	24,757,861	5,411,670	5,528,960
10	Payroll taxes	21,035,349	14,404,114	3,472,366	3,158,869
11	Fees for services (nonemployees):				
a	Management				
b	Legal	2,213,609	904,936	1,280,813	27,860
c	Accounting	988,479		988,479	
d	Lobbying	3,899,840	3,899,840		
e	Professional fundraising services. See Part IV, line 17	78,095			78,095
f	Investment management fees	3,394,298		3,394,298	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	68,398,701	57,730,213	2,422,745	8,245,743
12	Advertising and promotion	15,565,004	15,565,004		
13	Office expenses	59,676,487	45,096,085	1,855,657	12,724,745
14	Information technology	27,383,804	19,882,548	3,356,768	4,144,488
15	Royalties	110,430	110,430		
16	Occupancy	15,290,344	11,282,738	1,558,439	2,449,167
17	Travel	15,165,078	9,819,955	2,582,467	2,762,656
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,548,995	27,945,299	1,874,425	1,729,271
20	Interest	13,309		13,309	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,002,183	14,009,221	1,377,379	1,615,583
23	Insurance	1,142,577	158,360	980,914	3,303
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>BANK LOCKBOX CREDIT CARD FEES</u>	11,147,948	5,022,994	2,896,670	3,228,284
b	<u>MEMBERSHIP DUES</u>	1,641,936	1,084,766	450,705	106,465
c	<u>BAD DEBT EXPENSE</u>	883,621	675,096	18,842	189,683
d	<u>UBI TAXES</u>	40,627	40,627		
e	All other expenses	8,975,263	8,149,163	779,347	46,753
25	Total functional expenses. Add lines 1 through 24e	862,517,013	673,845,685	90,949,453	97,721,875
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	227,434,114	154,774,068	17,748,690	54,911,356

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	67,692,284	1	141,642,335
	2 Savings and temporary cash investments	23,970,930	2	140,965,919
	3 Pledges and grants receivable, net	245,656,251	3	268,747,480
	4 Accounts receivable, net	44,779,588	4	48,829,614
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,860,157	8	7,583,170
	9 Prepaid expenses and deferred charges	10,054,490	9	11,910,398
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 172,922,646		
	b Less: accumulated depreciation	10b 109,133,487	64,399,681	10c 63,789,159
	11 Investments—publicly traded securities	789,468,458	11	726,982,854
	12 Investments—other securities. See Part IV, line 11	106,643,369	12	116,176,781
	13 Investments—program-related. See Part IV, line 11	6,856,227	13	10,677,298
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	219,061,193	15	252,863,031
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,586,442,628	16	1,790,168,039	
Liabilities	17 Accounts payable and accrued expenses	86,908,689	17	100,642,888
	18 Grants payable	314,951,339	18	347,922,372
	19 Deferred revenue	38,790,009	19	37,872,053
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	33,585,918	25	57,222,753
	26 Total liabilities. Add lines 17 through 25	474,235,955	26	543,660,066
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	491,740,674	27	550,567,821
	28 Net assets with donor restrictions	620,465,999	28	695,940,152
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,112,206,673	32	1,246,507,973	
33 Total liabilities and net assets/fund balances	1,586,442,628	33	1,790,168,039	

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	925,828,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	862,517,013
3	Revenue less expenses. Subtract line 2 from line 1	3	63,311,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,112,206,673
5	Net unrealized gains (losses) on investments	5	56,336,459
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,653,206
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,246,507,973

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
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 on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

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 (Check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) SHAWN DENNIS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) LINDA GOODEN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) TOM GRECO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) RON HADDOCK ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) ROBERT HARRINGTON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) KATIE MILLER-SMITH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) CHERYL PEGUS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) ILEANA PINA ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) JAMES POSTL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) MARCELLA ROBERTS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(35) JORGE SAUCEDO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) SVATI SHAH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) BOB SWAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(38) JOHN WARNER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(39) THOMAS PINA WINDSOR ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	589,746,597	498,104,250	544,678,260	611,104,582	652,051,175	2,895,684,864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	589,746,597	498,104,250	544,678,260	611,104,582	652,051,175	2,895,684,864
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)						0
6 Public support. Subtract line 5 from line 4						2,895,684,864

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	589,746,597	498,104,250	544,678,260	611,104,582	652,051,175	2,895,684,864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,837,788	62,680,363	71,567,748	77,686,160	96,996,005	369,768,064
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,493,762	2,192,934	5,506,044	2,621,777	1,173,572	12,988,089
11 Total support. Add lines 7 through 10						3,278,441,017
12 Gross receipts from related activities, etc. (see instructions)					12	776,832,704
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	88.33 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	89.87 %
16a 33 1/3% support test—2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	OTHER INCOME IS COMPRISED OF MISCELLANEOUS TRADE SHOW REVENUE AND CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) CHANGE IN SPLIT INT AGREEMENTS		172,825	1,833,792	1,206,435	312,297	3,525,349
	(2) MISC REVENUE	1,493,762	2,020,109	3,672,252	1,415,342	861,275	9,462,740
	Total	1,493,762	2,192,934	5,506,044	2,621,777	1,173,572	12,988,089

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?	✓		1,094,432
d Mailings to members, legislators, or the public?	✓		302,132
e Publications, or published or broadcast statements?	✓		651,363
f Grants to other organizations for lobbying purposes?	✓		4,161,559
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,650,124
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		712,215
i Other activities?	✓		833,995
j Total. Add lines 1c through 1i			9,405,820
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. AT THE NATIONAL LEVEL, THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF CONGRESS. SIMILAR RELATIONSHIPS ARE BUILT AT THE STATE AND LOCAL LEVELS. TO GUIDE ITS FEDERAL, STATE AND LOCAL EFFORTS, THE ASSOCIATION IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS; ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS, MEDIA ADVOCACY, INCLUDING LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES; MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES; MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE, CALLING AND/OR VISITING LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING LOCAL, STATE AND FEDERAL LEGISLATIVE BODIES. THE AMERICAN HEART ASSOCIATION IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN OUR COUNTRY.</p> <p>THE ASSOCIATION ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE FIGHT AGAINST CARDIOVASCULAR DISEASE, INCLUDING STROKE, THE LEADING CAUSE OF DEATH IN THE UNITED STATES. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY PRIORITIES ARE IN THE FOLLOWING AREAS:</p> <p>HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE ASSOCIATION IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, TRANSLATIONAL, HEALTH SERVICES, OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS LOCAL HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION AND ECONOMICS. THE ASSOCIATION ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.</p> <p>IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AMERICAN HEART ASSOCIATION PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT, INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, AND ADDRESSING TOBACCO CONTROL AND PREVENTION. THE ASSOCIATION ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.</p> <p>SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE ASSOCIATION PROMOTES PUBLIC POLICIES AIMED AT IMPROVING HEALTH CARE QUALITY, REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE, EVIDENCE-BASED CARDIOVASCULAR CARE. TO PROMOTE HEALTH CARE QUALITY, THE ASSOCIATION ADDRESSES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPMENT OF DISEASE REGISTRIES, THE ROLE OF QUALITY IN HEALTH CARE PAYMENT SYSTEMS, DRUG FORMULARY POLICY, DELIVERY SYSTEM REFORMS AND CONTINUUM OF CARE, IMPROVED CARE COORDINATION, THE ROLE, DEVELOPMENT AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS AND RELATED HEALTH INFORMATION TECHNOLOGY, AND PROMOTING SAFE, EVIDENCE-BASED AND HIGH VALUE TREATMENTS FOR CARDIOVASCULAR DISEASE.</p> <p>ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE: THE ASSOCIATION ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: AMERICAN HEART ASSOCIATION, INC. Employer identification number: 13-5613797

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Conservation Easements including checkboxes for preservation types, a table for easement counts (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue/assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	76,168,901	85,977,857	69,497,022	69,768,397	65,321,730
b Contributions	206,617	577,543	538,748	779,198	2,957,620
c Net investment earnings, gains, and losses	7,185,076	(7,925,632)	18,221,398	1,307,769	3,744,761
d Grants or scholarships					
e Other expenditures for facilities and programs	2,711,198	2,460,867	2,279,311	2,358,342	2,255,714
f Administrative expenses					
g End of year balance	80,849,396	76,168,901	85,977,857	69,497,022	69,768,397

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 63.28 %
- c** Term endowment 36.72 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,884,937		4,884,937
b Buildings	2,103,462	40,516,500	29,077,510	13,542,452
c Leasehold improvements		2,166,429	1,586,638	579,791
d Equipment		121,018,123	76,982,498	44,035,625
e Other		2,233,195	1,486,841	746,354
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,789,159

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	94,253,687	END OF YEAR MARKET VALUE
(B) REAL ESTATE FUND	21,923,094	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	116,176,781	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BEN INT PERP TRUST	158,276,822
(2) SPLIT INTEREST AGREEMENTS	66,712,440
(3) OTHER ASSETS	2,635,829
(4) POOLED INCOME FUND A/R	74,115
(5) OTHER A/R	82,188
(6) OPERATING LEASE RIGHT OF USE	25,081,637
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	252,863,031

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFITS	10,306,440
(3) CHARITABLE GIFT ANNUITIES	10,799,878
(4) SUPPLEMENTAL RETIREMENT PLAN	8,246,290
(5) CAPITAL LEASE OBLIGATIONS	465,357
(6) OTHER PAYABLES	25,680
(7) OPERATING LEASE OBLIGATIONS	27,379,108
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	57,222,753

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2023 AND 2022. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		722,000
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		42,635,000
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		84,963,000
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,343,000
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		21,468,000
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		57,000
(7) SOUTH AMERICA	0	0	INVESTMENTS		2,035,000
(8) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		788,000
(9) EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	500,666
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	278,187
(11) MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,141,149
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	17,461
(13) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	17,049
(14) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	138,657
(15) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	24,971
(16) EAST ASIA AND THE PACIFIC (SEE STATEMENT)			GRANTMAKING		370,365
(17)					
3a Subtotal	4	10			156,499,505
b Total from continuation sheets to Part I	0	0			3,153,234
c Totals (add lines 3a and 3b)	4	10			159,652,739

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	SUPPORT CHINA DIABETES CARDIOVASCULAR PROG	357,023	BANK TRANSFER			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENT PROGRAM	37,500	BANK TRANSFER			
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENT PROGRAM	110,000	BANK TRANSFER			
(4)			SOUTH AMERICA	FOOD COMPOSITION DATABASE PROGRAM	610,830	BANK TRANSFER			
(5)			SOUTH ASIA	WOMEN'S HEALTH RESEARCH PROGRAM	27,000	BANK TRANSFER			
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RHEUMATIC HEART DISEASE SUPPORT	178,174	BANK TRANSFER			
(7)			SUB-SAHARAN AFRICA	FOOD COMPOSITION DATABASE PROGRAM	75,000	BANK TRANSFER			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 7

3 Enter total number of other organizations or entities . . . ▶ 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH - ABSTRACT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	750	WIRE TRANSFER			
(2) RESEARCH - ABSTRACT AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	1	1,000	WIRE TRANSFER			
(3) CAREGIVER AWARD	EAST ASIA AND THE PACIFIC	1	309	WIRE TRANSFER			
(4) CAREGIVER AWARD	MIDDLE EAST AND NORTH AFRICA	1	309	WIRE TRANSFER			
(5) CAREGIVER AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	1	309	WIRE TRANSFER			
(6) CAREGIVER AWARD	SOUTH AMERICA	1	309	WIRE TRANSFER			
(7) RESEARCH INVESTIGATOR AWARD	EAST ASIA AND THE PACIFIC	5	4,500	WIRE TRANSFER			
(8) RESEARCH INVESTIGATOR AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	5	4,000	WIRE TRANSFER			
(9) RESEARCH - INVESTIGATOR AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	7	8,785	WIRE TRANSFER			
(10) LECTURE AWARD	EAST ASIA AND THE PACIFIC	2	2,383	WIRE TRANSFER			
(11) LECTURE AWARD	SUB-SAHARAN AFRICA	1	1,000	WIRE TRANSFER			
(12) HYPERTENSION TRAINEE ADVOCACY AWARD	EAST ASIA AND THE PACIFIC	1	400	WIRE TRANSFER			
(13) HYPERTENSION TRAINEE ADVOCACY AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	800	WIRE TRANSFER			
(14) TRAVEL AWARD	EAST ASIA AND THE PACIFIC	7	5,750	WIRE TRANSFER			
(15) TRAVEL AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	17	12,368	WIRE TRANSFER			
(16) TRAVEL AWARD	MIDDLE EAST AND NORTH AFRICA	2	1,500	WIRE TRANSFER			
(17) TRAVEL AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	6	3,850	WIRE TRANSFER			
(18) (SEE STATEMENT)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part I**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		196,092
(18) SOUTH AMERICA			GRANTMAKING		613,389
(19) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		161,444
(20) SOUTH ASIA			GRANTMAKING		27,000
(21) SUB-SAHARAN AFRICA			GRANTMAKING		76,500
(22) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		1,809
(23) SOUTH ASIA	0	0	INVESTMENTS		2,077,000

Part III**Grants and Other Assistance to Individuals Outside the United States** (continued)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(18) TRAVEL AWARD	SOUTH AMERICA	3	2,250	WIRE TRANSFER			
(19) TRAVEL AWARD	SUB-SAHARAN AFRICA	1	500	WIRE TRANSFER			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>WITH RESPECT TO RESEARCH GRANTS MADE BY THE AMERICAN HEART ASSOCIATION (AHA) TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT.</p> <p>WITH RESPECT TO TRAVEL GRANTS MADE BY THE AHA TO FOREIGN INDIVIDUALS, SELECTED AHA FUNDED INVESTIGATORS FROM LOW AND MIDDLE INCOME COUNTRIES ARE AWARDED GRANT FUNDS TO REIMBURSE THE ACTUAL EXPENSES INCURRED, UP TO A CERTAIN THRESHOLD, TO ATTEND THE AHA SCIENTIFIC SESSIONS CONFERENCE AND THE WORLD CONGRESS OF CARDIOLOGY CONFERENCE.</p> <p>WITH RESPECT TO GRANTS MADE BY THE AHA TO FOREIGN ORGANIZATIONS, THE AHA'S POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION OF FOREIGN ORGANIZATION RECIPIENTS. THIS PROCESS IS COMPRISED OF OBTAINING THE RECIPIENT ORGANIZATION'S MISSION STATEMENT, FINANCIAL RESULTS, ORGANIZATIONAL DOCUMENTS, SUCH AS BYLAWS AND ARTICLES OF INCORPORATION, AND RENDERING AN OPINION AS TO WHETHER OR NOT THE ORGANIZATION WOULD QUALIFY AS A 501(C)(3) PUBLIC CHARITY IN THE UNITED STATES. RESULTS OF GRANT INITIATIVES ARE MADE AVAILABLE TO THE AHA BY THE RECIPIENT ORGANIZATION.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL, NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL, SUB-SAHARAN AFRICA -ACCRUAL,</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA SUB-SAHARAN AFRICA -ACCRUAL</p>
<p>SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL</p>

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1 CARS (CHARITABLE ADULT RIDES & SERVICES), 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123	AUTO DONATIONS	✓		209,347	41,822	167,525
2 INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEMKTG		✓	89,582	36,273	53,309
3						
4						
5						
6						
7						
8						
9						
10						
Total				298,929	78,095	220,834

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CHICAGO GALA</u> (event type)	<u>DALLAS HEART WALK</u> (event type)	<u>6139</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	4,968,056	4,342,736	265,819,925	275,130,717
	2 Less: Contributions	4,489,558	4,342,736	248,064,653	256,896,947
	3 Gross income (line 1 minus line 2)	478,498	0	17,755,272	18,233,770
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	6,953	45,992	8,174,110	8,227,055
	6 Rent/facility costs	307,581	360,791	15,444,812	16,113,184
	7 Food and beverages	1,449	3,619	4,286,780	4,291,848
	8 Entertainment	23,267	39,258	1,593,090	1,655,615
	9 Other direct expenses	58,176	11,453	3,313,644	3,383,273
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,670,975
11 Net income summary. Subtract line 10 from line 3, column (d)				(15,437,205)	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1 Gross revenue			75,656
Direct Expenses	2 Cash prizes			0	0
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				0	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				75,656	

9 Enter the state(s) in which the organization conducts gaming activities: FL, GA, LA, NC, OR, AZ, SC, SD, TN, TX

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

b If "No," explain: SOME STATES DO NOT REQUIRE SPECIFIC LICENSURE OR THE ACTIVITY IS BELOW THE SPECIFIED THRESHOLD.

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 conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name CYNTHIA ROBERTS

Address 7272 GREENVILLE AVENUE, DALLAS, TX 75231-5129

- 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 provide any additional information. See instructions.

[SEE NEXT PAGE](#)

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 provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART III, LINE 16 -	THE ASSOCIATION DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE STAFF RESPONSIBLE FOR THE EVENT(S) AT THAT LOCATION.

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	Name	Description
		CARS (CHARITABLE ADULT RIDES & SERVICES)	CARS PROVIDES SERVICES RELATED TO THE MANAGEMENT OF VEHICLE DONATIONS. THIS INCLUDES ANSWERING DONOR CALLS, PREPARATION AND SALE OF DONATED VEHICLES, AND ACKNOWLEDGEMENT OF DONORS. VEHICLE DONATIONS ARE RECEIVED THROUGHOUT THE YEAR. CARS RETAINS CUSTODY OF THE SALE PROCEEDS UNTIL THEY ARE DEPOSITED IN AHA'S ACCOUNT.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		INFOCISION MANAGEMENT CORPORATION	INFOCISION PROVIDES SERVICES RELATED TO DIRECT RESPONSE TELEVISION PROMOTIONS. SERVICES INCLUDE HANDLING INBOUND CALLS AND PROCESSING OF DONATIONS. SOME PROGRAMMING AND SYSTEM MODIFICATION SERVICES ARE ALSO PROVIDED AS NEEDED. FEES ARE BASED ON CALL VOLUME AND THE TYPE OF SERVICES PROVIDED ON THE CALLS.

**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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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? **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 360 EATS, INC 3100 TEAL TERRACE, SAFETY HARBOR, FL 34695	84-3980506	(C)(3)	75,000				FOOD ACCESS PROGRAMS
(2) 4P FOODS INC PO BOX 106, ELKWOOD, VA 22718	46-5277795		150,000				FOOD ACCESS PROGRAMS
(3) 9 DOTS COMMUNITY LEARNING CENTER 990 W 190TH ST, SUITE 530, TORRANCE, CA 90502	45-2834070	(C)(3)	75,000				COMMUNITY IMPACT
(4) ABBOTT NORTHWEST HOSPITAL FOUNDATION 42925 CHICAGO AVENUE, MINNEAPOLIS, MN 55107	04-3643816	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(5) (SEE STATEMENT)	23-1352152	(C)(3)	11,000				HEART FAILURE INITIATIVE
(6) ADAMS 12 FIVE STAR SCHOOLS 1500 E 128TH AVENUE, THORNTON, CO 80241	84-6000822		7,000				ANTI TOBACCO ADVOCACY
(7) (SEE STATEMENT)	03-0473181	(C)(3)	9,300				FOOD ACCESS PROGRAMS
(8) (SEE STATEMENT)	72-0423889	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(9) (SEE STATEMENT)	48-0868859	(C)(3)	11,000				HEART FAILURE INITIATIVE
(10) (SEE STATEMENT)	52-1532556	(C)(3)	15,200				ATRIAL FIBRILLATION INITIATIVE
(11) (SEE STATEMENT)	36-2169147	(C)(3)	20,000				HYPERTENSION INITIATIVE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 617

3 Enter total number of other organizations listed in the line 1 table 51

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE, ANCHORAGE, AK 99508	92-0162721	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(13) ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE, RALEIGH, NC 27610	56-2168673	(C)(3)	6,000				FOOD ACCESS PROGRAMS
(14) ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE, PO BOX 6002, GRAND FORKS, ND 58201	45-0368330	(C)(3)	8,000				BLOOD PRESSURE MEASUREMENT
(15) AMERICANS FOR NONSMOKERS RIGHTS 2530 SAN PABLO AVENUE STE J, BERKELEY, CA 94702	94-2598713	(C)(4)	25,000				ANTI-SMOKING ADVOCACY
(16) AMES SHALOM COMMUNITY INC 2304 PENNSYLVANIA AVE, BALTIMORE, MD 21217	52-2224538	(C)(3)	10,000				AFFORDABLE HOUSING INITIATIVE
(17) ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO COURT, DEARBORN, MI 48120	23-7444497	(C)(3)	100,000				NUTRITION SECURITY
(18) ARCHDIOCESE OF SEATTLE 710 9TH AVE, SEATTLE, WA 98104	91-0778147	(C)(3)	6,000				NUTRITION SECURITY
(19) ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES 1400 W MARKHAM, LITTLE ROCK, AR 72201	71-0492205	(C)(3)	25,000				PREEMPTION DEFENSE FUND
(20) ARKANSAS COALITION FOR OBESITY PREVENTION PO BOX 1212, GREENBRIER, AR 72058	27-1227056	(C)(3)	33,180				NUTRITION SECURITY
(21) ASCENSION SETON 1500 RED RIVER ST, AUSTIN, TX 78701-1918	74-1109643	(C)(3)	13,500				ATRIAL FIBRILLATION PROJECT
(22) ASOCIACIÓN PUERTORRIQUENÑA DE DIABETES PO BOX 19445, SAN JUAN, PR 00910-1445	66-0442165	(C)(3)	8,325				DIABETES PROGRAM
(23) ASSISTANCE CENTER OF COLLIN COUNTY 900 18TH STREET, PLANO, TX 75074	75-1550604	(C)(3)	47,092				BLOOD PRESSURE PROGRAM
(24) ASSOCIATION FOR UTAH COMMUNITY HEALTH 860 EAST 4500 SOUTH STE 206, SALT LAKE CITY, UT 84107	87-0430946	(C)(3)	10,000				COMMUNITY IMPACT
(25) AUGUSTA UNIVERSITY 1120 15TH STREET, HSB-217, AUGUSTA, GA 30912	58-6002053	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(26) AURORA HEALTH CARE INC 960 NORTH 12TH STREET, MILWAUKEE, WI 53233	39-1442285	(C)(3)	99,000				HEART FAILURE INITIATIVE

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(27) BAPTIST HEALTH FOUNDATION PADUCAH INC 2501 KENTUCKY AVENUE, PADUCAH, KY 42003	26-4057759	(C)(3)	87,200				ELECTRONIC RECORDS APPLICATION UPGRADE
(28) BAPTIST HEALTH LAGRANGE/HENRY CO EMS 2701 EAST POINT, LOUISVILLE, KY 40223	61-0444707	(C)(3)	8,000				CARDIAC RESPONSE PROGRAM
(29) BAPTIST HEALTHCARE SYSTEM INC 1800 NICHOLASVILLE ROAD, SUITE 401, LEXINGTON, KY 40503	61-0444707	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(30) BARNES JEWISH HOSPITAL ONE BARNES JEWISH HOSPITAL PLAZA, SAINT LOUIS, MO 63110	23-7309937	(C)(3)	9,000				HEART FAILURE INITIATIVE
(31) BARNES-JEWISH HOSPITAL ONE BANES JEWISH HOSPITAL PLAZA, ST LOUIS, MO 63110	23-7309937	(C)(3)	30,000				CORONARY ARTERY DISEASE PROGRAM
(32) BARNWELL SCHOOL DISTRICT 45 770 HAGOOD AVE, BARNWELL, SC 29812	57-6000087	GOV	50,000				SCHOOL CAFETERIA RENOVATION
(33) BAY PINES FOUNDATION INCORPORATION 10000 BAY PINES BLVD, BAY PINES, FL 33744	59-3018477	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(34) BEARTOOTH BILLINGS CLINIC PO BOX 590, RED LODGE, MT 59068	81-0224734	(C)(3)	21,000				STROKE EDUCATION & AWARENESS
(35) BEAVERTON FARMERS MARKET 12375 SW 5TH STREET, BEAVERTON, OR 97075	93-1056376	(C)(4)	5,460				FOOD ACCESS PROGRAMS
(36) BENEFIS HOSPITALS INC 1101 26TH STREET SOUTH, GREAT FALLS, MT 59405	81-0232122	(C)(3)	26,000				STROKE EDUCATION & AWARENESS
(37) BETTER BEGINNINGS LLC 136 SIOWAN AVENUE, OCEAN SPRINGS, MS 39564	82-4644451		7,000				FOOD ACCESS PROGRAMS
(38) BIG PICTURE PHILADELPHIA 2300 MASTER STREET, PHILADELPHIA, PA 19121	26-1413610	(C)(3)	15,246				HEALTHY FOOD ACCESS
(39) BIG STATE PRODUCE COMPANY 1500 S ZARZAMORA UNIT 510, SAN ANTONIO, TX 78207	52-2369476		37,500				FOOD ACCESS PROGRAMS
(40) BILLINGS CLINIC FOUNDATION 2917 TENTH AVENUE N, BILLINGS, MT 59101	81-0407289	(C)(3)	33,500				STROKE EDUCATION & AWARENESS
(41) BIRMINGHAM URBAN LEAGUE PO BOX 11269, BIRMINGHAM, AL 35203	63-0516655	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(42) BIRTH DETROIT INC PO BOX 19727, DETROIT, MI 48219	84-2980807	(C)(3)	10,000				HEALTH EQUITY
(43) BITTERROOT HEALTH-DALY HOSPITAL 1200 WESTWOOD DRIVE, HAMILTON, MT 59840-2345	81-0240726	(C)(3)	21,000				STROKE EDUCATION & AWARENESS

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(44) BLACK MOTHERS BREASTFEEDING ASSOCIATION 30515 OLDSTREAM CIRCLE, SOUTHFIELD, MI 48076	74-3235491	(C)(3)	10,000				HEALTH EQUITY
(45) BLACKSHEAR ELEMENTARY HISD PTO 2900 HOLMAN STREET, HOUSTON, TX 77004	88-1632252	(C)(3)	7,500				BLOOD PRESSURE EDUCATION PROGRAM
(46) BOARD OF REGENTS OF THE UNIVERSITY OF WI 21 N. PARK STREET, SUITE 6301, MADISON, WI 53715-1218	39-6006492	GOV	30,200				ATRIAL FIBRILLATION PROGRAM
(47) BOYS AND GIRLS CLUB OF THE GULF COAST 11975 SEAWAY ROAD, SUITE A160, GULFPORT, MS 39503	64-0539145	(C)(3)	7,000				NUTRITION SECURITY
(48) BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BLVD, STE 3200, BOZEMAN, MT 59715	84-1407943	(C)(3)	72,000				STROKE EDUCATION & AWARENESS
(49) BREADA PO BOX 3976, , BATON ROUGE, LA 70821	72-1332566	(C)(3)	50,000				HEALTHY FOOD ACCESS
(50) BRIGHAM AND WOMEN'S HOSPITAL INC PO BOX 3149, BOSTON, MA 02241-3149	04-2312909	(C)(3)	9,500				HEART FAILURE PROGRAM
(51) BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET, LINCOLN, NE 68506-1299	47-0376552	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(52) CABINET PEAKS MEDICAL CENTER 209 HEALTH PARK DRIVE, LIBBY, MT 59923	81-0241755	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(53) CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW, STE 1200, WASHINGTON, DC 20005	52-1969967	(C)(3)	125,000				ANTI TOBACCO ADVOCACY
(54) CANCER PATHWAYS 1400 BROADWAY, SEATTLE, WA 98122	91-1742315	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(55) CARDIOSIGNAL INC 470 RAMONA STREET, PALO ALTO, CA 94301	87-3047155		40,250				COMMUNITY IMPACT
(56) CARDIOVASCULAR MEDICINE, PLLC 1236 E. RUSHOLME ST, SUITE 300, DAVENPORT, IA 52803	42-1085919		10,500				ATRIAL FIBRILLATION INITIATIVE
(57) CARE FOR MONTEREY COUNTY KIDS 6469 ALMADEN EXPRESSWAY 80-125, SAN JOSE, CA 95120	87-4539800	GOV	45,000				CHILDHOOD OBESITY
(58) CARE RING 601 EAST 5TH STREET STE 140, CHARLOTTE, NC 28202	56-0621073		12,500				BLOOD PRESSURE PROGRAM
(59) CARES PO BOX 250, HINES, IL 60141-0250	36-3334177	(C)(3)	11,500				ATRIAL FIBRILLATION INITIATIVE
(60) CARLE FOUNDATION HOSPITAL 611 WEST PARK STREET, URBANA, IL 61801	37-1119538	(C)(3)	9,500				ATRIAL FIBRILLATION INITIATIVE

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(61) CARLOW UNIVERSITY 3333 FIFTH AVENUE, PITTSBURGH, PA 15213	25-0965438	(C)(3)	5,365				FOOD ACCESS PROGRAMS
(62) CAROLINA EAST MEDICAL CENTER 2000 NEUSE BLVD, NEW BERN, NC 28560	56-0755775	(C)(3)	11,000				HEART FAILURE INITIATIVE
(63) CARTERET HEALTH CARE 3500 ARENDELL STREET, MOREHEAD, NC 28557	56-0952955	(C)(3)	11,000				HEART FAILURE INITIATIVE
(64) CASA INC 8151 15TH AVENUE, HYATTSVILLE, MD 20893	52-1372972	(C)(3)	30,000				ANTI TOBACCO ADVOCACY
(65) CASCADE AIDS PROJECT 520 NW DAVIS ST, SUITE 215, PORTLAND, OR 97209	93-0903383	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(66) CASS HEALTH 1501 EAST 10TH STREET, ATLANTIC, IA 50022	42-0921296	GOV	32,000				STROKE EDUCATION & AWARENESS
(67) CATHOLIC CHARITIES STEUBEN 23 LIBERTY STREET, BATH, NY 14810	13-4365481	(C)(3)	5,500				ANTI TOBACCO ADVOCACY
(68) CATHOLIC SOCIAL SERVICES 4600 DEBARR ROAD, SUITE 201, ANCHORAGE, AK 99508	92-0037322	(C)(3)	6,000				NUTRITION SECURITY
(69) CAYUGA MEDICAL CENTER AT ITHACA INC 101 DATES DRIVE, ITHACA, NY 14850	22-2325405	(C)(3)	8,000				STROKE PROGRAMS
(70) CEDARS SINAI MEDICAL CENTER 127 SOUTH SAN VICENTE BLVD 6TH FLR, LOS ANGELES, CA 90048	95-1644600	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(71) CENTENNIAL CHRISTIAN CHURCH 4950 FOUNTAIN AVE, ST. LOUIS, MO 63113	43-1245199	(C)(3)	18,450				COMMUNITY HEALTH
(72) CENTER FOR PLANNING EXCELLENCE 100 LAFAYETTE STREET, BATON ROUGE, LA 70801	20-3827040	(C)(3)	50,000				CHILDHOOD OBESITY
(73) CENTER FOR SOCIOECONOMIC CHANGE 2107 5TH AVENUE N, UNIT 401-J, BIRMINGHAM, AL 35203	85-2715522	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(74) CENTERPOINT MEDICAL CENTER 19600 E 39TH STREET, INDEPENDENCE, MO 64057	45-0503121	(C)(3)	11,000				HEART FAILURE INITIATIVE
(75) CENTERWELL HEALTH SERVICES 3350 RIVERWOOD PKWAY, SUITE 1400, ATLANTA, GA 30339	36-4335801		8,325				DIABETES PROGRAM
(76) CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET, READING, PA 19601-3416	23-2041081	(C)(3)	40,000				HEALTHCARE ACCESS
(77) CHARLESTON HOPE PO BOX 21315, CHARLESTON, SC 29413	90-0903530	(C)(3)	50,000				CHILDHOOD OBESITY

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(78) CHARLOTTE COMMUNITY HEALTH CLINIC, INC. 8401 MEDICAL PLAZA DR STE 300, CHARLOTTE, NC 28262	56-2274174	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(79) CHI HEALTH GOOD SAMARITAN PO BOX 1990, KEARNEY, NE 68848	47-0379755	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(80) CHI HEALTH IMMANUEL 6901 NORTH 72ND STREET, OMAHA, NE 68122	47-0376615	(C)(3)	26,140				STROKE EDUCATION & AWARENESS
(81) CHI HEALTH MERCY COUNCIL BLUFFS 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	47-0484764	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(82) CHICANO AWARENESS CENTER INC 4821 S 24TH STREET, OMAHA, NE 68107	23-7208431	(C)(3)	7,500				BLOOD PRESSURE PROGRAM
(83) CHIFRESH KITCHEN 135 N KEDZIE AVENUE, CHICAGO, IL 60612	84-4072430		150,000				FOOD ACCESS PROGRAMS
(84) CHILDRENS HOSPITAL OF PITTSBURGH 4401 PENN AVENUE, PITTSBURGH, PA 15224	25-1865744	(C)(3)	27,500				HEART CAMP SPONSORSHIP
(85) CHRISTIAN HOSPITAL NORTHEAST NORTHWEST 11133 DUNN ROAD, SAINT LOUIS, MO 63136	43-6057893	(C)(3)	26,000				HEART FAILURE PROGRAM
(86) CHRISTIANA CARE HEALTH SERVICES 200 HYGEIA DRIVE STE 2400, NEWARK, DE 19713	51-0103684	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(87) CITYBRIDGE HEALTH FOUNDATION 910 WEST PARKER ROAD, PLANO, TX 75075	87-4422753	(C)(3)	12,000				HYPERTENSION AND NUTRITION SCREENING
(88) CLARK FORK VALLEY HOSPITAL 10 KRUGER ROAD, PO BOX 768 , PLAINS, MT 59859	81-0475376	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(89) CLEAN AIR COUNCIL 135 SOUTH 19TH STREET STE 300, PHILADELPHIA, PA 19103	23-1683461	(C)(3)	36,000				CHILDHOOD OBESITY ADVOCACY
(90) CLEMSON UNIVERSITY 391 COLLEGE AVE, SUITE 302, CLEMSON, SC 29634	57-6000254	GOV	8,325				DIABETES PROGRAM
(91) CLEVELAND INSTITUTE OF MUSIC - TUBA B3 PROGRAM 11106 DETROIT AVENUE, CLEVELAND, OH 44102	14-1970224	(C)(3)	7,500				BLOOD PRESSURE PROJECT
(92) CLIMB CDC 1526 MILLS AVE, GULFPORT, MS 39501	27-3198260	(C)(3)	152,200				CHILDHOOD OBESITY
(93) CLUB 100 CHARITIES INC PO BOX 31682, PALM BEACH GARDENS, FL 33420	20-3929694	(C)(3)	6,300				NUTRITION INITIATIVE
(94) COLORADO HEART & VASCULAR PC 780 SIMMS STREET, LAKEWOOD, CO 80401	27-3469583	(C)(3)	26,000				AORTIC STENOSIS INITIATIVE

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(95) COLORADO PUBLIC INTEREST RESEARCH FOUNDATION 1543 WAZEE STREET STE 330, DENVER, CO 80202	74-2313874	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(96) COMMONSPIRIT HEALTH RESEARCH INSTITUTE 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	27-1050565	(C)(3)	14,000				ATRIAL FIBRILLATION INITIATIVE
(97) COMMUNICARE HEALTH CENTERS 3066 E. COMMERCE, SAN ANTONIO, TX 78220	74-1724391	(C)(3)	12,500				HEALTH EQUITY
(98) COMMUNITY FOOD ADVOCATES 115 BROADWAY, 5TH FLOOR, C/O WEWORK, NEW YORK, NY 10006	27-1764219	(C)(3)	10,000				HEALTHY SCHOOL MEALS
(99) COMMUNITY FOOD BASKET IDAHO FALLS PO BOX 2236, , IDAHO FALLS, ID 83403	82-0305800	(C)(3)	6,000				NUTRITION SECURITY
(100) COMMUNITY HEALTH ACTION OF STATEN ISLAND 56 BAY STREET 4TH FL, , STATEN ISLAND, NY 10301	13-3556132	(C)(3)	6,413				FOOD ACCESS PROGRAMS
(101) COMMUNITY HEALTH SERVICES OF UNION COUNTY 1338 EAST SUNSET DRIVE, SUITE C, MONROE, NC 28112	46-0495947	(C)(3)	6,000				BLOOD PRESSURE MONITORS
(102) COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, STE. 240, LOS ANGELES, CA 90012	95-4302067	(C)(3)	15,000				NUTRITION SECURITY
(103) COMMUNITY SEVA INC 3113 PINOT GRIGIO PLACE, SAN JOSE, CA 96135	46-3038992	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(104) COOPER HEALTH SYSTEM 1 FEDERAL STREET STE NW 2-400A, CAMDEN, NJ 08103	21-0634462	(C)(3)	9,500				ATRIAL FIBRILLATION INITIATIVE
(105) COPPER RIDGE NURSING REHAB CENTER LLC 3251 NETTIE STREET, BUTTE, MT 59701	82-3721910		10,000				STROKE EDUCATION & AWARENESS
(106) CORE PROGRAMS PO BOX 36795, , CHARLOTTE, NC 28236	31-1815003	(C)(3)	8,000				HEALTH EQUITY
(107) CORNELL COOPERATIVE EXTENSION OF STEUBEN 20 EAST MORRIS STREET, , BATH, NY 14810	16-6072895	GOV	10,000				NUTRITION SECURITY
(108) COUNTY OF DALLAS 2377 N. STEMMONS FWY, DALLAS, TX 75207	75-6000905	GOV	15,461				HYPERTENSION PILOT
(109) CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE, CRETE, NE 68333	47-0841285	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(110) CULTIVATING LITERACY 817 N 10TH ST APT 138, SAN JOSE, CA 95112	84-5179752	(C)(3)	29,250				COMMUNITY IMPACT

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(111) CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012, KANSAS CITY, MO 64180-7012	43-6003859	GOV	12,500				ATRIAL FIBRILLATION INITIATIVE
(112) DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD, BROWNS MILLS, NJ 08015	23-1550955	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(113) DEER LODGE MEDICAL CENTER 1100 HOLLENBACK LANE, DEER LODGE, MT 59722	81-0469886	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(114) DELAWARE VALLEY COMMUNITY HEALTH INC 1412 FAIRMONT AVENUE, PHILADELPHIA, PA 19130	23-2077750	(C)(3)	12,500				HEALTH EQUITY
(115) DETROIT ASSOCIATION OF BLACK ORGANIZATIONS 12048 GRAND RIVER AVENUE, DETROIT, MI 48204	47-3081843	(C)(3)	11,330				COVID - 19 EDUCATION
(116) DETROIT ASSOCIATION OF BLACK ORGANIZATIONS 12048 GRAND RIVER AVENUE, DETROIT, MI 48204	47-3081843	(C)(3)	25,000				HEALTH EQUITY
(117) DETROIT GREENWAYS COALITION PO BOX 32013, DETROIT, MI 48232	46-4885673	(C)(3)	15,000				HEALTH EQUITY
(118) DIABETES COALITION OF PALM BEACH COUNTY 2051 MARTIN LUTHER KING JR BLVD STE, RIVERA BEACH, FL 33404	82-3062946	(C)(3)	10,825				DIABETES PROGRAM
(119) DISTRICT CLINIC HOLDINGS, INC. 1515 N. FLAGLER DRIVE, SUITE 101, WEST PALM BEACH, FL 33401	45-5591655	GOV	10,000				DIABETES PROGRAM
(120) DREAM OF WILD HEALTH 1308 EAST FRANKLIN AVENUE, MINNEAPOLIS, MN 55404	41-1632662	(C)(3)	50,000				HEALTHY FOOD ACCESS
(121) DUKE UNIVERSITY BOX 3054, DURHAM, NC 27710	56-0532129	(C)(3)	69,767				SPORTS CARDIOLOGISTS OUTREACH
(122) E3 FOUNDATION 1624 SAM RITTENBURG ROAD, , CHARLESTON, SC 29407	85-4237427	(C)(3)	50,000				CHILDHOOD OBESITY
(123) ECU HEALTH MEDICAL CENTER PO BOX 8447, GREENVILLE, NC 27835-8447	56-0585243	(C)(3)	40,000				DIABETES PROGRAM
(124) ELIZABETH'S HELPING HANDS 10321 TUFORD DRIVE APT 2, CREVE COEUR, MO 63146	45-4406173		6,250				COMMUNITY IMPACT
(125) EMANCIPATION ECONOMIC DEVELOPMENT COUNCIL 4110 ALMEDA RD., HOUSTON, TX 77288	82-4288292	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(126) ENCOMPASS HEALTH REHABILITATION HOSPITAL 2450 CORAL COURT, CORALVILLE, IA 52241	83-1261306		10,000				STROKE EDUCATION & AWARENESS

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(127) ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY, STE 700, COLUMBIA, MD 21044	52-1231931	(C)(3)	15,000				AFFORDABLE HOUSING INITIATIVE
(128) ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST., CHICAGO, IL 60622	36-3088628	(C)(3)	20,000				HYPERTENSION CONTROL EFFORTS
(129) EVERY TEXAN 7020 EASY WIND DRIVE STE 200, AUSTIN, TX 78752	74-2898197	(C)(3)	75,000				PREEMPTION DEFENSE FUND
(130) FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE, HAVEN, CT 06513	06-0883545	(C)(3)	10,000				DIABETES PROGRAM
(131) FAIRVIEW HEALTH SERVICE 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454	41-0991680	(C)(3)	75,000				ATHEROSCLEROTIC CVD LIPID INITIATIVE
(132) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVENUE, ST LOUIS, MO 63111	23-7076112	(C)(3)	20,000				HYPERTENSION CARE PROJECTS
(133) FAMILY FIRST HEALTH CORPORATION 116 S GEORGE STREET, YORK, PA 17401	23-7118262	(C)(3)	21,000				HYPERTENSION CARE SUPPORT
(134) FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY, SAN DIEGO, CA 92102	95-2833205	(C)(3)	8,325				DIABETES PROGRAM
(135) FARMING HOPE 149 FELL STREET, SAN FRANCISCO, CA 94102	83-2393341	(C)(3)	50,000				COMMUNITY IMPACT
(136) FBF OF PENSACOLA INC 6404 MOBILE HIGHWAY, PENSACOLA, FL 32526	36-4735532		29,100				FOOD ACCESS PROGRAMS
(137) FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVENUE, DUBUQUE, IA 52001	42-1286953	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(138) FIRSTHEATH OF THE CAROLINAS INC PO BOX 3000, 155 MEMORIAL DRIVE , PINEHURST, NC 28374	56-1936354	(C)(3)	15,000				BLOOD PRESSURE PROGRAM
(139) FLORIDA IMPACT 300 W PENSACOLA STREET, TALLAHASSEE, FL 32301	59-2859151	(C)(3)	100,000				NUTRITION SECURITY
(140) FLORIDA RISING TOGETHER 10760 BISCAYNE BLVD., MIAMI, FL 33161	45-3956785	(C)(3)	25,000				PREEMPTION DEFENSE FUND
(141) FOOD OUTREACH INC 3117 OLIVE STREET, ST LOUIS, MO 63103	43-1492878	(C)(3)	20,000				FOOD ACCESS PROGRAMS
(142) FOR THE STRUGGLE, INC. PO BOX 16072, CHARLOTTE, NC 28216	83-4652690	(C)(3)	10,000				HEALTH EQUITY
(143) FORTY ACRES FRESH MARKET 1510 WEST GRAND AVENUE APT 2W, CHICAGO, IL 60642	83-3588129		88,940				FOOD ACCESS PROGRAMS
(144) FOUNDATION FOR UNIVERSITY HOSPITAL 150 BERGEN ST RM D209, NEWARK, NJ 07103	47-1686351	(C)(3)	6,000				HEART FAILURE INITIATIVE

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(145) FRANCES MAHON DEACONESS HOSPITAL 621 3RD STREET SOUTH, GLASGOW, MT 59230	81-0231786	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(146) FRESH HOUWSE GROCERY 4422 STERLING, HOUSTON, TX 77051	88-2471662		8,000				FOOD ACCESS PROGRAMS
(147) FRESNO METRO MINISTRY 3845 N CLARK ST SUITE 101, FRESNO, CA 93726	94-2181848	(C)(3)	20,000				NUTRITION SECURITY
(148) FROEDTERT HEALTH INC 400 WOODLAND PRIME, STE 101, MENOMONEE FALLS, WI 53051	39-2014409	(C)(3)	36,000				HEART FAILURE INITIATIVE
(149) FUERTE ARTS MOVEMENT 110 N 9TH AVE #912, PHOENIX, AZ 85007	86-2662259	(C)(4)	25,000				PREEMPTION DEFENSE FUND
(150) GABOR FARMS LLC 273 HOME PLACE ROAD, ROCKINGHAM, NC 28379	82-3592214		6,000				FOOD ACCESS PROGRAMS
(151) GALESBURG PUBLIC LIBRARY 40 E SIMMONS STREET, GALESBURG, IL 61401	37-6001163	GOV	6,000				BLOOD PRESSURE AND PHYSICAL ACTIVITY
(152) GATEWAY REGION YOUNG MENS CHRISTIAN 2815 SCOTT AVENUE STE D, ST LOUIS, MO 63103	43-0653616	(C)(3)	45,000				BLOOD PRESSURE MANAGEMENT
(153) GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822	24-0795959	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(154) GET HEALTHY DESOTO INC 1002 ROCK ROAD, DESOTO, MO 63020	20-2040314	(C)(3)	5,800				NUTRITION SECURITY
(155) GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	(C)(3)	168,542				NUTRITION SECURITY
(156) GLENDIVE MEDICAL CENTER 202 PROSPECT DRIVE, GLENDIVE, MT 59330	81-6016016	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(157) GLOBAL TO LOCAL 2800 SOUTH 192ND STREET, STE 104, SEATAC, WA 98188	27-3133200	(C)(3)	18,000				NUTRITION PROGRAM
(158) GREATER REGIONAL MEDICAL CENTER 1700 WEST TOWNLINE ST, CRESTON, IA 50801	42-6037626	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(159) GROW IT FORWARD INC 1501 MARSHALL STREET, MANITOWOC, WI 54220	47-1931867	(C)(3)	17,500				NUTRITION SECURITY
(160) GROW NORTH TEXAS PO BOX 7103, DALLAS, TX 75200	20-8043130	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(161) GROWING HIGH POINT 710 WASHINGTON STREET, HIGH POINT, NC 27260	82-3858057	(C)(3)	6,000				FOOD ACCESS PROGRAMS
(162) GROWING TOGETHER 843 EAST MEADOW AVE, PINOLE, CA 94564	88-2293022	(C)(3)	65,000				FOOD ACCESS PROGRAMS

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(163) GUILFORD COUNTY SCHOOLS 712 NORTH EUGENE STREET, GREENSBORO, NC 27401	56-6000522	GOV	30,000				EMERGENCY HOUSING
(164) GULF COAST BREASTFEEDING CENTER, LLC 6340 KILN DELISLE ROAD, PASS CHRISTIAN, MS 39571	47-1905789		6,000				NUTRITION SECURITY
(165) GULFSTREAM GOODWILL INDUSTRIES 1715 TIFFANY DRIVE EAST, WEST PALM BEACH, FL 33407	59-1197040		7,135				FOOD ACCESS PROGRAMS
(166) GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN STREET, GUTTENBERG, IA 52052	42-6038728	GOV	10,000				STROKE EDUCATION & AWARENESS
(167) HARRISON HOPE 6130 E 32ND ST103, TULSA, OK 74135	88-0726280	(C)(3)	20,000				CHILDHOOD OBESITY
(168) HAWARDEN REGIONAL HEALTHCARE 1111 11TH STREET, HAWARDEN, IA 51023	42-6005851	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(169) HCA RESEARCH INSTITUTE, LLC 2000 HEALTH PARK DRIVE, , BRENTWOOD, TN 37027	85-2113488		11,000				ATRIAL FIBRILLATION INITIATIVE
(170) HEALING WITH CARE INC. 214 BROAD STREET, DURHAM, NC 27701	56-1963988	(C)(3)	6,500				COMMUNITY HEALTH
(171) HEALTH AND HOMES ST. LOUIS 54 HANLEY INDUSTRIAL COURT, ST LOUIS, MO 63144	37-1861094	(C)(3)	20,000				BLOOD PRESSURE PROGRAM
(172) HEALTHBRIDGE4U PO BOX 137051, FORT WORTH, TX 76136	84-2401560		33,500				CHOLESTEROL PROGRAM
(173) HEALTHCARE QUALITY RESEARCH SYSTEMS, INC. 7272 GREENVILLE AVENUE, DALLAS, TX 75231	88-1094366	(C)(3)	1,305,000				GENERAL SUPPORT
(174) HEALTHLINC INC 2401 VALLEY DRIVE, VALPARAISO, IN 46383	35-2147791	(C)(3)	25,000				HEALTH EQUITY
(175) HEALTHTECH APPS INC 520 LUNALILO HOME ROAD UNIT 6201, HONOLULU, HI 96825	46-1631039		26,000				COMMUNITY IMPACT
(176) HEALTHY COMMUNITIES OF CLINTON COUNTY 1234 ROSSVILLE AVENUE, FRANKFORT, IN 46041	46-2835793	(C)(3)	6,000				NUTRITION GRANT
(177) HEARTHSTONE, A MINISTRY OF WESLEYLIFE 1742 MAIN STREET, PELLA, IA 50219	27-0992962	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(178) HEIRBLOOMCO LLC 6 JOSEPHINE STREET APT 3, , BOSTON, MA 02122	86-3152147		56,000				COMMUNITY IMPACT
(179) HENRY COUNTY HEALTH CENTER, INC. 407 S WHITE STREET, MT. PLEASANT, IA 52641	86-2701018	(C)(3)	7,000				STROKE EDUCATION & AWARENESS

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(180) HIGH POINT LEAP 620 E LEXINGTON AVENUE, HIGH POINT, NC 27262	47-1219191	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(181) HIGHLAND HOSPITAL OF ROCHESTER 1000 SOUTH AVENUE, ROCHESTER, NY 14620	16-0743037	(C)(3)	20,000				HEART ATTACK CARE
(182) HIV ALLIANCE 1195 CITY VIEW ST, EUGENE, OR 97402	93-0963546	(C)(3)	11,200				NUTRITION SECURITY
(183) HMM HOSPITALS CORPORATION PO BOX 95000, PHILADELPHIA, PA 19195	22-1487576	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(184) HOLY CROSS HOSPITAL INC 4725 N FEDERAL HWY, FORT LAUDERDALE, FL 33308	59-0791028	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(185) HOLY ROSARY HEALTHCARE 2600 WILSON STREET, MILES CITY, MT 59301	20-2270238	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(186) HONORHEALTH RESEARCH INSTITUTE 10510 NORTH 92ND STREET, STE 302, SCOTTSDALE, AZ 85258	86-0181654	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(187) HOOKIPA KAUAI P.O. BOX 223154, PRINCEVILLE, HI 96772	86-3903563	(C)(3)	15,000				REFRIGERATION SUPPLIES
(188) HOUSING CONNECTOR 1301 5TH AVENUE STE 1500, SEATTLE, WA 98101	84-2100263	(C)(3)	50,000				COMMUNITY IMPACT
(189) HOUSINGLINK 1400 VAN BUREN ST NE, STE 215 , MINNEAPOLIS, MN 55413	41-1873314	(C)(3)	250,000				COMMUNITY IMPACT
(190) HUNGER ACTION LOS ANGELES INC 961 S MARIPOSA AVENUE #205, , LOS ANGELES, CA 90006	20-5142259	(C)(3)	14,111				NUTRITION SECURITY
(191) HUNGER FREE COLORADO 1355 S COLORADO BLVD STE 201, DENVER, CO 80222	68-0551464	(C)(3)	100,000				CHILDHOOD OBESITY
(192) HUNGER FREE OKLAHOMA 907 S DETROIT SUITE 600, TULSA, OK 74120	73-1554474	(C)(3)	54,200				CHILDHOOD NUTRITION
(193) IMPACT FOUNDRY 2030 W. EL CAMINO AVENUE , SUITE 21, , SACRAMENTO, CA 95833	68-0173440	(C)(3)	6,000				NUTRITION SECURITY
(194) IMPACT TULSA 7030 S YALE STE 600, TULSA, OK 74136	73-1554474	(C)(3)	112,500				HEALTH ADVOCACY
(195) INADVANCE 900 ALICE STREET, SUITE 400 , OAKLAND, CA 94607	26-0728941	(C)(3)	120,000				FOOD ACCESS PROGRAMS
(196) INNER-CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET, CHICAGO, IL 60629	36-4167433	(C)(3)	20,000				HYPERTENSION CONTROL EFFORTS
(197) INSIGHT CHICAGO INC 2525 S MICHIGAN AVENUE, CHICAGO, IL 60616	86-2358048	(C)(3)	18,000				HEART FAILURE INITIATIVE

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(198) INSITITUTE FOR HUMAN SERVICES INC 50 LIBERTY STREET, , BATH, NY 14810	22-2552824	(C)(3)	10,000				CPR EDUCATION PROGRAMS
(199) INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE, BRIDGETON, NJ 08302	21-0634484	(C)(3)	33,000				HEART FAILURE INITIATIVE
(200) INSTITUTE FOR MEDICAL RESEARCH INC 508 FULTON STREET 151 IMR, DURHAM, NC 27705	56-1655431	(C)(3)	9,500				ATRIAL FIBRILLATION INITIATIVE
(201) INSTITUTE FOR POPULATION HEALTH, INC. 19830 JAMES COUZENS, DETROIT, MI 48235	35-2445761	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(202) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE STE 120, RALEIGH, NC 27603	56-1753180	(C)(3)	26,750				NUTRITION SECURITY
(203) JACKSON COUNTY REGIONAL HEALTH 601 HOSPITAL DRIVE, MAQUOKETA, IA 52060-0910	42-6037868	(C)(3)	17,000				STROKE EDUCATION & AWARENESS
(204) JEFFERSON COMMUNITY HEALTH CENTER INC 2200 H STREET, FAIRBURY, NE 68352	47-0468078	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(205) JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33, NEPTUNE, NJ 07753	22-1487576	(C)(3)	91,000				HEART FAILURE INITIATIVE
(206) JOIN FREEWORLD INC 1043 GARLAND AVE UNIT C #950, SAN JOSE, CA 95126	85-1834696	(C)(3)	100,000				COMMUNITY IMPACT
(207) JONES MEMORIAL HOSPITAL 191 N MAIN STREET, WELLSVILLE, NY 14895	22-2807681	(C)(3)	20,000				HEART ATTACK CARE
(208) KAISER FOUNDATION HOSPITAL ONE KAISER PLAZA 17L, OAKLAND, CA 94612	94-1105628	(C)(3)	75,000				ATHEROSCLEROTIC CVD LIPID INITIATIVE
(209) KANSAS BLACK LEADERSHIP COUNCIL PO BOX 965, LAWRENCE, KS 66044	87-2969074	(C)(3)	64,309				PREEMPTION DEFENSE FUND
(210) KANSAS CITY URBAN YOUTH ACADEMY 1622 E 17TH TERRACE, KANSAS CITY, MO 64108	47-5312862	(C)(3)	7,000				AED EQUIPMENT PURCHASE
(211) KETTERING HEALTH-MAIN CAMPUS 3535 SOUTHERN BLVD, , KETTERING, OH 45429	31-1051688	(C)(3)	16,000				ATRIAL FIBRILLATION INITIATIVE
(212) KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVENUE 3RD FLOOR, BRONX, NY 10451	47-2747713	(C)(3)	50,000				COMMUNITY IMPACT
(213) LANCASTER GENERAL HOSPITAL 555 NORTH DUKE ST, LANCASTER, PA 17604-3555	23-1365353	(C)(3)	11,000				HEART FAILURE INITIATIVE

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(214) LAS VEGAS RESCUE MISSION 480 W BONANZA ROAD, LAS VEGAS, NV 89106	23-7222330	(C)(3)	6,000				NUTRITION SECURITY
(215) LATIN-19 604 CHALFANT COURT, RALEIGH, NC 27607	87-2248916	(C)(3)	10,000				COMMUNITY HEALTH
(216) LATINO BEHAVIORAL HEALTH SERVICES 3269 S MAIN ST STE 230, SOUTH SALT LAKE, UT 84115	46-5038499	(C)(3)	90,000				HEALTH ACCESS
(217) LATINO EDUCATION ADVANCEMENT FOUNDATION 538A VALLEY WAY BLDG 3, MILPITAS, CA 95035	82-3057074	(C)(3)	45,000				COMMUNITY IMPACT
(218) LITERAL TECHNOLOGIES INC 1555 FREEDOM BLVD 200 W, PROVO, UT 84604	85-3646593		75,000				COMMUNITY IMPACT
(219) LIVING BREATH PO BOX 1395 , KAILUA, HI 96734	26-3968678		8,755				FOOD ACCESS PROGRAMS
(220) LIVINGSTON HEALTHCARE 320 ALPENGLOW LANE, LIVINGSTON, MT 59047	81-0378200	(C)(3)	21,000				STROKE EDUCATION & AWARENESS
(221) LOGAN HEALTH 310 SUNNYVIEW LANE, KALISPELL, MT 59901	81-0406485	(C)(3)	36,000				STROKE EDUCATION & AWARENESS
(222) LOGAN HEALTH BRENDAN HOUSE 350 CONWAY DRIVE, , KALISPELL, MT 59901	81-0420653	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(223) LOGAN HEALTH CONRAD PO BOX 668, CONRAD, MT 59425	81-0232406	(C)(3)	13,000				STROKE EDUCATION & AWARENESS
(224) LOGAN HEALTH CUT BANK 802 2ND STREET SE, , CUT BANK, MT 59427	81-0530457	(C)(3)	21,000				STROKE EDUCATION & AWARENESS
(225) LOGAN HEALTH SHELBY 640 PARK AVENUE, SHELBY, MT 59474	86-2327525	(C)(3)	31,000				STROKE EDUCATION & AWARENESS
(226) LOYOLA UNIVERSITY CHICAGO P.O. BOX 777323, CHICAGO, IL 60677-9056	36-1408475	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(227) LUCKY SHOALS COMMUNITY ASSOCIATION, INC. 843 ARLINGTON DR, , TUCKER, GA 30084	88-3536434	(C)(3)	8,325				DIABETES PROGRAM
(228) LUMINIS HEALTH RESEARCH INSTITUTE INC 2000 MEDICAL PKWY BELCHER PAVILION, SUITE 203 , ANNAPOLIS, MD 21401	26-3038406	(C)(3)	6,400				ATRIAL FIBRILLATION INITIATIVE
(229) LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 1105 SCHROCK RD, STE 100, COLUMBUS, OH 43229	31-4412586	(C)(3)	7,500				ADDRESS TRANSPORTATION BARRIERS
(230) MADERA COUNTY FOOD BANK 225 S PINE STREET, #101, MADERA, CA 93637	77-0513488	(C)(3)	6,000				NUTRITION SECURITY
(231) MADISON VALLEY MEDICAL CENTER 305 NORTH MAIN STREET, ENNIS, MT 59729	81-0236460	(C)(3)	11,000				STROKE EDUCATION & AWARENESS

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(232) MAKE THE ROAD NEVADA 301 GROVE STREET, BROOKLYN, NY 11237	84-3988830	(C)(3)	75,044				WATER ACCESS IN SCHOOLS
(233) MAKING IT COUNT COMMUNITY DEVELOPMENT CO 915 E HARWOOD AVENUE, MADISON HEIGHTS, MI 48071	85-2277294	(C)(3)	50,000				ANTI TOBACCO ADVOCACY
(234) MARSHFIELD MEDICAL CENTER - MARSHFIELD 611 N SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	39-0452970	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(235) MARSHFIELD MEDICAL CENTER WESTON 3400 MINISTRY PKWY, WESTON, WI 54476	39-0452970	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(236) MARY GREELEY MEDICAL CENTER 1111 DUFF AVENUE, AMES, IA 50010	42-1347891	GOV	30,000				STROKE EDUCATION & AWARENESS
(237) MAT SU VALLEY MEDICAL CENTER LLC 2500 SOUTH WOODWORTH LOOP, PALMER, AK 99645	72-1563402	(C)(3)	6,254				CORONARY ARTERY DISEASE PROGRAM
(238) MATERNITY CARE COALITION 2000 HAMILTON STREET STE 205, PHILADELPHIA, PA 19130	23-2200410	(C)(3)	20,000				HEALTH EQUITY
(239) MAYO CLINIC HEALTH SYSTEM - FRANCISCAN 700 WEST AVE S, LA CROSSE, WI 54601	39-0806374	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(240) MCGUIRE RESEARCH INSTITUTE, INC 1201 BROAD ROCK BOULEVARD, RICHMOND, VA 23249	54-1522206	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(241) MCLAREN HEALTH CARE CORPORATION 2701 CAMBRIDGE COURT, STE 100, AUBURN HILLS, MI 48326	38-2397643	(C)(3)	34,000				ATRIAL FIBRILLATION INITIATIVE
(242) MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE, WATERLOO, IA 50703	42-1201138	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(243) MENDED HEARTS INC 1500 DAWSON ROAD, ALBANY, GA 31707	04-6073589	(C)(3)	25,000				HEART FAILURE INITIATIVE
(244) MERCY HEALTH 14528 SOUTH OUTER FORTY STE 100, CHESTERFIELD, MO 63017	43-1423050	(C)(3)	45,000				HEART FAILURE PROGRAM
(245) MERCY HOSPITAL 500 EAST MARKET STREET, IOWA CITY, IA 52245	42-0680391	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(246) MERCY MEDICAL CENTER CEDAR RAPIDS 701 10TH ST SE, , CEDAR RAPIDS, IA 52403-1251	42-0698295	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(247) MERCYONE DES MOINES MEDICAL CENTER 1111 6TH AVENUE, DES MOINES, IA 50314	42-0680448	(C)(3)	20,000				STROKE EDUCATION & AWARENESS

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(248) MERCYONE DUBUQUE MEDICAL CENTER 250 MERCY DRIVE, , DUBUQUE, IA 52001	42-1437483	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(249) MERCYONE NORTH IOWA MEDICAL CENTER 1000 4TH STREET SW, , MASON CITY, IA 50401	31-1373080	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(250) MERCYONE SIOUXLAND MEDICAL CENTER 801 5TH STREET, , SIOUX CITY, IA 51101	31-1373080	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(251) MERCYONE WATERLOO MEDICAL CENTER PO BOX 6260, WATERLOO, IA 50704-6260	42-1264647	(C)(3)	31,000				STROKE EDUCATION & AWARENESS
(252) MESSIANIC CARE LLC 13500 GROVE DRIVE, MAPLE GROVE, MN 55311	85-2409509		16,000				COMMUNITY IMPACT
(253) METHODIST FREMONT HEALTH 450 E 23RD STREET, FREMONT, NE 68025	83-1362276	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(254) METHODIST MEDICAL CENTER 120 NORTHEAST GLEN OAK AVENUE, SUITE 302, PEORIA, IL 61603	37-0661223	(C)(3)	18,500				ATRIAL FIBRILLATION INITIATIVE
(255) METRO ORGANIZATION FOR RACIAL AND ECONOMIC EQUITY 3151 OLIVE ST, , KANSAS CITY, MO 64109	20-2470054	(C)(3)	30,000				COMMUNITY IMPACT
(256) METROHEALTH SYSTEM 2500 METROHEALTH DRIVE, CLEVELAND, OH 44109	34-6004382	GOV	8,000				ATRIAL FIBRILLATION INITIATIVE
(257) MIDLANDS LIVING CENTER LLC 2452 NORTH BROADWAY, , COUNCIL BLUFFS, IA 51503	47-0924532		10,000				STROKE EDUCATION & AWARENESS
(258) MIDTOWN FAMILY SERVICES 1275 SOUTH WINCHESTER BLVD STE G, , SAN JOSE, CA 95128	46-5507578	(C)(3)	50,000				COMMUNITY IMPACT
(259) MILWAUKIE FARMERS MARKET 11009 SE 28TH AVENUE, MILWAUKIE, OR 97222	93-1308934	(C)(3)	7,500				NUTRITION SECURITY
(260) MINERAL COMMUNITY HOSPITAL PO BOX 66, SUPERIOR, MT 59872	81-0421823	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(261) MISSIONARY BAPTIST STATE CONVENTION OF P.O. BOX 300833, KANSAS CITY, MI 64130-0833	61-1613201	(C)(3)	20,000				FOOD ACCESS PROGRAMS
(262) MISSOURI BAPTIST SULLIVAN HOSPITAL 751 SAPPINGTON RD, SULLIVAN, MO 63080	43-1459495	(C)(3)	30,000				CORONARY ARTERY DISEASE PROGRAM
(263) MISSOURI WORKERS CENTER PO BOX 63002, ST. LOUIS, MO 63163	86-3339847	(C)(3)	75,000				PREEMPTION DEFENSE FUND
(264) MONTGOMERY COUNTY MEMORIAL HOSPITAL 2301 EASTERN AVENUE, , RED OAK, IA 51566	42-1102673	GOV	12,000				STROKE EDUCATION & AWARENESS

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(265) MOUNT SINAI HOSPITAL CALIFORNIA AVENUE AT 15TH STREET, CHICAGO, IL 60608	36-1509000	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(266) MULTIPLE HARVEST LLC 438 N AUSTIN BLVD APT 2H, OAK PARK, IL 60302	83-3017376		68,500				FOOD ACCESS PROGRAMS
(267) MUSLIM COMMUNITY AND HEALTH CENTER 803 WEST LAYTON AVENUE, MILWAUKEE, WI 53221	45-2385629	(C)(3)	13,422				BLOOD PRESSURE MONITORS
(268) NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE MARYLAND STATE CONFERENCE, 4151 PARK HEIGHTS AVENUE, BALTIMORE, MD 21215	52-6074644	(C)(4)	30,000				ANTI TOBACCO ADVOCACY
(269) NATIONAL CHARITY LEAGUE INC PO BOX 60272, IRVINE, CA 92602	95-6120599	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(270) NATIONAL COUNCIL OF NEGRO WOMEN BETHUNE PO BOX 72227, NORTH CHARLESTON, SC 29415	57-0937299	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(271) NATIVES OF ONE WIND INDIGENOUS ALLIANCE PO BOX 143, MEDFORD, OR 97501	26-1810916	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(272) NC EARLY EDUCATION COALITION 500 WEST 4TH ST, #202, WINSTON-SALEM, NC 27101	56-1352826	(C)(3)	25,000				EARLY CARE AND EDUCATION SECURITY
(273) NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER, , OMAHA, NE 98198-8145	91-1858433	(C)(3)	75,000				ATHEROSCLEROTIC CVD LIPID INITIATIVE
(274) NEW YORK CITY HEALTH AND HOSPITALS CORP 50 WATER STREET 3RD FLOOR, NEW YORK, NY 10004-6002	13-2655001	GOV	24,000				ATRIAL FIBRILLATION INITIATIVE
(275) NEW YORK CITY HEALTH AND HOSPITALS CORP 50 WATER STREET -16 FLOOR, , NEW YORK, NY 10004-6002	13-2655001	GOV	16,000				ATRIAL FIBRILLATION INITIATIVE
(276) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE, , NEWARK, NJ 07112	22-3452311	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(277) NOR-LEA GENERAL HOSPITAL 1600 NORTH MAIN, LOVINGTON, NM 88260	85-0278235	(C)(3)	5,500				BLOOD PRESSURE MANAGEMENT
(278) NORTH DAKOTA DEPARTMENT OF HEALTH 600 EAST BLVD AVENUE #301, BISMARCK, ND 58505	45-0309764	GOV	20,000				CORONARY ARTERY DISEASE PROGRAM
(279) NORTH10, PHILADELPHIA 3890 N. 10TH ST., PHILADELPHIA, PA 19140	20-5105110	(C)(3)	20,000				HEALTH EQUITY
(280) NORTHEAST GEORGIA MEDICAL CENTER 200 SOUTH ENOTA DR, SUITE 420, GAINSEVILLE, GA 30507	58-1694098	(C)(3)	10,500				ATRIAL FIBRILLATION INITIATIVE

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(281) NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES 4800 PAYNE AVE, CLEVELAND, OH 44103	34-1014291	(C)(3)	34,750				BLOOD PRESSURE PROGRAM
(282) NORTHLAKES COMMUNITY CLINIC 15735 US HWY 63 NORTH, HAYWARD, WI 54843	35-2297925	(C)(3)	26,600				DOCTOR TRAINING AND CONSULTATION
(283) NORTHWEST AGRICULTURE BUSINESS CENTER 419 S 1ST STREET STE 207, PO BOX 2924 , MOUNT VERNON, WA 98273	83-0449496	(C)(3)	60,000				FOOD ACCESS PROGRAMS
(284) NORTHWEST COMMUNITY HOSPITAL 800 WEST CENTRAL ROAD, , ARLINGTON HEIGHTS, IL 60005	36-2340313	(C)(3)	14,000				HEART FAILURE INITIATIVE
(285) NOVANT HEALTH NEW HANOVER REGIONAL 2511 DELANEY AVE, WILMINGTON, NC 28403	85-3777599	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(286) NURTURING OUR SEEDS 7733 HELEN STREET, DETROIT, MI 48211	81-5004452	(C)(3)	40,000				FOOD ACCESS PROGRAMS
(287) OASIS CENTER OF THE ROGUE VALLEY PO BOX 1187, MEDFORD, OR 97501	82-3811235	(C)(3)	13,000				NUTRITION SECURITY
(288) OHIO HEALTH FOUNDATION 3430 OHIOHEALTH PKWY, COLUMBUS, OH 43202	23-7446919	(C)(3)	16,581				NUTRITION AND FITNESS PROGRAMS
(289) OKLAHOMA CITY INDIAN CLINIC 309 S ANN ARBOR AVENUE, OKLAHOMA CITY, OK 73128	73-0955756	(C)(3)	12,400				BLOOD PRESSURE DEVICES
(290) OLALLA CENTER 321 SE 3RD STREET, PO BOX 893 , TOLEDO, OR 97391	93-0698327	(C)(3)	8,700				FOOD ACCESS PROGRAMS
(291) OLATHE MEDICAL CENTER INC 20375 W 151ST STREET, OLATHE, KS 66061	48-0577664	(C)(3)	11,000				HEART FAILURE INITIATIVE
(292) ON WITH LIFE, INC 715 SW ANKENY RD, ANKENY, IA 50023	42-1308032	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(293) ONSLOW MEMORIAL HOSPITAL 241 NEW RIVER DRIVE, , JACKSONVILLE, NC 28540	56-2014989	(C)(3)	13,000				HEART FAILURE INITIATIVE
(294) OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD, ST LOUIS, MO 63132	43-1241854	(C)(3)	30,000				FOOD ACCESS PROGRAMS
(295) OPPORTUNITIES UNLIMITED INC OF GREENSBORO 450 N. CHURCH STREET, GREENSBORO, NC 27401	56-1994397	(C)(3)	20,000				FOOD ACCESS PROGRAMS
(296) OPPORTUNITY CONSTRUCTION LLC 325 FRANK S BROWN BLVD, PO BOX 7246 , STEELTON, PA 17113	45-5382987		50,000				COMMUNITY IMPACT
(297) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SOUTHWEST SAM JACKSON PARK ROA, , PORTLAND, OR 97239-3098	93-1176109	GOV	8,000				ATRIAL FIBRILLATION INITIATIVE

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(298) OUR HOUSE INC. 173 BOULEVARD NE, ATLANTA, GA 30312	58-1743333	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(299) PACKARD HEALTH, INC. 5200 VENTURE DRIVE, ANN ARBORN, MI 48108	38-2269817	(C)(3)	20,107				BLOOD PRESSURE MONITORS
(300) PARENTS LEADING FOR EDUCATIONAL EQUITY 60 VALLEY STREET, SUITE 105 , PROVIDENCE, RI 02909	85-4350943	(C)(3)	88,403				CHILDHOOD OBESITY
(301) PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE, FORT WAYNE, IN 46845	35-0868085	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(302) PAR-RECYCLE WORKS 2024 W. HUNTING PARK AVE. , PHILADELPHIA, PA 19140	47-2545218	(C)(3)	75,000				COMMUNITY IMPACT
(303) PEAR SUITE INC 988 HALEKAUWILA STREET #3302, , HONOLULU, HI 96814	86-2205424		10,000				COMMUNITY IMPACT
(304) PEDIATRIC FOUNDATION OF MICHIGAN 106 WEST ALLEGAN STREET STE 310, , LANSING, MI 48933	33-1065901	(C)(3)	49,946				HEALTHY SCHOOL MEALS
(305) PENINSULA COMMUNITY HEALTH SERVICES P O BOX 960, BREMERTON, WA 98337	94-3079770	(C)(3)	10,000				DIABETES PROGRAM
(306) PENN MEDICINE PRINCETON HEALTH ONE PLAINSBORO ROAD, PLAINSBORO, NJ 08536	21-0635009	(C)(3)	11,000				HEART FAILURE INITIATIVE
(307) PENN PRESBYTERIAN MEDICAL CENTER 51 N 39TH STREET, PHILADELPHIA, PA 19104	23-2810852	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(308) PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE, MC H157, HERSHEY, PA 17033-0850	24-6000376	GOV	24,000				ATRIAL FIBRILLATION INITIATIVE
(309) PENNENVIRONMENT RESEARCH & POLICY CENTER 1713 S BROAD ST, #54807 , PHILADELPHIA, PA 19102	05-0530668	(C)(3)	87,811				WATER ACCESS IN SCHOOLS
(310) PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT 217 SOUTH SALINA STREET, SYRACUSE, NY 13202	16-6095039	(C)(3)	8,325				DIABETES PROGRAM
(311) PIONEER MEDICAL CENTER PO BOX 32063, BILLINGS, MT 59107-2063	47-5437700	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(312) POST FALLS FOOD BANK 413 E 3RD AVE, POST FALLS, ID 83854	82-0424551	(C)(3)	6,000				FOOD ACCESS PROGRAMS
(313) PRESERVATION FARM & GARDEN 5109 CABANNE AVE, ST. LOUIS, MO 53113	87-4193636		10,000				FOOD ACCESS PROGRAMS
(314) PRIMARY CARE COALITION OF MONTGOMERY COUNTY 8757 GEORGIA AVENUE 10TH FLR, SILVER SPRING, MD 20910	52-1847976	(C)(3)	8,000				COMMUNITY HEALTH

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(315) PRIMARY CARE PROVIDERS FOR A HEALTHY PO BOX 395, CLINTON, LA 70722	72-1443732	(C)(3)	22,500				VACCINE EDUCATION AND SUPPORT
(316) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE SUITE 200, DES MOINES, IA 50314	42-1350092	(C)(3)	25,000				COMMUNITY IMPACT
(317) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE., DES MOINES, IA 50314	42-1350092	(C)(3)	63,749				HEART FAILURE MANAGEMENT
(318) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE., DES MOINES, IA 50314	42-1350092	(C)(3)	35,000				DOCTOR TRAINING AND CONSULTATION
(319) PRISMS GROUP LLC 2010 S ARLINGTON HEIGHTS ROAD, SUIT, ARLINGTON HEIGHTS, IL 60005	47-3822467		5,500				ATRIAL FIBRILLATION INITIATIVE
(320) PROCTOR COMMUNITY HOSPITAL 5409 NORTH KNOXVILLE, , PEORIA, IL 61614	37-0681540	(C)(3)	14,500				ATRIAL FIBRILLATION INITIATIVE
(321) PROHEALTH CARE N17 W24100 RIVERWOOD DRIVE, , WAUKESHA, WI 53188	39-1486873	(C)(3)	22,000				HEART FAILURE INITIATIVE
(322) PROJECT HEALTHY KIDS INC. 1829 BIRDS RUN ROAD, BRIDGEPORT, WV 26330	81-4542710	(C)(3)	40,000				HEALTHY FOOD ACCESS
(323) PROJECT SWEETIE PIE 5115 EXCELSIOR BLVD, ST. LOUIS PARK, MN 55416	46-4183605	(C)(3)	10,000				COMMUNITY IMPACT
(324) PROSPERITY COLLECTIVE LLC 245 N RIDGEWOOD PL #102, LOS ANGELES, CA 90004	85-3316714		45,000				FOOD ACCESS PROGRAMS
(325) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET, MISSOULA, MT 59802	23-7056976	(C)(3)	26,000				STROKE EDUCATION & AWARENESS
(326) PROVIDENCE ST VINCENT MEDICAL CENTER PO BOX 5977, PORTLAND, OR 97228-5977	93-0386929	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(327) PUBLIC HEALTH LAW CENTER 875 SUMMIT AVENUE, SAINT PAUL, MN 55105	41-1896367	(C)(3)	36,000				CHILDHOOD OBESITY ADVOCACY
(328) QUEEN MOTHER'S MARKET COOPERATIVE 215 E 14TH STREET, , CINCINNATI, OH 45202	87-2103159		7,000				FOOD ACCESS PROGRAMS
(329) QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET, , HONULULU, HI 96813	99-0073524	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(330) QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVENUE, LOS ANGELES, CA 90015	95-3702136	(C)(3)	25,000				COMMUNITY IMPACT
(331) REDEMPTION CHURCH INC 470 SMITH STREET 2ND FLOOR, BROOKLYN, NY 11231	82-4352922	(C)(3)	7,000				FOOD ACCESS PROGRAMS

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(332) RESEARCH MEDICAL CENTER 2316 EAST MEYER BLVD, KANSAS CITY, MO 64132	54-2092552	(C)(6)	11,000				HEART FAILURE INITIATIVE
(333) RESTORATIVE FARMS 607 N. BUCKNER BLVD., DALLAS, TX 75218	84-3267808	(C)(3)	7,500				NUTRITION SECURITY
(334) RG FOODS INC 1310 E JASPER STREET, TULSA, OK 74106	45-1256997		65,000				NUTRITION SECURITY
(335) RIDE HEALTH INC 29 WEST 17TH STREET FLOOR 6, , NEW YORK, NY 10011	82-3442492		50,000				COMMUNITY IMPACT
(336) RIVERSIDE MEDICAL CENTER 500 N WALL STREET, KANKAKEE, IL 60901	36-2414944	(C)(3)	18,200				ATRIAL FIBRILLATION INITIATIVE
(337) RODEL FOUNDATION OF DELAWARE 100 W. 10TH ST., SUITE 704, WILMINGTON, DE 19801	91-1944585	(C)(3)	98,309				EARLY CARE AND EDUCATION SECURITY
(338) ROUNDUP MEMORIAL HEALTHCARE PO BOX 40, ROUNDUP, MT 59072	81-0245848	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(339) RUBY VALLEY HOSPITAL PO BOX 336, SHERIDAN, MT 59749	81-0247889	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(340) RURAL HEALTH NETWORK OF SCNY INC 455 COURT STREET, BINGHAMTON, NY 13904	22-3568461	(C)(3)	20,000				HEALTHY SCHOOL MEALS
(341) RUSH UNIVERSITY MEDICAL CENTER 75 REMITTANCE DRIVE, SUITE 6807, CHICAGO, IL 60675	36-2174823	(C)(3)	10,000				ATRIAL FIBRILLATION INITIATIVE
(342) RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, CHICAGO, IL 60612	36-2174823	(C)(3)	11,000				HEART FAILURE INITIATIVE
(343) SAFE ROUTES TO SCHOOL PARTNERSHIP 12587 FAIR LAKES CIRCLE #251, FAIRFAX, VA 22033	46-2694434	(C)(3)	36,000				CHILDHOOD OBESITY
(344) SAINT LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL ROAD, KANSAS CITY, MO 64111	44-0545297	(C)(3)	11,000				HEART FAILURE INITIATIVE
(345) SAINT THOMAS HEALTH PO BOX 204242, DALLAS, TX 75324	58-1716804	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(346) SHALOM HEALTH CARE CENTER 3400 LAFAYETTE ROAD STE 200, INDIANAPOLIS, IN 46222	06-1645027	(C)(3)	25,000				COVID - 19 EDUCATION
(347) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100335, GAINESVILLE, FL 32610- 0335	59-1943502	(C)(3)	10,000				CVD MANAGEMENT INITIATIVE
(348) SHARED HARVEST FOUNDATION 10000 WASHINGTON BLVD SUITE 600, CULVER CITY, CA 90232	32-0556686	(C)(3)	11,795				WELLNESS EVENT AND HEALTH FAIR
(349) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123	95-6077327	(C)(3)	40,000				DIABETES PROGRAM

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(350) SHILOH BAPTIST CDC 346 BUTTERNUT STREET, MIDDLETOWN, CT 06457	22-3461258	(C)(3)	10,000				COVID - 19 EDUCATION
(351) SHILOH MISSIONARY BAPTIST CHURCH 855 E 20TH AVE, ANCHORAGE, AK 99501	92-0059901	(C)(3)	6,000				NUTRITION SECURITY
(352) SIDNEY HEALTH CENTER 216 14TH AVENUE SW, SIDNEY, MT 59270	81-0233499	(C)(3)	21,000				STROKE EDUCATION & AWARENESS
(353) SILVER CROSS HOSPITAL 1900 SILVER CROSS BLVD, NEW LENOX, IL 60451	36-2174832	(C)(3)	11,000				HEART FAILURE PROGRAM
(354) SISTERS INNOVATING SCIENCE 1140 KNOX AVE, MEMPHIS, TN 38127	88-0678022		17,500				COMMUNITY IMPACT
(355) SMALL BITES ADVENTURE CLUB 931 MONROE DRIVE, ST. 102 #592, , ATLANTA, GA 30308	84-1863128		20,000				HEALTHY SCHOOL MEALS
(356) SMALL PLACES 257 N GREENWOOD ST, HOUSTON, TX 77011	85-4185029	(C)(3)	13,000				FOOD ACCESS PROGRAMS
(357) SOUTH CITY HOSPITAL 3933 SOUTH BROADWAY, ST LOUIS, MO 63118	85-2379265		20,000				CORONARY ARTERY DISEASE PROGRAM
(358) SOUTHEAST INC PO BOX 1809, COLUMBUS, OH 43215	31-0940189	(C)(3)	37,300				DOCTOR TRAINING AND CONSULTATION
(359) SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP 2706 MEDIA CENTER DRIVE, LOS ANGELES, CA 90065-1733	95-1750445		11,000				ATRIAL FIBRILLATION INITIATIVE
(360) SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL 1106, 3RD AVE, WORTHINGTON, MN 56187	41-6050245	(C)(3)	25,000				COMMUNITY HEALTH
(361) SPARROW CLINICAL RESEARCH INSTITUTE 1200 E MICHIGAN AVENUE, SUITE 550 , LANSING, MI 48912	38-3075242	(C)(3)	10,500				ATRIAL FIBRILLATION INITIATIVE
(362) SPECTRA HEALTH 212 S 4TH ST, SUITE 200, GRAND FORKS, ND 58201	27-0056777	(C)(3)	9,000				BLOOD PRESSURE MONITORS
(363) SPRING BRANCH COMMUNITY HEALTH CENTER 800 WEST SAM HOUSTON PARKWAY SOUTH, STE 200 , HOUSTON, TX 77042	30-0198705	(C)(3)	25,000				COMMUNITY IMPACT
(364) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD STE 100, SAINT LOUIS, MO 63141	43-1552945	(C)(3)	54,000				HEART FAILURE INITIATIVE
(365) SSM HEALTH ST LOUIS 1015 BOWLES AVE., ST LOUIS, MO 63026	43-1343281	(C)(3)	60,000				CORONARY ARTERY DISEASE PROGRAM
(366) ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY 41017	61-0445850	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY PILOT
(367) ST JAMES HEALTHCARE FOUNDATION 400 S CLARK STREET, BUTTE, MT 59701	65-1202190	(C)(3)	26,000				STROKE PROGRAMS

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(368) ST JOSEPH PUBLIC LIBRARY 927 FELIX ST, ST JOSEPH, MO 64501	43-1573163	(C)(3)	8,000				AED AND BP MONITORS
(369) ST LOUIS CHILDRENS HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST, STE 160, ST. LOUIS, MO 63110	43-1626863	(C)(3)	20,000				EMERGENCY CARE ACCESS IN SCHOOLS
(370) ST LUKE COMMUNITY HEALTHCARE 107 6TH AVENUE SOUTHWEST, RONAN, MT 59864	81-0221486	(C)(3)	11,000				STROKE EDUCATION & AWARENESS
(371) ST LUKE HEALTH CARE FOUNDATION 810 1ST AVENUE NE, CEDAR RAPIDS, IA 52402	42-1106819	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(372) ST VINCENT DE PAUL SOCIETY OF MARIN PO BOX 150527, SAN RAFAEL, CA 94915	94-1207701	(C)(3)	10,000				NUTRITION SECURITY
(373) ST VINCENT HEALTHCARE FOUNDATION 1106 N 30TH STREET, BILLINGS, MT 59101	81-0468034	(C)(3)	26,000				STROKE EDUCATION & AWARENESS
(374) ST. ANTHONY REGIONAL HOSPITAL & NURSING HOME 311 SOUTH CLARK STREET, CARROLL, IA 51401	42-0733472	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(375) ST. LOUIS UNIVERSITY 3545 LINDELL BLVD., ST. LOUIS, MO 63103	43-0654872	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(376) ST. LUKE'S HOSPITAL OF KANSAS CITY P.O. BOX 505335, ST. LOUIS, MO 63150-5335	44-0545297	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(377) ST. PETER'S HEALTH FOUNDATION 2475 BROADWAY STREET, HELENA, MT 59601	81-0392270	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(378) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC5554, STANFORD, CA 94305	94-6174066	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(379) STARK COUNTY COMMUNITY UNIT SCHOOL 300 VAN BUREN, WYOMING, IL 61491-1172	36-3823225	GOV	11,845				AED EQUIPMENT PURCHASE
(380) STATE OF DELAWARE 417 FEDERAL STREET, DOVER, DE 19901	51-6000279	GOV	12,731				STROKE CARE INITIATIVE
(381) STATE OF MONTANA PO BOX 4210, HELENA, MT 59604-4210	81-0302402	GOV	20,000				STROKE EDUCATION & AWARENESS
(382) STATE OF NEBRASKA HEALTH AND HUMAN SERVICES PO BOX 95026, LINCOLN, NE 68509-5026	47-0491233	GOV	64,626				STROKE EDUCATION & AWARENESS
(383) STATE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	GOV	20,000				STROKE EDUCATION & AWARENESS
(384) STILLWATER BILLINGS CLINIC PO BOX 959, COLUMBUS, MT 59019	81-0286525	(C)(3)	21,000				STROKE INITIATIVE
(385) STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVENUE, TOPEKA, KS 66604	48-0543789	(C)(3)	11,000				HEART FAILURE INITIATIVE

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(386) STRONG CHILDREN WELLNESS MEDICAL GROUP 372 DEKALB AVENUE #3F, BROOKLYN, NY 11205	84-2382513		100,000				COMMUNITY HEALTH
(387) SUNY CORNING COMMUNITY COLLEGE 1 ACADEMIC DRIVE, CORNING, NY 14830	16-0820515	GOV	10,000				BLOOD PRESSURE PROJECT
(388) SUQUAMISH FOUNDATION PO BOX 498, 18490 SUQUAMISH WAY NE , SUQUAMISH, WA 98392	03-0574998	(C)(3)	99,936				COMMUNITY IMPACT
(389) SWEETWATER CARE OPCO LLC 1500 32ND STREET S, GREAT FALLS, MT 59405	82-2880081		10,000				STROKE EDUCATION & AWARENESS
(390) TEACH NOT PUNISH FAMILY RESOURCE CENTER 8740 E 11TH ST, TULSA, OK 74112	81-2156065	(C)(3)	25,000				CHILDHOOD OBESITY
(391) TEEN HEALTH MISSISSIPPI 125 S CONGRESS STREET SUITE 1330 JA, JACKSON, MS 39201	82-2026676	(C)(3)	50,000				MENTAL HEALTH
(392) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY STREET, HOUSTON, TX 77017	76-0377101	(C)(3)	8,000				HEALTHY FOOD ACCESS
(393) TEXAS HEALTH RESEARCH & EDUCATION INST. 612 E. LAMAR BLVD, SUITE 600, ARLINGTON, TX 76011	75-2562191	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(394) TEXAS TECH UNIVERSITY HEALTH SCIENCES 3601 4TH ST., LUBBOCK, TX 79430	75-2668014	GOV	5,500				ATRIAL FIBRILLATION INITIATIVE
(395) THE COMMON MARKET 428 E ERIE AVENUE, PHILADELPHIA, PA 19134	74-3240184	(C)(3)	75,000				FOOD ACCESS PROGRAMS
(396) THE EVANGELICAL LUTHERAN GOOD SAMARITAN PO BOX 5038, , SIOUX FALLS, SD 57117-5034	45-0228055	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(397) THE FOOD TRUST 1617 JFK BLVD STE 900, PHILADELPHIA, PA 19103	23-2678383	(C)(3)	107,599				FOOD ACCESS PROGRAMS
(398) THE LINK MARKET 1235 BLUMEYER STREET, ST LOUIS, MO 63106	82-1206936	(C)(3)	40,000				FOOD ACCESS PROGRAMS
(399) THE MASTECTOMY BOUTIQUE 3407 LAPALCO BLVD STE E, HARVEY, LA 70058	83-2216576	(C)(3)	8,325				DIABETES PROGRAM
(400) THE ORIGINAL PROJECT TEAM FOUNDATION, INC. 2854 DOUGLASS AVENUE, MEMPHIS, TN 38114	85-1749084	(C)(3)	32,500				HEALTHY MEALS ACCESS
(401) THE PRICE DYNAMIC 4124 QUEBEC AVENUE N #209, , NEW HOPE, MN 55427	84-3385637		90,000				COMMUNITY IMPACT

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(402) THE REDRESS MOVEMENT PO BOX 1232, WEST TISBURY, MA 02575	88-0717262	(C)(3)	10,000				HEALTH EQUITY
(403) THE SALVATION ARMY PO BOX 5310, GREENSBORO, NC 27435	58-0660607	(C)(3)	6,800				FOOD ACCESS PROGRAMS
(404) THE URBAN CLINIC OF ATLANTA 777 CLEVELAND AVE SW, SUITE 209, ATLANTA, GA 30315	81-3845426	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(405) THE VALLEY HOSPITAL 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450	22-1487307	(C)(3)	10,000				ATRIAL FIBRILLATION INITIATIVE
(406) THE WALK FOR HUNGER INC 145 BORDER ST, BOSTON, MA 02128	04-2931195	(C)(3)	50,000				HEALTHY SCHOOL MEALS
(407) THE WALLS PROJECT 458 AMERICA ST, BATON ROUGE, LA 70802	45-5485171	(C)(3)	75,000				CHILDHOOD OBESITY
(408) THOMAS HOSPITALS PO BOX 2226, MOBILE, AL 36652	63-0891904	(C)(3)	8,000				ATRIAL FIBRILLATION INITIATIVE
(409) THREE O'CLOCK PROJECT 804 MAIN STREET, BATON ROUGE, LA 70802	81-2133947	(C)(3)	50,000				HEALTHY FOOD ACCESS
(410) THREE SQUARE 4190 N PECOS RD, LAS VEGAS, NV 98115	30-0396918	(C)(3)	6,000				NUTRITION SECURITY
(411) TMH PHYSICIAN ASSOCIATES PO BOX 4719, HOUSTON, TX 77210	30-0520570	(C)(3)	10,000				OUTPATIENT REGISTRY PILOT
(412) TOULON FIRE PROTECTION 402 NORTH FRANKLIN ST, PO BOX 135, TOULON, IL 61483	36-6136076		7,169				AED FUNDING
(413) TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 & 34, CAMBRIDGE, NE 69022	47-6028103	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(414) TRIANGLE RESIDENTIAL OPTIONS 1820 JAMES STREET, DURHAM, NC 27707	56-1861158	(C)(3)	8,700				EMERGENCY RESPONSE AND CPR POLICY
(415) TRINITY HEALTH - MICHIGAN 5325 ELLIOTT DRIVE, SUITE 201, YPSILANTI, MI 48197	38-2113393	(C)(3)	5,800				ATRIAL FIBRILLATION PROGRAM
(416) TRINITY HEALTH FOUNDATION 2701 17TH STREET, ROCK ISLAND, IL 61201	36-3321751	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(417) TRINITY MUSCATINE FOUNDATION 1518 MULBERRY AVENUE, MUSCATINE, IA 52761	42-1525031	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(418) TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD, FORTDODGE, IA 50501	42-1009175	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(419) TRUMAN MEDICAL CENTER INC PO BOX 957924, SAINT LOUIS, MO 63195-7924	44-0661018	(C)(3)	21,000				HEART FAILURE INITIATIVE
(420) TRUSOLACE COUNSELING AND WELLNESS CENTER 4308 KITTY DRIVE, CHARLOTTE, NC 28216	92-2731450	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(421) TRUSTEES OF COLUMBIA UNIVERSITY 615 WEST 131ST STREET, 3RD FLOOR, NEW YORK, NY 10027	13-5598093	(C)(3)	10,000				STROKE TREATMENT STUDY

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(422) TULSA COMMUNITY FOUNDATION 7030 S YALE AVE SUITE 600, TULSA, OK 74136	73-1554474	(C)(3)	50,000				CHILDHOOD OBESITY
(423) UNC LENOIR HEALTH CARE 100 AIRPORT ROAD, KINSTON, NC 28501	56-6000674	(C)(3)	11,000				HEART FAILURE INITIATIVE
(424) UNITED HEALTH CENTERS 2101 PETERSCREEK PARKWAY, WINSTON SALEM, NC 27127	05-0589120	(C)(3)	8,325				DIABETES PROGRAM
(425) UNITY POINT HEALTH SAINT LUKE'S 2720 STONE PARK BLVD, SIOUX CITY, IA 51104	42-1019872	(C)(3)	30,000				STROKE EDUCATION & AWARENESS
(426) UNITYPOINT HEALTH DES-MOINES FOUNDATION 1415 WOODLAND AVENUE, STE E-200, DES MOINES, IA 50309	42-1467682	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(427) UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY STE 200, IRVINE, CA 92697-1000	95-2226406	GOV	20,000				OUTPATIENT QUALITY REGISTRY PILOT
(428) UNIVERSITY OF CALIFORNIA SAN DIEGO UC SAN DIEGO, LA JOLLA, CA 92093-0631	95-6006144	GOV	35,000				ATHEROSCLEROSIS & CVD INITIATIVE
(429) UNIVERSITY OF ILLINOIS AT CHICAGO 1200 WEST HARRISON M/C 334, CHICAGO, IL 60607	37-6000511	GOV	13,000				HEART FAILURE INITIATIVE
(430) UNIVERSITY OF OKLAHOMA HEALTH SCI. CTR. PO BOX 26901, OKLAHOMA CITY, OK 73126-0901	73-1563627	GOV	13,000				ATRIAL FIBRILLATION INITIATIVE
(431) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 1500 MARKET STREET 26TH FLOOR WEST, PHILADELPHIA, PA 19102	23-1352685	(C)(3)	59,000				AORTIC STENOSIS INITIATIVE
(432) UNIVERSITY OF PITTSBURGH PHYSICIANS US STEEL TOWER, 600 GRANT STREET, PITTSBURGH, PA 15219	23-2919472	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(433) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER PO BOX 301418, DALLAS, TX 75303-1418	74-1761309	GOV	5,500				ATRIAL FIBRILLATION INITIATIVE
(434) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER P.O. BOX 1898, SAN ANTONIO, TX 78297-1898	74-1586031	GOV	10,000				ATRIAL FIBRILLATION INITIATIVE
(435) UNIVERSITY OF UTAH DIVISION OF CARDIOVASCULAR MEDICINA 30 NORTH 1900 EAST, SALT LAKE CITY, UT 84132	87-6000525	GOV	15,600				ATRIAL FIBRILLATION INITIATIVE
(436) UNIVERSITY OF UTAH HOSPITALS & CLINICS 127 SOUTH 500 EAST STE 200, SALT LAKE CITY, UT 84102	87-6000525	GOV	15,000				AORTIC STENOSIS INITIATIVE

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(437) UNIVERSITY OF WASHINGTON 2301 5TH AVENUE STE 600, SEATTLE, WA 98121	91-6001537	GOV	82,698				ATHLETES CARDIAC CONDITIONS RESEARCH
(438) UNIVERSITY OF WISCONSIN HOSPITALS 600 HIGHLAND AVENUE, MADISON, WI 53792	39-1835630	(C)(3)	13,000				HEART FAILURE INITIATIVE
(439) UPTRUST INC 405 EL CAMINO REAL #423, , MENLO PARK, CA 94025	47-3356062		125,000				COMMUNITY IMPACT
(440) URBAN ASSOCIATION OF FORESTRY AND FIRE PROFESSIONALS 110 W 6TH STREET #162, AZUSA, CA 91072	83-0806426	(C)(3)	62,500				COMMUNITY IMPACT
(441) URBAN ED ACADEMY INC 1485 BAY SHORE BOULEVARD, STE 317, SAN FRANCISCO, CA 94124	46-1329910	(C)(3)	75,000				COMMUNITY IMPACT
(442) URBAN ED INC 2041 MARTIN LUTHER KING JR AVENUE S, SUITE M-2, WASHINGTON, DC 20020	52-2225018	(C)(3)	100,000				COMMUNITY IMPACT
(443) URBAN HARVEST INC 3302 CANAL STREET, HOUSTON, TX 77003	76-0501430	(C)(3)	74,000				NUTRITION SECURITY
(444) URBAN HEALTH PARTNERSHIPS, INC 1800 SW 1ST AVE, SUITE 205, MIAMI, FL 33129	45-3332540	(C)(3)	90,215				CHILDHOOD OBESITY
(445) URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITOL BOULEVARD, RALEIGH, NC 27603	58-1422700	(C)(3)	5,400				HYPERTENSION CONTROL PROJECT
(446) UTAH ACADEMY OF FAMILY PHYSICIANS 2218 S TEXAS STREET, SALT LAKE CITY, UT 84109	46-4896627	(C)(3)	10,000				COMMUNITY IMPACT
(447) UTAH PUBLIC HEALTH ASSOCIATION PO BOX 9387, MILCREEK, UT 84109	87-0327438	(C)(3)	10,000				COMMUNITY IMPACT
(448) VANCOUVER FARMERS MARKET ASSOCIATION P.O. BOX 61638, VANCOUVER, WA 98666	91-1499546	(C)(6)	10,000				FOOD ACCESS PROGRAMS
(449) VETERANS RESEARCH & EDUCATION FOUNDATION 921 NE 13TH ST., OKLAHOMA CITY, OK 73034	73-1363705	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(450) VIRTUA HEALTH INC 303 LIPPINCOTT DRIVE 4TH FLOOR, MARLTON, NJ 08053	22-3524939	(C)(3)	26,000				AORTIC STENOSIS INITIATIVE
(451) VOCATIONAL INSTRUCTION PROJECT COMMUNITY SERVICES 770 E 176TH STREET, BRONX, NY 10460	13-3224700	(C)(3)	25,000				COVID - 19 EDUCATION
(452) VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVE STE 301, MINNEAPOLIS, MN 55406-1198	41-1750116	(C)(3)	250,000				HEALTH EQUITY

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(453) WAHIAWA CENTER FOR COMMUNITY HEALTH 302 CALIFORNIA AVENUE STE 106, WAHIAWA, HI 96786	45-5114944	(C)(3)	6,000				VACCINE EDUCATION AND SUPPORT
(454) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	22-3849199	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(455) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034, SAINT LOUIS, MO 63112	43-0653611	(C)(3)	100,000				STROKE PROGRAM
(456) WAVE POOL CORP 2940 COLERAIN AVENUE, CINCINNATI, OH 45225	47-5054823	(C)(3)	6,500				FOOD ACCESS PROGRAMS
(457) WAYNE HEALTH 400 MACK AVENUE, DETROIT, MI 48201	38-3474766	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(458) WELD SEATTLE 1426 SOUTH JACKSON STREET, SEATTLE, WA 98144	81-3922645	(C)(3)	100,000				COMMUNITY IMPACT
(459) WELLSTAR FOUNDATION 805 SANDY PLAINS ROAD STE 100, MARIETTA, GA 30066	58-1627413	(C)(3)	25,000				ATHEROSCLEROTIC CVD LIPID INITIATIVE
(460) WELLSTAR HEALTH SYSTEM INC 522 NORTH AMERICA, , MARIETTA, GA 30060	58-1649541	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(461) WEST BOULEVARD NEIGHBORHOOD COALITION 2091 ROMARE BEARDEN DRIVE, CHARLOTTE, NC 28266	30-0401238	(C)(3)	10,000				HEALTH EQUITY
(462) WEST VIRGINIA WOMEN WORK, LLC 201 NEW JERSEY STREET, MORGANTOWN, WV 26501	55-0775351	(C)(3)	65,000				COMMUNITY IMPACT
(463) WHEATLAND MEMORIAL HEALTHCARE PO BOX 287, HARLOWTON, MT 59036	81-0392231	(C)(3)	21,000				STROKE EDUCATION & AWARENESS
(464) WHOLESOME WAVE 855 MAIN ST., SUITE 901, BRIDGEPORT, CT 06604	26-0352899	(C)(3)	100,000				NUTRITION SECURITY
(465) WHOLESOME WAVE GEORGIA INC 777 CLEVELAND AVENUE SW STE 400, ATLANTA, GA 30315	45-4816906	(C)(3)	8,500				NUTRITION SECURITY
(466) WOOSTER COMMUNITY HOSPITAL 1761 BEALL AVENUE, WOOSTER, OH 44691	34-6003129	(C)(3)	64,000				ATRIAL FIBRILLATION INITIATIVE
(467) WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149, FARMERS BRANCH, TX 75234	75-2616002	(C)(3)	100,000				CHOLESTEROL PROGRAM
(468) YOUTH ACTIVISM PROJECT 4701 SANGAMORE ROAD, SUITE 100N #2034, BETHESDA, MD 20816	75-3163810	(C)(3)	40,000				HEALTHY SCHOOL MEALS
(469) YOUTH ALIVE 3300 ELM STREET, OAKLAND, CA 94609	94-3143254	(C)(3)	75,000				COMMUNITY IMPACT

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(470) YWCA GREATER CHARLESTON PO BOX 80935, CHARLESTON, SC 29416	57-0518147	(C)(3)	75,000				CHILDHOOD OBESITY
(471) YWCA METROPOLITAN CHICAGO 839 W. 115TH STREET, CHICAGO, IL 60643	36-2179765	(C)(3)	12,000				CPR TRAINING AND AED STIPEND
(472) YWCA OF KALAMAZOO 353 E MICHIGAN AVENUE, KALAMAZOO, MI 49007	38-1360598	(C)(3)	9,500				HYPERTENSION MONITORING SUPPORT
(473) ZEALOUS EMPOWERING NURTURER 3733 PROSPERITY CHURCH ROAD, CHARLOTTE, NC 28269	87-2675769	(C)(3)	6,500				FOOD ACCESS PROGRAMS
(474) ADVOCATE HOPE CHILDREN'S HOSPITAL 4440 WEST 95TH STREET, OAK LAWN, IL 60453	36-2169147	(C)(3)	36,000				RESEARCH
(475) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE , BRONX, NY 10461	83-0621846	(C)(3)	823,391				RESEARCH
(476) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO, BOX 205, CHICAGO, IL 60611	36-2170833	(C)(3)	300,000				RESEARCH
(477) ARIZONA STATE UNIVERSITY PO BOX 876011, TEMPE, AZ 85287-6011	86-0196696	GOV	504,865				RESEARCH
(478) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. 1120 15TH STREET, AUGUSTA, GA 30912-4810	58-1418202	(C)(3)	2,449,414				RESEARCH
(479) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM 310, HOUSTON, TX 77030	74-1613878	(C)(3)	1,483,989				RESEARCH
(480) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 EAST DUARTE ROAD, DUARTE, CA 91010-3000	95-3432210	(C)(3)	500,000				RESEARCH
(481) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, OV-540, BOSTON, MA 02215	04-2103881	(C)(3)	267,000				RESEARCH
(482) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	(C)(3)	2,450,818				RESEARCH
(483) BOSTON COLLEGE 140 COMMONWEALTH AVENUE, CHESTNUT HILL, MA 02467	04-2103545	(C)(3)	65,106				RESEARCH
(484) BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118	04-3314093	(C)(3)	263,553				RESEARCH
(485) BOSTON UNIVERSITY 85 EAST NEWTON, M-921, BOSTON, MA 02218	04-2103547	(C)(3)	1,341,468				RESEARCH

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(486) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET, BOSTON, MA 02115	04-2312909	(C)(3)	2,772,899				RESEARCH
(487) BROAD INSTITUTE OF MIT AND HARVARD) 415 MAIN STREET, CAMBRIDGE, MA 02142	26-3428781	(C)(3)	382,476				RESEARCH
(488) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. M/C 273-6, PASADENA, CA 91125	95-1643307	(C)(3)	208,283				RESEARCH
(489) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106-4919	34-1018992	(C)(3)	451,812				RESEARCH
(490) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD, 65-WIL, SUI, LOS ANGELES, CA 90048	95-1644600	(C)(3)	878,582				RESEARCH
(491) CENTRAL MICHIGAN UNIVERSITY 251 FOUST HALL, MOUNT PLEASANT, MI 48859	38-6004447	GOV	231,000				RESEARCH
(492) CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE, ORANGE, CA 92866-1005	95-1643992	(C)(3)	154,000				RESEARCH
(493) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	(C)(3)	4,090,598				RESEARCH
(494) CHILDREN'S HOSPITAL OF PHILADELPHIA 2716 SOUTH ST., PHILADELPHIA, PA 19146-2305	23-1352166	(C)(3)	878,890				RESEARCH
(495) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108-4619	44-0605373	(C)(3)	299,997				RESEARCH
(496) CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010	52-1654453	(C)(3)	237,315				RESEARCH
(497) CLEMSON UNIVERSITY 230 KAPPA STREET, CLEMSON, SC 29634	57-6000254	GOV	200,000				RESEARCH
(498) CLEVELAND CLINIC FOUNDATION P.O. BOX 931531, CLEVELAND, OH 44193	34-0714585	(C)(3)	500,000				RESEARCH
(499) CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE, PH220, CLEVELAND, OH 44115-2214	34-0966056	GOV	300,000				RESEARCH
(500) COLUMBIA UNIVERSITY 630 WEST 168TH STREET, NEW YORK, NY 10032-3702	13-5598093	(C)(3)	2,198,796				RESEARCH
(501) COREWELL HEALTH FOUNDATION WEST MICHIGAN 100 MICHIGAN NE MC 004, GRAND RAPIDS, MI 49503	38-2752328	(C)(3)	399,999				RESEARCH

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(502) CORNELL UNIVERSITY 373 PINE TREE ROAD, ITHACA, NY 14850	15-0532082	(C)(3)	577,169				RESEARCH
(503) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA 02215-5450	04-2263040	(C)(3)	351,476				RESEARCH
(504) DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210, HANOVER, NH 03755-1421	02-0222111	(C)(3)	65,106				RESEARCH
(505) DREXEL UNIVERSITY 3020 MARKET STREET, SUITE 510, PHILADELPHIA, PA 19104-3735	23-1352630	(C)(3)	231,000				RESEARCH
(506) DUKE UNIVERSITY 2200 W. MAIN STREET, SUITE 710, DURHAM, NC 27705	56-0532129	(C)(3)	6,249,461				RESEARCH
(507) EASTERN VIRGINIA MEDICAL SCHOOL 735 FAIRFAX AVENUE P.O. BOX 1980, NORFOLK, VA 23507-2007	54-6055378	GOV	598,935				RESEARCH
(508) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR, ATLANTA, GA 30322	58-0566256	(C)(3)	2,663,574				RESEARCH
(509) FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH STREET, MARC-430, MIAMI, FL 33199	65-0177616	(C)(3)	200,000				RESEARCH
(510) FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION 2000 LEVY AVENUE, SUITE 351 PO BOX, TALLAHASSEE, FL 32310-5792	59-3211153	(C)(3)	231,000				RESEARCH
(511) FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVENUE N, SEATTLE, WA 98109-1024	91-1935159	(C)(3)	371,558				RESEARCH
(512) GEORGE WASHINGTON UNIVERSITY 1922 F STREET NW 4TH FLOOR, WASHINGTON, DC 20052	53-0196584	(C)(3)	400,000				RESEARCH
(513) GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW, ATLANTA, GA 30332-0420	58-0603146	(C)(3)	208,283				RESEARCH
(514) HARVARD MEDICAL SCHOOL 1635 TREMONT ST., BOSTON, MA 02120	04-2103580	(C)(3)	348,841				RESEARCH
(515) HARVARD PILGRIM HEALTH CARE, INC. 1 WELLNESS WAY, CANTON, MA 02021	04-2452600	(C)(3)	227,703				RESEARCH
(516) HOUSTON METHODIST RESEARCH INSTITUTE 7550 GREENBRIAR DR. 4-116, HOUSTON, TX 77030	87-0721923	(C)(3)	1,030,997				RESEARCH
(517) HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC. 707 N. BROADWAY, BALTIMORE, MD 21205	52-1524967	(C)(3)	199,997				RESEARCH

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(518) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE BOX 1075, NEW YORK, NY 10029	13-6171197	(C)(3)	443,106				RESEARCH
(519) INDIANA UNIVERSITY 509 E 3RD STREET, BLOOMINGTON, IN 47401-3654	35-6001673	GOV	971,558				RESEARCH
(520) J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET, SAN FRANCISCO, CA 94158	23-7203666	(C)(3)	531,000				RESEARCH
(521) JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET, BALTIMORE, MD 21218	52-0595110	(C)(3)	3,847,622				RESEARCH
(522) JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE, BOSTON, MA 02215- 5306	04-2203836	(C)(3)	147,326				RESEARCH
(523) KAISER FOUNDATION RESEARCH INSTITUTE 1 KAISER PLAZA, 22ND FLOOR, OAKLAND, CA 94612-3610	94-1105628	(C)(3)	300,000				RESEARCH
(524) KAISER PERMANENTE MEDICAL CENTER 1635 DIVISADERO ST., SAN FRANCISCO, CA 94115	94-1105628	(C)(3)	52,500				RESEARCH
(525) LEHIGH UNIVERSITY 526 BRODHEAD AVENUE, BETHLEHEM, PA 18015	24-0795445	(C)(3)	365,106				RESEARCH
(526) LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD, IL 2160 S. FIRST AVE, MAYWOOD, IL 60153	36-1408475	(C)(3)	503,495				RESEARCH
(527) LSU HEALTH SCIENCES CENTER 1501 KINGS HWY. P. O.BOX 33932, SHREVEPORT, LA 71130	72-0702002	GOV	812,116				RESEARCH
(528) MAINEHEALTH D/B/A MAINE MEDICAL CENTER 22 BRAMHALL STREET, PORTLAND, ME 04102	01-0238552	(C)(3)	266,106				RESEARCH
(529) MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DRIVE, HUNTINGTON, WV 25755-0001	55-0683361	(C)(3)	65,106				RESEARCH
(530) MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEECKER STREET, UTICA, NY 13501	13-5648611	(C)(3)	200,000				RESEARCH
(531) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA 02114	04-2697983	(C)(3)	3,604,584				RESEARCH
(532) MAYO CLINIC 200 FIRST ST. SW, ROCHESTER, MN 55905- 0001	41-6011702	(C)(3)	1,069,858				RESEARCH
(533) MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCJ, 1ST , SCOTTSDALE, AZ 85259	86-0800150	(C)(3)	678,324				RESEARCH

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(534) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	59-3337028	(C)(3)	50,000				RESEARCH
(535) MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD., MILWAUKEE, WI 53226-0509	39-0806261	(C)(3)	1,267,056				RESEARCH
(536) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE, CHARLESTON, SC 29425-8908	57-6000722	GOV	261,421				RESEARCH
(537) MERCER UNIVERSITY 3001 MERCER UNIVERSITY DR, ATLANTA, GA 30341	58-0566167	(C)(3)	308,000				RESEARCH
(538) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, MI 48824	38-6005984	GOV	404,868				RESEARCH
(539) MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR., HOUGHTON, MI 49931	38-6005955	GOV	151,476				RESEARCH
(540) MIRIAM HOSPITAL 164 SUMMIT AVENUE, PROVIDENCE, RI 02906-2853	05-0258905	(C)(3)	231,000				RESEARCH
(541) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST., PHILADELPHIA, PA 19104-3308	23-2020897	(C)(3)	141,326				RESEARCH
(542) MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST., BRONX, NY 10467	13-1740114	(C)(3)	231,000				RESEARCH
(543) NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS, NEWARK, NJ 07102-1982	22-6000910	(C)(3)	154,000				RESEARCH
(544) NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE ONE PARK AVENUE, 6TH FLOOR, NEW YORK, NY 10016	13-5562308	(C)(3)	1,201,279				RESEARCH
(545) NORTH DAKOTA STATE UNIVERSITY 1735 NDSU RESEARCH PARK DRIVE, FARGO, ND 58105-5756	45-6002439	GOV	300,000				RESEARCH
(546) NORTHWELL HEALTH 125 COMMUNITY DRIVE, GREAT NECK, NY 11021	11-3418133	(C)(3)	36,000				RESEARCH
(547) NORTHWESTERN MEMORIAL FOUNDATION 541 N. FAIRBANKS COURT SUITE 800, CHICAGO, IL 60611	36-3155315	(C)(3)	38,379				RESEARCH
(548) NORTHWESTERN MEMORIAL HOSPITAL 251 EAST HURON STREET, CHICAGO, IL 60611	37-0960170	(C)(3)	25,778				RESEARCH

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(549) NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS 750 NORTH LAKE SHORE DRIVE, CHICAGO, IL 60611	36-2167817	(C)(3)	747,014				RESEARCH
(550) NORTHWESTERN UNIVERSITY FEINBERG 320 E. SUPERIOR ST SEARLE, 6-523, CHICAGO, IL 60611	13-6216781	(C)(3)	6,000				RESEARCH
(551) OAKLAND UNIVERSITY 2200 N. SQUIRREL ROAD, ROCHESTER, MI 48309	38-1714400	(C)(3)	473,000				RESEARCH
(552) OCEAN STATE RESEARCH INSTITUTE, INC 830 CHALKSTONE AVENUE, PROVIDENCE, RI 02908	05-0440574	(C)(3)	230,933				RESEARCH
(553) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	GOV	5,837,287				RESEARCH
(554) OHIO UNIVERSITY 1 OHIO UNIVERSITY GROSVENOR HALL 20, ATHENS, OH 45701	31-6402113	(C)(3)	147,326				RESEARCH
(555) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET, OKLAHOMA CITY, OK 73104	73-0580274	(C)(3)	643,174				RESEARCH
(556) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. , PORTLAND, OR 97239	93-1176109	GOV	3,237,106				RESEARCH
(557) PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVENUE P.O. BOX V-38, PALO ALTO, CA 94304-0038	77-0207331	(C)(3)	3,217,828				RESEARCH
(558) PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER, UNIVERSITY PARK, PA 16802	24-6000376	GOV	330,212				RESEARCH
(559) PORTLAND STATE UNIVERSITY PO BOX 751, PORTLAND, OR 97207-0751	36-4776757	GOV	65,106				RESEARCH
(560) PRINCETON UNIVERSITY 619 ALEXANDER ROAD SUITE 102, PRINCETON, NJ 08544-6000	21-0634501	(C)(3)	65,106				RESEARCH
(561) PRISMA HEALTH-MIDLANDS TAYLOR AT MARION STREET, COLUMBIA, SC 29201	58-2296052	(C)(3)	52,500				RESEARCH
(562) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE., SUITE 1900, WEST LAFAYETTE, IN 47906-1332	35-6002041	GOV	870,659				RESEARCH
(563) RENSSELAER POLYTECHNIC INSTITUTE 90 4TH STREET, TROY, NY 12180-3590	14-1340095	(C)(3)	65,106				RESEARCH
(564) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE, COLUMBUS, OH 43205-2664	31-6056230	(C)(3)	931,000				RESEARCH

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(565) RHODE ISLAND HOSPITAL 593 EDDY STREET, PROVIDENCE, RI 02903-4923	05-0258954	(C)(3)	292,468				RESEARCH
(566) ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVE., ROCHESTER, NY 14621	16-0743134	(C)(3)	52,497				RESEARCH
(567) ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 82, NEW YORK, NY 10065	13-1624158	(C)(3)	200,000				RESEARCH
(568) ROWAN UNIVERSITY 201 MULLICA HILL ROAD, GLASSBORO, NJ 08028	22-2764819	(C)(3)	153,751				RESEARCH
(569) RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY, CHICAGO, IL 60612	36-2174823	(C)(3)	24,000				RESEARCH
(570) RUTGERS BIOMEDICAL AND HEALTH SCIENCES 65 BERGEN STREET, NEWARK, NJ 07107-3001	22-6001086	GOV	499,520				RESEARCH
(571) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	(C)(3)	155,993				RESEARCH
(572) SMITH COLLEGE SMITH COLLEGE CONTROLLER'S OFFICE C, NORTHAMPTON, MA 01063	04-1843040	(C)(3)	154,000				RESEARCH
(573) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678	62-0646012	(C)(3)	147,326				RESEARCH
(574) STANFORD UNIVERSITY 485 BROADWAY ST, REDWOOD CITY, CA 94063	94-1156365	(C)(3)	6,965,743				RESEARCH
(575) SUNY AT STONY BROOK RESEARCH FOUNDATION 330 ADMINISTRATION, STONY BROOK, NY 11794-1601	14-1368361	(C)(3)	65,106				RESEARCH
(576) SUNY UPSTATE MEDICAL UNIVERSITY 750 E. ADAMS STREET , SUITE 1111E, SYRACUSE, NY 13210	14-1368361	(C)(3)	154,212				RESEARCH
(577) TEMPLE UNIVERSITY 1801 NORTH BROAD STREET, PHILADELPHIA, PA 19122-6003	23-1365971	(C)(3)	888,318				RESEARCH
(578) TEMPLE UNIVERSITY HEALTH SYSTEM 2450 WEST HUNTING PARK AVENUE, PHILADELPHIA, PA 19129	23-2825881	(C)(3)	36,000				RESEARCH
(579) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PARKWAY SOUTH, COLLEGE STATION, TX 77845-4375	74-6000541	GOV	143,177				RESEARCH
(580) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH, COLLEGE STATION, TX 77845-4375	74-2907553	GOV	299,997				RESEARCH

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(581) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030	74-6053200	(C)(3)	348,365				RESEARCH
(582) TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE, LUBBOCK, TX 79409-1035	75-6002622	GOV	353,999				RESEARCH
(583) TEXAS WOMAN'S UNIVERSITY 304 ADMINISTRATION DRIVE, DENTON, TX 76204	75-6002618	GOV	153,990				RESEARCH
(584) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107	23-1352651	(C)(3)	364,557				RESEARCH
(585) TUFTS COLLEGE 136 HARRISON AVENUE, BOSTON, MA 02111	04-2103634	(C)(3)	565,106				RESEARCH
(586) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 817, BOSTON, MA 02111-1533	04-3400617	(C)(3)	12,000				RESEARCH
(587) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA 70112	72-0423889	(C)(3)	674,432				RESEARCH
(588) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	34-1567805	(C)(3)	422,903				RESEARCH
(589) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 1170, BIRMINGHAM, AL 35294-0111	63-6005396	GOV	2,467,156				RESEARCH
(590) UNIVERSITY OF ARIZONA P O BOX 210158B, ROOM 538, TUCSON, AZ 85721-0158	74-2652689	GOV	804,389				RESEARCH
(591) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM, #812, LITTLE ROCK, AR 72205	71-6046242	GOV	596,103				RESEARCH
(592) UNIVERSITY OF CALIFORNIA (IRVINE) 160 ALDRICH HALL, IRVINE, CA 92697-7600	95-2226406	GOV	65,106				RESEARCH
(593) UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DRIVE, SUITE 300, DAVIS, CA 95618	94-6036494	GOV	5,268,302				RESEARCH
(594) UNIVERSITY OF CALIFORNIA, BERKELEY 1608 FOURTH STREET, SUITE 220 , BERKELEY, CA 94710-1749	94-6002123	GOV	65,106				RESEARCH
(595) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD, SUITE 700, LOS ANGELES, CA 90095-1406	95-6006143	GOV	2,739,314				RESEARCH
(596) UNIVERSITY OF CALIFORNIA, MERCED 5200 NORTH LAKE ROAD, MERCED, CA 95343	27-0093858	GOV	65,106				RESEARCH

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(597) UNIVERSITY OF CALIFORNIA, RIVERSIDE 245 UNIVERSITY OFFICE BUILDING, RIVERSIDE, CA 92521-0217	95-6006142	GOV	65,106				RESEARCH
(598) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, DEPT 0934, LA JOLLA, CA 92093-0934	95-6006144	GOV	1,792,527				RESEARCH
(599) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	GOV	2,292,687				RESEARCH
(600) UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300, CHICAGO, IL 60637	36-2177139	(C)(3)	452,500				RESEARCH
(601) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE P.O. BOX 210222, CINCINNATI, OH 45221-0222	31-6000989	GOV	1,199,788				RESEARCH
(602) UNIVERSITY OF COLORADO 3100 MARINE STREET, ROOM 481 572 UC, BOULDER, CO 80309-0572	84-6000555	GOV	3,873,151				RESEARCH
(603) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT 06030-5335	52-1725543	GOV	195,318				RESEARCH
(604) UNIVERSITY OF DELAWARE 210 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	GOV	343,175				RESEARCH
(605) UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD., DENVER, CO 80210-4711	84-0404231	(C)(3)	200,000				RESEARCH
(606) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	GOV	1,424,571				RESEARCH
(607) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. 310 EAST CAMPUS RD , ATHENS, GA 30602-1589	58-1353149	GOV	65,106				RESEARCH
(608) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368, HONOLULU, HI 96822	99-6000354	GOV	65,106				RESEARCH
(609) UNIVERSITY OF HOUSTON 4302 UNIVERSITY DRIVE, ROOM 316, HOUSTON, TX 77204-2015	74-6001399	GOV	265,106				RESEARCH
(610) UNIVERSITY OF ILLINOIS AT CHICAGO 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000511	GOV	664,276				RESEARCH
(611) UNIVERSITY OF IOWA 2 GILMORE HALL, IOWA CITY, IA 52242	42-6004813	GOV	2,333,285				RESEARCH
(612) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. 3901 RAINBOW BOULEVARD, KANSAS CITY, KS 66160-8500	48-1108830	(C)(3)	231,000				RESEARCH

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(613) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 500 SOUTH LIMESTONE, LEXINGTON, KY 40526-0001	61-6033693	GOV	1,602,557				RESEARCH
(614) UNIVERSITY OF LOUISVILLE 580 S. PRESTON ST., LOUISVILLE, KY 40202	61-1263473	(C)(3)	36,000				RESEARCH
(615) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. 300 E MARKET STREET, SUITE 300, LOUISVILLE, KY 40202-1959	61-1029626	(C)(3)	1,115,106				RESEARCH
(616) UNIVERSITY OF MARYLAND 620 W. LEXINGTON STREET 4TH FLOOR , BALTIMORE, MD 21201	52-6002033	GOV	282,836				RESEARCH
(617) UNIVERSITY OF MASSACHUSETTS 100 MORRISSEY BOULEVARD , BOSTON, MA 02125-3393	04-3167352	GOV	519,103				RESEARCH
(618) UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY, SUITE 650, CORAL GABLES, FL 33146	59-0624458	(C)(3)	406,686				RESEARCH
(619) UNIVERSITY OF MICHIGAN 3003 S STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOV	1,195,608				RESEARCH
(620) UNIVERSITY OF MICHIGAN MEDICAL CENTER 1540 EAST MEDICAL CENTER DRIVE, ANN ARBOR, MI 48109	38-6006300	GOV	1,000,000				RESEARCH
(621) UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK STREET S.E., MINNEAPOLIS, MN 55455	41-6007513	GOV	2,156,712				RESEARCH
(622) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS 39216	64-6008520	GOV	491,869				RESEARCH
(623) UNIVERSITY OF MISSOURI 5100 ROCKHILL ROAD, KANSAS CITY, MO 64110-2499	43-6003859	GOV	1,027,106				RESEARCH
(624) UNIVERSITY OF NEBRASKA-LINCOLN 151 PREM S. PAUL RESEARCH CENTER AT, LINCOLN, NE 68583-0861	47-0049123	GOV	1,187,105				RESEARCH
(625) UNIVERSITY OF NEVADA, RENO 1664 N. VIRGINIA ST. 204 , RENO, NV 89557-0325	88-6000024	GOV	629,948				RESEARCH
(626) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200 , CHAPEL HILL, NC 27599	56-6001393	GOV	1,732,193				RESEARCH
(627) UNIVERSITY OF NORTH CAROLINA 601 SOUTH COLLEGE ROAD, WILMINGTON, NC 28403	56-1258660	GOV	153,133				RESEARCH
(628) UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE 333 ZEIS HALL, ASHEVILLE, NC 28804	56-6002370	GOV	153,998				RESEARCH

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(629) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD., FORT WORTH, TX 76107	75-6064033	GOV	195,318				RESEARCH
(630) UNIVERSITY OF NOTRE DAME 940 GRACE HALL, NOTRE DAME, IN 46556-5708	35-0868188	(C)(3)	65,106				RESEARCH
(631) UNIVERSITY OF OKLAHOMA, HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY URP865-450, OKLAHOMA CITY, OK 73104-3609	73-1563627	GOV	452,099				RESEARCH
(632) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON, EUGENE, OR 97403-5219	46-4727800	GOV	230,106				RESEARCH
(633) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET FRANKLIN BUILDIN, PHILADELPHIA, PA 19104	23-1352685	(C)(3)	1,842,937				RESEARCH
(634) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 3400 SPRUCE ST., PHILADELPHIA, PA 19104	23-1352685	(C)(3)	231,000				RESEARCH
(635) UNIVERSITY OF PITTSBURGH 3420 FORBES AVENUE, PITTSBURGH, PA 15260	25-0965591	(C)(3)	3,251,005				RESEARCH
(636) UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200, ROCHESTER, NY 14611-3847	16-0743209	(C)(3)	999,566				RESEARCH
(637) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD. AD 200, MOBILE, AL 36688	63-0477348	GOV	65,106				RESEARCH
(638) UNIVERSITY OF SOUTH CAROLINA - USC 1600 HAMPTON STREET SUITE 414, COLUMBIA, SC 29208-0001	57-6001153	GOV	300,000				RESEARCH
(639) UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET, VERMILLION, SD 57069	46-6000364	GOV	205,664				RESEARCH
(640) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165, TAMPA, FL 33612	59-3102112	GOV	231,000				RESEARCH
(641) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR, LOS ANGELES, CA 90089	95-1642394	(C)(3)	65,106				RESEARCH
(642) UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE #5157, HATTIESBURG, MS 39406-0001	64-6000818	GOV	305,615				RESEARCH
(643) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOV	423,531				RESEARCH

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(644) UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE , ARLINGTON, TX 76019-0145	75-6000121	GOV	231,000				RESEARCH
(645) UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LN, SUITE 3.340, AUSTIN, TX 78759-5316	74-6000203	GOV	270,770				RESEARCH
(646) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN, UCT 1006, HOUSTON, TX 77030-5401	74-1761309	GOV	2,974,706				RESEARCH
(647) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229-3900	74-1586031	GOV	65,106				RESEARCH
(648) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD., DALLAS, TX 75390-9020	75-6002868	GOV	3,672,808				RESEARCH
(649) UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS 3000 ARLINGTON AVENUE, TOLEDO, OH 43614-2595	34-6401483	GOV	361,212				RESEARCH
(650) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, ROOM 210, SALT LAKE CITY, UT 84112-9011	87-6000525	GOV	967,183				RESEARCH
(651) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET , BURLINGTON, VT 05405	03-0179440	GOV	361,212				RESEARCH
(652) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	GOV	1,586,656				RESEARCH
(653) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472, SEATTLE, WA 98195	91-6001537	GOV	8,520,545				RESEARCH
(654) UNIVERSITY OF WISCONSIN 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715	39-6006492	GOV	1,465,905				RESEARCH
(655) VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH, NASHVILLE, TN 37203-2417	62-0476822	(C)(3)	613,029				RESEARCH
(656) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE, STE 970, NASHVILLE, TN 37203	35-2528741	(C)(3)	3,591,527				RESEARCH
(657) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET BOX 980568, RICHMOND, VA 23298-0568	54-6001758	GOV	5,243,837				RESEARCH
(658) VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 300 TURNER STREET NW, SUITE 4200, BLACKSBURG, VA 24061	54-6001805	GOV	511,794				RESEARCH

(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
(659) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	22-3849199	(C)(3)	140,558				RESEARCH
(660) WASHINGTON STATE UNIVERSITY 280 LIGHTY, PULLMAN, WA 99164-1060	91-6001108	GOV	300,000				RESEARCH
(661) WASHINGTON UNIVERSITY BOX 1054 ONE BROOKINGS DRIVE, ST. LOUIS, MO 63130-4862	43-0653611	(C)(3)	2,376,227				RESEARCH
(662) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI 48202	38-6028429	GOV	143,177				RESEARCH
(663) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, NEW YORK, NY 10065-4805	13-1623978	(C)(3)	1,963,767				RESEARCH
(664) WELLESLEY COLLEGE 106 CENTRAL STREET, WELLESLEY, MA 02481	04-2103637	(C)(3)	153,660				RESEARCH
(665) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE ROAD P.O. BOX 68, MORGANTOWN, WV 26506-6845	55-6000842	GOV	231,000				RESEARCH
(666) WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY., DAYTON, OH 45435	31-0732831	(C)(3)	24,000				RESEARCH
(667) YALE UNIVERSITY PO BOX 208327, NEW HAVEN, CT 06520-8327	06-0646973	(C)(3)	3,710,362				RESEARCH
(668) YESHIVA UNIVERSITY 500 WEST 185TH STREET, NEW YORK, NY 10033	13-1624225	(C)(3)	299,838				RESEARCH

Part III**Grants and Other Assistance to Individuals in the United States (continued)**

(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
(7) CAREGIVER STIPEND	37	11,006			
(8) COMMUNITY IMPACT GRANT	4	8,278			
(9) HONORARIUM	17	29,500			
(10) LECTURE AWARD	28	31,023			
(11) TRAVEL AWARD	209	135,655			
(12) POSTER PRESENTATION AWARD	42	9,800			
(13) SCHOOL FITNESS PROGRAM	8	30,000			

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>PART I, LINE 2 - CONTINUED INSTITUTIONAL AWARD FOR UNDERGRADUATE STUDENT TRAINING THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS.</p> <p>THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE THE FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE.</p> <p>ELIGIBILITY FOR STRATEGIC AWARD PROGRAMS ELIGIBILITY IS DETERMINED BY THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).</p> <p>MERIT AWARD THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT CREDENTIALS: -HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT). -HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. -IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING. -BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY.</p> <p>COLLABORATIVE SCIENCES AWARD THE PROPOSAL MUST FOCUS ON THE COLLABORATIVE RELATIONSHIP, SUCH THAT THE SCIENTIFIC OBJECTIVES COULD NOT BE ACHIEVED WITHOUT THE EFFORTS OF AT LEAST TWO CO-PRINCIPAL INVESTIGATORS AND THEIR RESPECTIVE DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY BY AT LEAST TWO CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD FACULTY/STAFF APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE INDEPENDENT RESEARCHERS. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH TRAINING OR FELLOWSHIP POSITIONS. CO-PIS MUST HOLD A M.D., PH.D., D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE.</p> <p>STRATEGICALLY FOCUSED RESEARCH NETWORK AND HEALTH EQUITY RESEARCH NETWORK DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION.</p> <p>RESEARCH SUPPLEMENT TO PROMOTE DIVERSITY IN SCIENCE THE ELIGIBILITY CRITERIA ARE THE SAME AS THE FOUNDATIONAL PREDOCTORAL AND POSTDOCTORAL FELLOWSHIP PROGRAMS WITH THE EXCEPTION THAT THE MENTOR MUST BE A CURRENT AWARDEE TO ONE OF THE FOLLOWING PROGRAMS: AHA MERIT AWARD, CAREER DEVELOPMENT AWARD, COLLABORATIVE SCIENCES AWARD, ESTABLISHED INVESTIGATOR AWARD, TRANSFORMATIONAL PROJECT AWARD, OR PROJECT PIS OF A FUNDED STRATEGICALLY FOCUSED RESEARCH NETWORK.</p> <p>SUPPORTING UNDERGRADUATE RESEARCH EXPERIENCE THIS IS AN INSTITUTIONAL AWARD TO TARGETED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS. THE ELIGIBILITY CRITERIA ARE THE SAME AS THE INSTITUTIONAL AWARD FOR UNDERGRADUATE STUDENT TRAINING PROGRAM.</p> <p>OTHER ELIGIBILITY REQUIREMENTS OR RESTRICTIONS - AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A) UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AMERICAN HEART ASSOCIATION CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE AWARD. FOR THE SPECIFIC CITIZENSHIP REQUIREMENTS FOR EACH RESEARCH PROGRAM REFER TO THE PROGRAM DESCRIPTION. -THE APPROPRIATE AHA BODY OR ITS DESIGNEE GOVERNING THE PROGRAM OFFERING HAS THE AUTHORITY TO ADD MORE LENIENT OR RESTRICTIVE ELIGIBILITY CRITERIA TO A RESEARCH GRANT OR AWARD PROGRAM. FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION (AHA) ANNUALLY AND PAID TO THE GRANTEE'S INSTITUTION QUARTERLY OVER THE MULTI-YEAR LIFE OF THE AWARD. GRANTEES ARE REQUIRED TO SUBMIT REPORTS OF SCIENTIFIC PROGRESS ANNUALLY PRIOR TO THE ISSUANCE OF EACH SUBSEQUENT YEAR'S PAYMENTS. THESE REPORTS MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND EXPERIENCED RESEARCHERS. AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA.</p> <p>AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF (1) APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE, AND (2) THE VETERANS ADMINISTRATION EMPLOYEES. ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT.</p> <p>INDIVIDUAL ELIGIBILITY FOR AWARDS THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND ACADEMIC POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS AND, AT THE TIME OF APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).</p> <p>THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS ARE GIVEN BELOW.</p> <p>PREDOCTORAL FELLOWSHIP THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF PROMISING STUDENTS WHO ARE MATRICULATED IN PRE-DOCTORAL OR CLINICAL HEALTH PROFESSIONAL DEGREE TRAINING PROGRAMS.</p> <p>POST BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH.D., M.D., OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE.</p> <p>POSTDOCTORAL FELLOWSHIP THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF POSTDOCTORAL APPLICANTS WHO ARE NOT YET INDEPENDENT.</p> <p>INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK. INDIVIDUALS ARE EXPECTED TO DEVOTE AT LEAST 80% FULL-TIME EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT TO INDEPENDENT RESEARCH (INSTEAD OF ADMINISTRATIVE, CLINICAL, OR TEACHING RESPONSIBILITIES).</p> <p>CAREER DEVELOPMENT AWARD THIS PROGRAM SUPPORTS HIGHLY PROMISING HEALTHCARE AND ACADEMIC PROFESSIONALS, IN THE EARLY YEARS OF ONE'S FIRST PROFESSIONAL APPOINTMENT, TO EXPLORE INNOVATIVE QUESTIONS OR PILOT STUDIES.</p> <p>AT THE TIME OF APPLICATION, THE APPLICANT MUST HOLD AN M.D., PH.D., D.O., D.V.M., D.D.S., OR EQUIVALENT POST-BACCALAUREATE DOCTORAL DEGREE. AT THE TIME OF AWARD ACTIVATION, THE APPLICANT MUST HOLD A FACULTY/STAFF POSITION UP TO AND INCLUDING THE RANK OF ASSISTANT PROFESSOR (OR EQUIVALENT). APPLICATIONS MAY BE SUBMITTED FOR REVIEW IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE FIRST FACULTY/STAFF APPOINTMENT. APPLICANTS MAY NOT BE A CURRENT OR PRIOR RECIPIENT OF AN AHA CAREER DEVELOPMENT AWARD OR AN AHA SCIENTIST DEVELOPMENT GRANT (AFFILIATE OR ASSOCIATION-WIDE).</p> <p>NO MORE THAN FIVE YEARS MAY HAVE ELAPSED SINCE THE FIRST FACULTY/STAFF APPOINTMENT (AFTER RECEIPT OF DOCTORAL DEGREE) AT THE ASSISTANT PROFESSOR LEVEL OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, INSTRUCTOR, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.)</p> <p>ESTABLISHED INVESTIGATOR AWARD MID-CAREER INVESTIGATORS WITH UNUSUAL PROMISE AND AN ESTABLISHED RECORD OF ACCOMPLISHMENTS AND DEMONSTRATED COMMITMENT TO CARDIOVASCULAR OR CEREBROVASCULAR SCIENCE. INDIVIDUALS MUST BE FACULTY/STAFF MEMBERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT THE TIME OF AWARD ACTIVATION, THE AWARDEE MUST BE AT THE LEVEL OF ASSOCIATE PROFESSOR/STAFF SCIENTIST OR EQUIVALENT. CURRENT NATIONAL-LEVEL FUNDING AS A PRINCIPAL INVESTIGATOR (OR CO-PI) ON AN R01 GRANT OR ITS EQUIVALENT. R01-EQUIVALENT AWARDS INCLUDE DP2, R01, R23, R29, R37 AND RF1 ACTIVITY CODES; (E.G., VA MERIT AWARD; NSF GRANT; OR PI OF A PROJECT ON A NIH PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO R01.</p> <p>TRANSFORMATIONAL PROJECT AWARD THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENTS THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p>

Return Reference - Identifier	Explanation
	<p>INNOVATIVE PROJECT AWARD THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD.</p> <p>THE CANDIDATE MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS MD, DO, DVM, PHARM.D. OR PHD IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p> <p>AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARD THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT.</p> <p>INSTITUTIONAL ELIGIBILITY FOR AWARDS -ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE. -THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS COLLEGE. -TO BE ELIGIBLE TO APPLY FOR THIS AHA AWARD, THE APPLICANT'S INSTITUTION MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH OF FOUR OF THE LAST SEVEN YEARS. -FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.). -HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARM.D, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM). -ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION. -HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY. -OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY).</p> <p>PRINCIPAL INVESTIGATOR (PI) ELIGIBILITY -THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION. -THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.</p>
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ABINGTON MEMORIAL HOSPITAL 1101 MARKET STREET 20TH FLR, PHILADELPHIA, PA 19107</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADELANTE MUJERES 2030 MAIN STREET, SUITE A, FOREST GROVE, OR 97116</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND 1555 POYDRAS ST. STE. 805 MB 8711, NEW ORLEANS, LA 70112</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADVENT HEALTH FOUNDATION SHAWNEE MISSION 9100 W 74TH STREET, SHAWNEE MISSION, KS 66204</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADVENTIST HEALTHCARE INC 9901 MEDICAL CENTER DRIVE, ROCKVILLE, MD 20850</p>
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADVOCATE HEALTH AND HOSPITALS CORP 3075 HIGHLAND PARKWAY, SUITE 600 , DOWNERS GROVE, IL 60515</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

13-5613797

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY BROWN CEO	(i)	934,163	2,994,278	140,981	42,700	32,933	4,145,055	0
	(ii)	0	0	0	0	0	0	0
2 LESLIE UPTON CHIEF OPERATING OFFICER	(i)	544,739	549,095	0	76,840	16,870	1,187,544	0
	(ii)	0	0	0	0	0	0	0
3 MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	(i)	536,376	533,102	0	53,271	8,810	1,131,559	0
	(ii)	0	0	0	0	0	0	0
4 LARRY D CANNON CAO/CORP SECRETARY	(i)	506,053	506,447	8,237	56,305	16,870	1,093,912	0
	(ii)	0	0	0	0	0	0	0
5 JOHN MEINERS CHIEF OF MISSION ALIGNED BUSINESS	(i)	458,428	263,014	21,851	42,700	16,870	802,863	0
	(ii)	0	0	0	0	0	0	0
6 JEREMY BEAUCHAMP EVP SOUTHEAST	(i)	386,081	202,092	8,100	55,140	22,518	673,931	0
	(ii)	0	0	0	0	0	0	0
7 KATHLEEN ROGERS EVP WESTERN STATES	(i)	433,676	144,124	8,000	61,768	20,960	668,528	0
	(ii)	0	0	0	0	0	0	0
8 KEVIN HARKER EVP MIDWEST	(i)	405,592	136,726	8,000	57,932	24,384	632,634	0
	(ii)	0	0	0	0	0	0	0
9 CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	(i)	357,239	196,871	0	50,730	22,460	627,300	0
	(ii)	0	0	0	0	0	0	0
10 NICOLE SAPIO EVP EASTERN STATES	(i)	391,998	152,308	8,000	55,697	16,864	624,867	0
	(ii)	0	0	0	0	0	0	0
11 TANYA EDWARDS EVP SOUTHWEST	(i)	388,223	132,416	14,503	55,697	22,562	613,401	0
	(ii)	0	0	0	0	0	0	0
12 ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	(i)	275,186	84,600	0	39,480	8,707	407,973	0
	(ii)	0	0	0	0	0	0	0
13 MITCHELL ELKIND CHIEF CLINICAL SCIENCE OFFICER	(i)	134,193	0	0	8,031	360	142,584	0
	(ii)	0	0	0	0	0	0	0
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	<p>FIRST CLASS TRAVEL IS LIMITED TO THE CEO, AND EXPENSES ARE APPROVED BY THE BOARD FOR REASONABLENESS. THE EXPENSES ARE NOT TREATED AS TAXABLE INCOME.</p> <p>FIRST CLASS TRAVEL MAY BE PROVIDED TO OFFICERS AND BOARD MEMBERS ON AN EXCEPTION BASIS WHEN BUSINESS NEEDS DICTATE.</p>
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	<p>TRAVEL TO A LIMITED NUMBER OF EVENTS AND FUNCTIONS MAY BE PROVIDED FOR SPOUSES OR COMPANIONS OF OFFICERS OF THE ORGANIZATION. AMOUNTS DEEMED TAXABLE INCOME ARE REPORTED AS SUCH WHEN APPLICABLE.</p>
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	<p>NANCY BROWN RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.</p>
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	<p>THE ORGANIZATION MAKES MEMBERSHIP TO A LOCAL FITNESS CENTER AVAILABLE TO THE ORGANIZATION'S CEO, NANCY BROWN. THIS BENEFIT IS TREATED AS TAXABLE INCOME.</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>AHA PROVIDES A 457(F) RETIREMENT RESTORATION PLAN TO CERTAIN MEMBERS OF SENIOR MANAGEMENT. WHILE AHA EMPLOYEES ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN, CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE RETIREMENT RESTORATION PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON THE AMOUNT A PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE RETIREMENT CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE ON A MONTHLY BASIS. THE PAYMENTS ARE CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN HAD PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. THOSE VESTED IN PREVIOUS YEARS RECEIVED THE FOLLOWING AMOUNTS: NANCY BROWN \$88,237 AND JOHN MEINERS, \$21,851.</p>
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>CERTAIN MEMBERS OF SENIOR MANAGEMENT RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE. PRIOR TO APPROVING THE INCENTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO REVIEW AND OPINE ON THE REASONABLENESS OF EXECUTIVE COMPENSATION.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HEART ASSOCIATION, INC.

Employer identification number
13-5613797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	336	175,994	SELLING COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		5,267	SELLING COST
5 Clothing and household goods				
6 Cars and other vehicles	✓	163	391,551	SELLING COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	451	13,042,352	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	828	471,867	SELLING COST
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>REC/TRAVEL</u>)	✓	3,781	4,042,942	SELLING COST
26 Other (<u>FOOD/DRINK</u>)	✓	3,566	1,706,086	SELLING COST
27 Other (<u>TANG PERS PROP</u>)	✓	4,276	895,272	SELLING COST
28 Other (<u>OTHER</u>)	✓	2,114	10,007,558	MARKET VALUE

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	5
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	Yes	No
30a		✓
31	✓	
32a	✓	
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS COLLECTIBLES - NUMBER OF CONTRIBUTIONS OTHER - REC/TRAVEL NUMBER OF CONTRIBUTIONS OTHER - FOOD/DRINK NUMBER OF CONTRIBUTIONS OTHER - TANG PERS PROP NUMBER OF CONTRIBUTIONS OTHER - OTHER NUMBER OF CONTRIBUTIONS</p>
<p>SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION</p>	<p>OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS.</p> <p>IRA INTEREST A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 61 C)REVENUE REPORTED ON FORM 990, PART VIII \$9,477,747 D)METHOD OF DETERMINING VALUE; SALES PRICE OF UNDERLYING INVESTMENT</p> <p>PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS) A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 1,424 C)REVENUE REPORTED ON FORM 990, PART VIII \$367,761 D)METHOD OF DETERMINING VALUE; SALES PRICE</p> <p>MISCELLANEOUS A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 629 C)REVENUE REPORTED ON FORM 990, PART VIII \$162,050 D)METHOD OF DETERMINING VALUE; SALES PRICE</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY CARS (CHARITABLE ADULT RIDES & SERVICES). THE ASSOCIATION USES A THIRD PARTY, REDLANDS GROUP, LLC, TO SELL CERTAIN DONATED ILLIQUID ASSETS.</p>

**SCHEDULE O
(Form 990)**

Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
AMERICAN HEART ASSOCIATION, INC.

Employer Identification Number
13-5613797

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>PUBLIC/CONSUMER EDUCATION CONTINUED</p> <ul style="list-style-type: none"> - THE AHA IGNITED THE NATION OF LIFESAVERS™ MOVEMENT WITH BUFFALO BILLS SAFETY AND CHASING M'S FOUNDER DAMAR HAMLIN AS THE NATIONAL AMBASSADOR, TO TURN BYSTANDERS INTO LIFESAVERS THROUGH COMMUNITY CPR AND AED TRAINING EVENTS. - THE AMERICAN STROKE ASSOCIATION, A DIVISION OF THE AMERICAN HEART ASSOCIATION, UNVEILED A DIGITAL TOOL THAT ENGAGES USERS IN A SIMULATED STROKE EXPERIENCE. THE PURPOSE IS TO HELP PEOPLE RECOGNIZE THE WARNING SIGNS OF A STROKE AND TO ACT F.A.S.T. TO IMPROVE THE CHANCES OF SURVIVAL: FACE DROOPING, ARM WEAKNESS, SPEECH DIFFICULTIES, AND TIME TO CALL 911. A SELFIE FEATURE SHOWS USERS WHAT THEIR FACE MIGHT LOOK LIKE IF THEY WERE HAVING A STROKE. THERE IS ALSO AN INTERACTIVE GAME THAT HELPS THEM SPOT A STROKE IN OTHERS. - THE HEART-BRAIN CONNECTION IS THE IMPETUS FOR GETTING TO THE HEART OF STROKE, AN INITIATIVE TO PREVENT STROKES AND IMPROVE STROKE CARE. DEVELOPED BY THE AMERICAN HEART ASSOCIATION, HCA HEALTHCARE, INC. AND HCA HEALTHCARE FOUNDATION, THE INITIATIVE FOCUSES ON ACCREDITED CLINICAL TRAINING, COMMUNITY EDUCATION AS WELL AS DIAGNOSIS AND TREATMENT. - WITH WOMEN IN CARDIAC ARREST LESS LIKELY THAN MEN TO RECEIVE BYSTANDER CPR DUE TO UNFOUNDED FEARS AROUND CAUSING PHYSICAL HARM, THE AHA'S HEALTHCARE BUSINESS SOLUTIONS AND MARKETING COMMUNICATIONS TEAMS CREATED AN ANIMATED VIDEO DEMONSTRATING PROPER CPR TECHNIQUE.
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>SCIENCE AND TECHNOLOGY CONTINUED</p> <ul style="list-style-type: none"> - IN COLLABORATION WITH THE ROCKEFELLER FOUNDATION AND OTHER ORGANIZATIONS, THE AHA LAUNCHED THE FOOD IS MEDICINE INITIATIVE (LATER RENAMED TO HEALTH CARE BY FOOD INITIATIVE), WHICH AIMS TO PROVIDE LARGE-SCALE CLINICAL EVIDENCE FOR EXPANDING HEALTHY FOOD ACCESS AS A COVERED MEDICAL BENEFIT TO HELP PREVENT AND MANAGE CHRONIC DISEASE. PROGRESS SINCE THE 2022 ANNOUNCEMENT AT THE WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH INCLUDES MOBILIZING \$90 MILLION TOWARD A \$250 MILLION COMMITMENT. - WITH PEOPLE LIVING IN RURAL AMERICA EXPERIENCING A 40% HIGHER RISK OF HEART DISEASE AND A 30% HIGHER RISK OF STROKE COMPARED TO THEIR URBAN COUNTERPARTS, THE AHA FUNDED \$20 MILLION TO ESTABLISH THE HEALTH EQUITY RESEARCH NETWORK ON IMPROVING ACCESS TO CARE AND OTHER HEALTH INEQUITIES IN RURAL AMERICA. - MORTALITY RATES RELATED TO PREGNANCY AND CHILDBIRTH ARE 2.6 TIMES HIGHER AMONG BLACK WOMEN COMPARED WITH WHITE WOMEN, PROMPTING THE AHA TO INVEST \$20 MILLION TO LAUNCH THE HEALTH EQUITY RESEARCH NETWORK ON DISPARITIES IN MATERNAL-INFANT HEALTH OUTCOMES. - THE AHA ANNOUNCED A \$4 MILLION GRANT TO ADD A SIXTH SCIENTIFIC RESEARCH CENTER TO ITS STRATEGICALLY FOCUSED RESEARCH NETWORK ON THE SCIENCE OF DIVERSITY IN CLINICAL TRIALS, BRINGING TOTAL FUNDING TO \$24 MILLION. THE NEW CENTER, LED BY RESEARCHERS AT JOHNS HOPKINS UNIVERSITY AND MORGAN STATE UNIVERSITY, IS MADE POSSIBLE THROUGH FINANCIAL SUPPORT FROM CARE ACCESS AND THE BRIDGE INITIATIVE. - TO EXPLORE THE CAUSES OF CHRONIC STRESS AT THE MOLECULAR LEVEL AND ITS IMPACT ON HEART HEALTH, THE AHA FUNDED \$15 MILLION TO ESTABLISH THE STRATEGICALLY FOCUSED RESEARCH NETWORK ON BIOLOGIC PATHWAYS OF CHRONIC PSYCHOSOCIAL STRESSORS ON CARDIOVASCULAR HEALTH. - AS PART OF ITS SECOND CENTURY OF SCIENCE INITIATIVE, THE AHA AWARDED 11 GRANTS TOTALING \$20 MILLION TO MORE THAN 100 SCIENTISTS RESEARCHING HEART DISEASE AND STROKE. THE FINANCIAL AWARDS, ANNOUNCED AS THE AHA PREPARES FOR ITS 100TH ANNIVERSARY IN 2024, WILL BE FUNDED THROUGH JUNE 30, 2026. - THE AHA COLLABORATED WITH NORTHWESTERN MEDICINE, THROUGH THE NIH-FUNDED RHYTHM EVALUATION FOR ANTICOAGULATION (REACT-AF) TRIAL, TO DETERMINE IF NOVEL STRATEGIES USING APPLE WATCH ARE AS EFFECTIVE AS STANDARD OF CARE FOR TREATING ATRIAL FIBRILLATION (AFIB). THE TRIAL WILL INCORPORATE THE USE OF AN APP ON APPLE WATCH TO MONITOR AFIB TO REDUCE PATIENTS' CONTINUOUS AND LIFELONG RELIANCE ON BLOOD-THINNING MEDICATION. - APPROXIMATELY 1 IN 5 AMERICANS HAS HIGH LEVELS OF LP(A) - A RISK FACTOR FOR ATHEROSCLEROSIS - BUT THERE ARE NO STANDARDS FOR DIAGNOSIS OR RISK ASSESSMENT, AND NO TARGETED TREATMENTS. THE AHA'S LP(A) DISCOVERY PROJECT, SUPPORTED BY NOVARTIS PHARMACEUTICALS CORPORATION, AIMS TO CHANGE THIS THROUGH A NEW SCREENING MEASURE AND QUALITY IMPROVEMENT INTERVENTIONS. THE PROJECT WILL ENGAGE THE SIX HEALTH SYSTEMS CURRENTLY INVOLVED IN THE AHA'S INTEGRATED ASCVD MANAGEMENT INITIATIVE PLUS 10 NEW SITES TO TEST AND PILOT IMPROVEMENTS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>PROFESSIONAL EDUCATION CONTINUED</p> <ul style="list-style-type: none"> - THE AHA ANNOUNCED ITS RURAL HEALTH CARE OUTCOMES ACCELERATOR TO PROVIDE UP TO 700 RURAL HOSPITALS WITH NO-COST ACCESS TO ITS GET WITH THE GUIDELINES® QUALITY-IMPROVEMENT PROGRAMS FOR CORONARY ARTERY DISEASE, HEART FAILURE AND STROKE. OTHER ACCELERATOR FEATURES INCLUDE A RECOGNITION PROGRAM, PROFESSIONAL EDUCATION THROUGH THE AHA'S LIFELONG LEARNING CENTER AND OPPORTUNITIES TO COLLABORATE WITH CLINICAL EXPERTS AND THOUGHT LEADERS AT SPECIAL EVENTS. - TO RAISE QUALITY STANDARDS IN THE GROWING FIELD OF TELEHEALTH, THE AHA LAUNCHED THE CERTIFIED PROFESSIONAL BY THE AMERICAN HEART ASSOCIATION - TELEHEALTH PROGRAM, WITH A GRANT FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST. THE OPPORTUNITY IS OPEN TO LICENSED MEDICAL PROFESSIONALS WHO MEET PREREQUISITES. - THE AHA'S HEALTHCARE BUSINESS SOLUTIONS TEAM ANNOUNCED ITS NEW AHA PROFESSIONAL EDUCATION HUB™, A SCIENCE-BASED PLATFORM THAT SUPPORTS SKILLS DEVELOPMENT AND IMPROVED PATIENT OUTCOMES WITH ACCESS TO PREMIUM CONTENT IN THREE INAUGURAL PORTFOLIOS: STROKE, TELEHEALTH AND HEALTH EQUITY. - THE AMERICAN COLLEGE OF CARDIOLOGY, THE AHA AND THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS JOINTLY ISSUED A CLINICAL DOCUMENT OUTLINING REQUIRED COMPETENCIES FOR INTERVENTIONAL CARDIOLOGY TRAINEES. THIS IS THE FIRST DOCUMENT TO DEFINE THE TRAINING REQUIREMENTS FOR THE FULL BREADTH OF INTERVENTIONAL CARDIOLOGY. - THE AHA AND THE ALL INDIA INSTITUTES OF MEDICAL SCIENCES WILL TRAIN MORE THAN 150,000 STUDENTS, COMMUNITY HEALTH CARE WORKERS AND OTHERS ACROSS INDIA IN HANDS-ONLY CPR OVER THE NEXT THREE YEARS. THE TRAIN-THE-TRAINER MODEL IS BEING REPLICATED ACROSS BATHINDA, BHUBANESWAR AND MANGALAGIRI. - THE AHA'S WELL-BEING WORKS BETTER™ PLATFORM HELPS BUSINESS LEADERS SUPPORT THE HEALTH AND WELL-BEING OF THEIR EMPLOYEES. THE PLATFORM FEATURES A REIMAGINED WORKFORCE WELL-BEING SCORECARD TO HELP EMPLOYERS EVALUATE THE CULTURE OF HEALTH WITHIN THEIR ORGANIZATION, IDENTIFY GAPS AND DETERMINE HOW THEIR PROGRESS STACKS UP TO THEIR PEERS. PARTICIPATING COMPANIES RECEIVE GOLD, SILVER OR BRONZE RECOGNITION IN FORBES AND BENCHMARKING REPORTS TO IDENTIFY AREAS OF IMPROVEMENT.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$54,047,696 INCLUDING GRANTS OF \$4,974,943)(REVENUE \$46,795,870)</p> <p>COMMUNITY SERVICES</p> <ul style="list-style-type: none"> - TO SUPPORT COMMUNITY-LED SOLUTIONS TO SOCIAL FACTORS NEGATIVELY IMPACTING HEALTH IN THE BAY AREA, THE AHA ALLOCATED \$1.1 MILLION TO THE FOLLOWING ENTERPRISES WITH CONTRIBUTIONS FROM KAISER PERMANENTE AND THE ANNE WOJCIKI FOUNDATION: - FARMING HOPE IS A GARDEN-TO-TABLE JOB TRAINING NONPROFIT THAT WORKS WITH INDIVIDUALS WHO ARE OVERCOMING MAJOR BARRIERS TO EMPLOYMENT. - FIREBRAND IS A MISSION-BASED BAKERY THAT HIRES RETURNING CITIZENS AND FORMERLY HOMELESS INDIVIDUALS. - GROWING TOGETHER IS A NONPROFIT THAT PROMOTES HEALTHY SCHOOL COMMUNITIES THROUGH TEACHING GARDENS AND INCREASING ACCESS TO FRESH FOOD. - SABA GROCERS IS A NONPROFIT BUILDING A MORE EQUITABLE FOOD SYSTEM BY ACTIVATING SMALL, IMMIGRANT-OWNED CORNER STORES AS HEALTHY FOOD ACCESS POINTS. - SOBER SIDEKICK IS A DIGITAL COMPANY POWERING COMMUNITY-DRIVEN BEHAVIORAL CHANGE BASED ON THE CONCEPT THAT 'THE OPPOSITE OF ADDICTION IS CONNECTION.' - URBAN ED ACADEMY IS A BLACK-LED NONPROFIT WITH THE MISSION OF BUILDING EDUCATIONAL EQUITY THROUGH REPRESENTATIVE LEADERSHIP IN AND AROUND SCHOOLS. <p>WITH THIS CYCLE OF FUNDING, THE AHA'S BERNARD J. TYSON IMPACT FUND HAS INVESTED A COLLECTIVE \$2.48 MILLION ACROSS THE BAY AREA.</p> <ul style="list-style-type: none"> - NEARLY THREE YEARS SINCE ITS LAUNCH TO IMPROVE HEALTH OUTCOMES IN BLACK, HISPANIC AND INDIGENOUS COMMUNITIES, THE NATIONAL HYPERTENSION CONTROL INITIATIVE (NHCI) IS MAKING PROGRESS IN ACHIEVING THE GOAL OF SUSTAINED OPTIMAL BLOOD PRESSURE FOR PATIENTS IN 350 FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS. CREATED BY THE AHA WITH SUPPORT FROM THE OFFICE OF MINORITY HEALTH AND THE HEALTH RESOURCES AND SERVICES ADMINISTRATION BUREAU OF PRIMARY HEALTH CARE, NHCI ADDRESSES HEALTH DISPARITIES EXPOSED BY THE COVID-19 PANDEMIC. - IN NORTHWEST ARKANSAS, LIFESTYLE RX IS A COLLABORATION WITH THREE COMMUNITY CLINIC SCHOOL-BASED HEALTH SITES TO ADDRESS NUTRITION INSECURITY AND IMPROVE HEALTH OUTCOMES. PROVIDERS "PRESCRIBE" VOUCHERS FOR BOXES OF FRESH, LOCALLY GROWN FRUITS AND VEGETABLES ALONG WITH NUTRITIONAL COUNSELING AND HEART-HEALTHY RECIPES FROM THE AHA. EXERCISE RECOMMENDATIONS AND REFERRALS TO FEDERAL FOOD ASSISTANCE PROGRAMS, INCLUDING SNAP AND WIC, ROUND OUT THE OFFERINGS. - THE AHA'S NEW EMPOWERED INNOVATION ACADEMY PROVIDES TRAINING TOOLS FOR SOCIAL ENTREPRENEURS AND HEALTH EQUITY INNOVATORS TO ADDRESS STRUCTURAL RACISM AND OTHER SOCIAL FACTORS IMPACTING HEALTH IN THEIR URBAN AND RURAL COMMUNITIES. TRAINING CONCEPTS INCLUDE PROTOTYPING, DESIGN, BRAND STORYTELLING AND MORE. THE EXPERIENCE PREPARES PARTICIPANTS FOR THE AHA'S REGIONAL AND NATIONAL EMPOWERED TO SERVE BUSINESS ACCELERATORS™, WHICH HAVE AWARDED GRANTS TOTALING MORE THAN \$1.1 MILLION. <p>PUBLIC ADVOCACY</p> <ul style="list-style-type: none"> - AMERICAN HEART ASSOCIATION ADVOCACY TEAM COMPLETED FISCAL YEAR 2022-23 WITH MORE THAN 200 POLICY WINS ACROSS EVERY LEVEL OF GOVERNMENT. AMONG THEM WERE 189 FIELD VICTORIES INCLUDING MEDICAID EXPANSION IN NORTH CAROLINA AND SOUTH DAKOTA, BRINGING THE TOTAL TO 40 STATES AND THE DISTRICT OF COLUMBIA. MEDICAID COVERAGE ALSO WAS EXTENDED FROM 60 DAYS TO 12 MONTHS FOR PREGNANT INDIVIDUALS, NOW ADOPTED IN MORE THAN 40 STATES. - ADVOCATES AND VOTERS SUPPORTED MANY STATE BALLOT INITIATIVES PROMOTING HEALTH ACROSS THE COUNTRY. PROPOSITION 3 ENDED THE SALE OF MOST FLAVORED TOBACCO PRODUCTS, INCLUDING MENTHOL, IN CALIFORNIA. NEW MEXICO VOTERS PASSED AMENDMENT I, INCREASING FUNDING FOR EARLY CHILDHOOD CARE AND EDUCATION SERVICES. ADDITIONALLY, PROPOSITIONS PROVIDING HEALTHY SCHOOL MEALS FOR ALL PUBLIC-SCHOOL STUDENTS PASSED IN COLORADO, MASSACHUSETTS, NEW YORK, MINNESOTA AND NEW MEXICO STATE LEGISLATURES. - IT WAS ALSO A BUSY YEAR IN WASHINGTON, D.C., WITH 22 FEDERAL SUCCESSES, INCLUDING: <ul style="list-style-type: none"> LEGACY IRA ACT - A MODIFIED VERSION OF THE LEGACY IRA ACT PASSED, ENHANCING AND EXPANDING OPPORTUNITIES FOR SENIORS TO SUPPORT CHARITIES USING THEIR RETIREMENT ASSETS. CAROL ACT - THE BIPARTISAN CARDIOVASCULAR ADVANCES IN RESEARCH AND OPPORTUNITIES LEGACY (CAROL) ACT BECAME LAW, PRIORITIZING RESEARCH ON VALVULAR HEART DISEASE, WHICH CLAIMS APPROXIMATELY 25,000 LIVES EACH YEAR. NO SURPRISES ACT - FINAL RULES IN THE NO SURPRISES ACT SOLIDIFIED PATIENT PROTECTIONS AGAINST UNEXPECTED MEDICAL BILLS RESULTING FROM PAYMENT DISPUTES BETWEEN PROVIDERS AND INSURERS. TELEHEALTH FLEXIBILITIES - CONGRESS PASSED A SPENDING BILL THAT EXTENDS PANDEMIC FLEXIBILITIES, ALLOWING MILLIONS OF PATIENTS TO BENEFIT FROM TELEHEALTH SERVICES THROUGH DECEMBER 2024. - UNDER A FEDERAL COURT ORDER, ALTRIA AND ITS PHILIP MORRIS USA SUBSIDIARY, R.J. REYNOLDS AND ITG BRANDS, POSTED SIGNS NEAR CIGARETTE DISPLAYS AT U.S. STORES ABOUT THE HEALTH RISKS OF SMOKING. THE SIGNS IMPLEMENT THE CORRECTIVE STATEMENTS THAT THESE TOBACCO COMPANIES WERE FIRST ORDERED TO MAKE IN 2006, WHEN U.S. DISTRICT JUDGE GLADYS KESSLER RULED THAT THEY HAD DECEIVED THE PUBLIC ABOUT THE HEALTH HAZARDS OF SMOKING FOR MORE THAN 50 YEARS. THE SIGNS MUST REMAIN UP THROUGH JUNE 30, 2025. <p>- TOGETHER WITH CONGRESSWOMAN SHEILA CHERFILUS-MCCORMICK (D-FL) AND HER TEAM, THE</p>

Return Reference - Identifier	Explanation
	<p>AHA CONVENED SURVIVORS, POLICYMAKERS AND HEALTH ADVOCATES ON CAPITOL HILL TO SUPPORT THE ACCESS TO AEDS ACT. THE BIPARTISAN BILL WOULD ESTABLISH A GRANT FOR K-12 SCHOOLS TO DEVELOP CARDIAC EMERGENCY RESPONSE PLANS THAT INCLUDE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND CPR/AED TRAINING.</p> <p>- KENTUCKY GOV. ANDY BESHEAR SIGNED HOUSE BILL 331 - CO-SPONSORED BY REP. KIMBERLY MOSER AND REP. RUTH ANN PALUMBO - REQUIRING AN AED IN EVERY MIDDLE AND HIGH SCHOOL BUILDING AND AT ALL SCHOOL-SPONSORED EVENTS. ADDITIONALLY, STAFF AND COACHES MUST RECEIVE AED TRAINING, AND ALL COACHES MUST BE CPR-CERTIFIED.</p> <p>- IRVING BECAME THE 106TH CITY IN TEXAS TO ENACT A COMPREHENSIVE SMOKE-FREE ORDINANCE THAT PROHIBITS SMOKING AND VAPING WHERE FOOD AND DRINKS ARE SERVED. THIS IS THE LATEST OF MORE THAN 80 COMPREHENSIVE SMOKE-FREE ORDINANCES THAT THE AHA'S SOUTHWEST POLICY TEAM HAS HELPED TO SECURE SINCE 2014.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY THAT HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS AND STAFF OF AHA, AHA OFFICERS, BOARD OF DIRECTORS, COMMITTEE AND SUBCOMMITTEE MEMBERS, TASK FORCE MEMBERS, WRITING GROUP MEMBERS, AHA SPOKESPERSONS, JOURNAL EDITORS, AND DESIGNATED STAFF MUST COMPLETE A RELATIONSHIP DISCLOSURE QUESTIONNAIRE, WHICH INCLUDES AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST AND ETHICS POLICIES, ON AN ANNUAL BASIS AND UPDATE THAT WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE.</p> <p>AHA HAS IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL CONFLICTS OF INTEREST: DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE; THE AWARD OF ANY GRANT, CONTRACT, OR SUBCONTRACT; OR THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA.</p> <p>CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH HE OR SHE HAS AN INTEREST AND OTHERWISE REFRAIN FROM EXERTING ANY INFLUENCE ON AHA TO AFFECT A DECISION. ADDITIONALLY, OTHER MEASURES MAY BE REQUIRED BY AHA, DEPENDING ON THE NATURE OF, AND THE ABILITY TO, REASONABLY MANAGE A CONFLICT.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE TO OVERSEE COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION. BASED UPON THE ADVICE OF AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE IS RESPONSIBLE FOR MAKING DETERMINATIONS ABOUT COMPENSATION FOR THE CEO AND DISQUALIFIED PERSONS, INCLUDING EMPLOYED OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF FIVE BOARD MEMBERS.</p> <p>THE COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO AND DISQUALIFIED PERSONS' COMPENSATION AS COMPARED TO EXTERNAL BENCHMARKING, AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. SEVERAL SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON, INCLUDING SURVEYS FROM VARIOUS COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY.</p> <p>DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2022-23 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN JULY AND OCTOBER OF 2022, AND APRIL OF 2023.</p> <p>KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND QUALIFICATIONS OF THE CANDIDATE, MARKET COMPETITIVENESS, AND COMPENSATION REQUIREMENTS AND HISTORY OF THE CANDIDATE. COMPONENTS OF COMPENSATION THAT ARE ROUTINELY REVIEWED BY THE COMPENSATION COMMITTEE INCLUDE BASE SALARY, INCENTIVE OPPORTUNITY, BOTH SHORT AND LONG TERM, RETIREMENT, BENEFITS, AND PERQUISITES.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION PROCESS FOR OFFICERS REFER TO PART VI, LINE 15A EXPLANATION
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE AHA MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM 990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE, WWW.HEART.ORG. FORM 990-T IS AVAILABLE UPON REQUEST. THE AHA DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 279 1304 302">(a) Description</th> <th data-bbox="1312 279 1515 302">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 312 1304 336">CHANGE VALUE IN SPLIT INT AGMTS</td> <td data-bbox="1312 312 1515 336">4,800,434</td> </tr> <tr> <td data-bbox="467 346 1304 369">NET UNREALIZED GAIN BEN INT PERP TRUST</td> <td data-bbox="1312 346 1515 369">9,852,772</td> </tr> </tbody> </table>		(a) Description	(b) Amount	CHANGE VALUE IN SPLIT INT AGMTS	4,800,434	NET UNREALIZED GAIN BEN INT PERP TRUST	9,852,772
	(a) Description	(b) Amount						
	CHANGE VALUE IN SPLIT INT AGMTS	4,800,434						
NET UNREALIZED GAIN BEN INT PERP TRUST	9,852,772							
SCHEDULE F, PART I, LINE 3 - THE AHA'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE AHA'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE AHA'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS.								
SCHEDULE F, PART IV, LINE 6 -	THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATIONAL AND TRAINING MATERIALS AND A LICENSE AGREEMENT WITH A SAUDI ARABIA (SA) ENTITY. ALTHOUGH SA IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.							

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

13-5613797

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMHAS, LLC (13-5613797) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	(176,621)	102,596,366	AHA
(2) BRIGHTTORCH VENTURES, LLC. (86-2279878) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	1,805,736	1,795,190	AHA
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEART & STROKE FOUNDATION OF INDIA SNL TERMINUS, SURVEY NO. 133, GACHIBOWLI, HYDERABAD, IN	HEALTH	INDIA			N/A		✓
(2) HEALTHCARE QUALITY AND RESEARCH SYSTEMS, INC. (88-1094366) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	SUPPORT ORG	DE	501(C)(3)	12 TYPE I	AHA	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHCARE QUALITY SYSTEMS (DUBAI)	R	194,533	COST
(2) HEALTHCARE QUALITY SYSTEMS (KSA)	R	447,951	COST
(3) HEALTHCARE QUALITY RESEARCH SYSTEMS	B	1,305,000	CASH
(4) PERPETUAL TRUSTS (44)	C	2,361,994	CASH
(5) CHARITABLE REMAINDER TRUSTS (6)	C	942,448	CASH
(6) (SEE STATEMENT)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RQI PARTNERS, LLC (83-0935798) 7272 GREENVILLE AVE, DALLAS, TX 75231	TRAINING	DE	AHA	RELATED	2,331,855	41,888,748		✓	0		✓	51.00

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(2) VARIOUS CHARITABLE RMDR TRUSTS (6) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(3) HEARTCENTRAL, INC. (46-4881302) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	HEALTH	DE	AHA	C CORPORATION	0	0	100.00	✓	
(4) HEALTHCARE QUALITY SYSTEMS PRINCE MOHAMMED BIN ABDULAZIZ RD, RIYADH, SA	HEALTHCARE	SAUDI ARABIA	HQRS	C CORPORATION	455,449	953,721	100.00	✓	
(5) HEALTHCARE QUALITY SYSTEMS 2102-07, AL HABTOOR BUSINESS TOWER, MARINA-DUBAI, AE	HEALTHCARE	UNITED ARAB EMIRATES	HQRS	C CORPORATION	195,464	600,707	100.00	✓	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) RQI PARTNERS, LLC	A	48,998,597	ACCRUAL
(7) RQI PARTNERS, LLC	L	2,118,907	ACCRUAL
(8) RQI PARTNERS, LLC	M	56,868,588	ACCRUAL
(9) RQI PARTNERS, LLC	Q	1,093,505	ACCRUAL
(10) RQI PARTNERS, LLC	S	2,446,535	ACCRUAL

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV -	THE RELATED ENTITIES REPORTED ARE TRUSTS IN WHICH THE AMERICAN HEART ASSOCIATION HAS A GREATER THAN 50% BENEFICIAL INTEREST. THE EIN AND STATE OF LEGAL DOMICILE VARY BY TRUST.