

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 20 **22**

**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

**G** Gross receipts \$ 964,405,416

**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.  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ WWW.HEART.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1924 **M** State of legal domicile: NY

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>26</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>26</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<u>3,386</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>32,400,000</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>128,416</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>63,270</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>542,287,875</u>	<u>608,045,401</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>41,526,991</u>	<u>54,923,656</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>49,046,771</u>	<u>45,756,665</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>171,126,324</u>	<u>147,018,358</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>803,987,961</u>	<u>855,744,080</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>165,365,062</u>	<u>170,601,719</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>353,328,517</u>	<u>360,723,415</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>88,758,359</u>	<u>86,471</u>	<u>151,433</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>174,810,645</u>	<u>220,240,583</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>693,590,695</u>	<u>751,717,150</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>110,397,266</u>	<u>104,026,930</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,613,373,160</u>	<u>1,586,442,628</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>467,909,232</u>	<u>474,235,955</u>
		<u>1,145,463,928</u>	<u>1,112,206,673</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
CYNTHIA ROBERTS, CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
JEFFREY D. FRANK \_\_\_\_\_ \_\_\_\_\_  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 2021, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

**2021**

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](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

EIN or SSN

AMERICAN HEART ASSOCIATION, INC.

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	855,744,080
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 2021 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 Here ▶ Cyndi Roberts 3/8/23 ▶ CFO  
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.

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	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>	3/8/23		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

**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 \$ 244,472,842 including grants of \$ 10,975,637 ) (Revenue \$ 1,986,759 )  
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 2021-22, THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH. PROGRAMS LIKE GO RED FOR WOMEN HELP US REACH SPECIFIC AUDIENCES WITH IMPORTANT HEALTH MESSAGES.

(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 165,924,897 including grants of \$ 145,473,084 ) (Revenue \$ 2,976,915 )  
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 2021-22 WAS \$166 MILLION, OR 18% OF TOTAL SPENDING FOR PROGRAMS AND SUPPORT SERVICES. RESEARCH AWARDS FOR THE YEAR TOTALED \$145.5 MILLION.

(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 120,865,786 including grants of \$ 8,452,183 ) (Revenue \$ 113,009,203 )  
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 \$ 60,210,470 including grants of \$ 5,700,815 ) (Revenue \$ 38,998,007 )

**4e** Total program service expenses ▶ 591,473,995

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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
<b>22</b> 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"/>
<b>23</b> 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"/>
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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"/>
<b>26</b> 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"/>
<b>27</b> 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"/>
<b>28</b> 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):		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>29</b> 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"/>
<b>30</b> 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"/>
<b>31</b> 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"/>
<b>32</b> 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"/>
<b>33</b> 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"/>
<b>34</b> 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"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>37</b> 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"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> 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"/>

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	3,386		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country ► <u>CH, IN, AE</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>		✓	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator 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.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 26		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 26		
<b>2</b>	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"/>
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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>b</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"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>11a</b>	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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	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"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</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. . . . .		
<b>16a</b>	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>b</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, 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			✓				3,099,961	0	72,762
(2) LESLIE UPTON COO	50.0 0.0				✓			1,011,467	0	90,939
(3) MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	50.0 0.0				✓			977,966	0	60,327
(4) LARRY CANNON CAO/CORP SECRETARY	50.0 0.0			✓				931,464	0	65,426
(5) JOHN J MEINERS CHIEF - MISSION ALIGNED BUSINESS	50.0 0.0				✓			754,453	0	56,762
(6) KATHLEEN ROGERS EVP WESTERN STATES	50.0 0.0					✓		580,501	0	83,370
(7) KEVIN HARKER EVP MIDWEST	50.0 0.0					✓		544,736	0	81,266
(8) TANYA EDWARDS EVP SOUTHWEST	50.0 0.0					✓		537,120	0	76,014
(9) NICOLE SAPIO EVP EASTERN STATES	50.0 0.0					✓		514,647	0	70,573
(10) EDUARDO SANCHEZ CHIEF MEDICAL OFFICER	50.0 0.0					✓		496,600	0	61,601
(11) CYNTHIA ROBERTS CFO	50.0 0.0			✓				486,526	0	70,833
(12) ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	50.0 0.0						✓	369,494	0	48,373
(13) RAYMOND VARA, JR CHAIRMAN	3.0 0.0	✓		✓				0	0	0
(14) MARSHA JONES CHAIRMAN-ELECT	3.0 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) BERTRAM SCOTT IMMEDIATE PAST CHAIR	3.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) DONALD LLOYD-JONES PRESIDENT	7.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) MITCHELL ELKIND IMMEDIATE PAST PRES	6.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(18) MICHELLE ALBERT PRESIDENT ELECT	6.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) LEE SHAPIRO TREASURER	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) MARY ANN BAUMAN BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) REGINA BENJAMIN BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) DOUGLAS BOYLE BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) KEITH CHURCHWELL BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24) SHAWN DENNIS BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								10,304,935	0	838,246
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								10,304,935	0	838,246

**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 **▶** 802

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> 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"/>
<b>5</b> 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
ORORA VISUAL TX LLC, 3210 INNOVATIVE WAY, MESQUITE, TX 75149	PRINTING	11,120,780
PRODUCTION SOLUTIONS INC., 1953 GALLOWS ROAD, STE 500, VIENNA, VA 22182	DIRECT MAIL MKTG	8,868,200
CDS GLOBAL INC., 1901 BELL AVENUE, DES MOINES, IA 50315	DONATION PROCESSING & MANAGEMENT	4,570,669
CRISPIN PORTER BOGUSKY, 6450 GUNPARK DRIVE, BOULDER, CO 80301	MARKETING	3,600,563
PMX AGENCY, LLC, 575 BROADWAY #310, NEW YORK, NY 10012	MARKETING & ADVERTISING	3,047,803

**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 **▶** 224

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	1,458,994				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	274,315,211				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	16,267,076				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	316,004,120				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 18,653,402				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			608,045,401			
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		GET W THE GUIDELINES REGISTRY		900099	22,611,732	22,611,732		
<b>b</b>		CONFERENCES & SEMINARS		611430	7,711,747	7,711,747		
<b>c</b>		EDITORIAL REVENUE		511120	5,971,600	5,971,600		
<b>d</b>		MEMBERSHIP DUES & SUBSCRIPTIONS		511120	5,818,002	5,818,002		
<b>e</b>		HOSPITAL ACCREDITATION		813920	4,247,944	4,247,944		
<b>f</b>		All other program service revenue . . .		900099	8,562,631	8,562,631	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			54,923,656			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			19,146,011		50,553	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .			57,875,909		57,875,909	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
				664,109				
				7,937				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	656,172		0		
	<b>d</b>	Net rental income or (loss) . . . . .				656,172		656,172
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
				75,250,360				
				17,942,070				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	60,502,216		6,079,560		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	14,748,144		11,862,510		
	<b>d</b>	Net gain or (loss) . . . . .				26,610,654		26,610,654
<b>8a</b>	Gross income from fundraising events (not including \$ 274,315,211 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			19,101,446			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			30,360,739			
<b>c</b>	Net income or (loss) from fundraising events . . .				(11,259,293)		(11,259,293)	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			217,999			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0			
<b>c</b>	Net income or (loss) from gaming activities . . .				217,999		217,999	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			108,720,738			
			Less: cost of goods sold . . . . .					
			11,710,884					
<b>c</b>	Net income or (loss) from sales of inventory . . .				97,009,854	97,009,854		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	RQIP CONTROLLING INTEREST		900099	2,576,898	2,576,898		
	<b>b</b>	CHANGE IN SPLIT INTEREST AGREEMENTS		900099	1,206,435		1,206,435	
	<b>c</b>	LOSS ON UNCOLL ACCT		900099	(2,758,821)		(2,758,821)	
	<b>d</b>	All other revenue . . . . .			1,493,205	0	77,863	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			2,517,717				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			855,744,080	154,510,408	128,416	93,059,855	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	168,961,147	168,961,147		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	890,661	890,661		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	749,911	749,911		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	7,778,669		7,778,669	
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	423,347		423,347	
<b>7</b>	Other salaries and wages . . . . .	276,204,743	196,976,786	34,698,159	44,529,798
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	24,793,163	17,902,118	2,986,950	3,904,095
<b>9</b>	Other employee benefits . . . . .	31,641,243	22,725,227	3,999,043	4,916,973
<b>10</b>	Payroll taxes . . . . .	19,882,250	13,540,576	3,340,177	3,001,497
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	1,583,259	906,508	658,576	18,175
<b>c</b>	Accounting . . . . .	939,147		939,147	
<b>d</b>	Lobbying . . . . .	3,224,185	3,224,185		
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	151,433			151,433
<b>f</b>	Investment management fees . . . . .	2,605,762		2,605,762	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	61,757,873	49,659,318	3,810,205	8,288,350
<b>12</b>	Advertising and promotion . . . . .	13,444,732	13,444,732		
<b>13</b>	Office expenses . . . . .	54,508,139	38,247,316	2,682,800	13,578,023
<b>14</b>	Information technology . . . . .	20,702,658	15,175,811	2,454,464	3,072,383
<b>15</b>	Royalties . . . . .	137,987	137,987		
<b>16</b>	Occupancy . . . . .	14,135,318	10,563,182	1,420,541	2,151,595
<b>17</b>	Travel . . . . .	4,205,729	2,612,907	721,428	871,394
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	12,092,517	10,845,924	574,791	671,802
<b>20</b>	Interest . . . . .	20,161		20,161	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	15,507,619	12,746,643	1,259,523	1,501,453
<b>23</b>	Insurance . . . . .	1,208,294	120,078	1,084,108	4,108
<b>24</b>	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.) . . . . .				
<b>a</b>	<u>BAD DEBT EXPENSE</u> . . . . .	(301,943)	(411,907)	(100,972)	210,936
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	14,469,146	12,454,885	127,917	1,886,344
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	751,717,150	591,473,995	71,484,796	88,758,359
<b>26</b>	<b>Joint costs.</b> 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) . . . . .	208,823,302	136,319,360	18,756,949	53,746,993

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	54,444,256	<b>1</b>	67,692,284
	<b>2</b> Savings and temporary cash investments . . . . .	121,534,088	<b>2</b>	23,970,930
	<b>3</b> Pledges and grants receivable, net . . . . .	235,152,110	<b>3</b>	245,656,251
	<b>4</b> Accounts receivable, net . . . . .	38,662,969	<b>4</b>	44,779,588
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	7,848,661	<b>8</b>	7,860,157
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,787,528	<b>9</b>	10,054,490
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 167,404,002		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 103,004,321	67,367,571	<b>10c</b> 64,399,681
	<b>11</b> Investments—publicly traded securities . . . . .	704,381,911	<b>11</b>	789,468,458
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	102,691,190	<b>12</b>	106,643,369
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	10,980,871	<b>13</b>	6,856,227
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	259,522,005	<b>15</b>	219,061,193
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,613,373,160	<b>16</b>	1,586,442,628	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	89,947,476	<b>17</b>	86,908,689
	<b>18</b> Grants payable . . . . .	308,899,293	<b>18</b>	314,951,339
	<b>19</b> Deferred revenue . . . . .	28,285,657	<b>19</b>	38,790,009
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	40,776,806	<b>25</b>	33,585,918
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	467,909,232	<b>26</b>	474,235,955
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	513,719,072	<b>27</b>	491,740,674
	<b>28</b> Net assets with donor restrictions . . . . .	631,744,856	<b>28</b>	620,465,999
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,145,463,928	<b>32</b>	1,112,206,673	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,613,373,160	<b>33</b>	1,586,442,628	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	855,744,080
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	751,717,150
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	104,026,930
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,145,463,928
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(100,566,363)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(36,717,822)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,112,206,673

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		✓
<b>b</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	✓	
<b>c</b> 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.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
<b>b</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.	✓	

**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) LINDA GOODEN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) TOM GRECO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) RON HADDOCK ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) ROBERT HARRINGTON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) JOSEPH LOSCALZO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) CHERYL PEGUS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) ILEANA PINA ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) JAMES POSTL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) MARCELLA ROBERTS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) JORGE SAUCEDO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(35) LEE SCHWAMM ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) SVATI SHAH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) JOHN WARNER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(38) THOMAS PINA WINDSOR ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>AMERICAN HEART ASSOCIATION, INC.</b>	Employer identification number <b>13-5613797</b>
---	---

**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)(vi)**. (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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	664,906,760	589,746,597	498,104,250	544,678,260	611,104,582	2,908,540,449
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	664,906,760	589,746,597	498,104,250	544,678,260	611,104,582	2,908,540,449
<b>5</b> 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
<b>6 Public support.</b> Subtract line 5 from line 4						2,908,540,449

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	664,906,760	589,746,597	498,104,250	544,678,260	611,104,582	2,908,540,449
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	39,640,300	60,837,788	62,680,363	71,567,748	77,686,160	312,412,359
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	3,515,714	1,493,762	2,192,934	5,506,044	2,621,777	15,330,231
<b>11 Total support.</b> Add lines 7 through 10						3,236,283,039
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	777,351,541
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	89.87 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.84 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** 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 in line 12 on 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	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 <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> 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.	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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 <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

Schedule A (Form 990) 2021

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			

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	FOR TAX YEAR 2017 OTHER INCOME IS COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. FOR YEARS 2018-2021 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) CHANGE IN SPLIT INT AGREEMENTS	4,943,501		172,825	1,833,792	1,206,435	8,156,553
	(2) MISC REVENUE	3,155,252	1,493,762	2,020,109	3,672,252	1,415,342	11,756,717
	(3) LOSS ON UNCOLLECTIB LE ACCOUNTS	(4,583,039)					(4,583,039)
	Total	3,515,714	1,493,762	2,192,934	5,506,044	2,621,777	15,330,231

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization AMERICAN HEART ASSOCIATION, INC.

Employer identification number 13-5613797

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>AMERICAN HEART ASSOCIATION, INC.</b>	Employer identification number <b>13-5613797</b>
---	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 14,890,170	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN HEART ASSOCIATION, INC.</b>	Employer identification number <b>13-5613797</b>
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>AMERICAN HEART ASSOCIATION, INC.</b>	Employer identification number <b>13-5613797</b>
---	---

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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](http://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 <b>AMERICAN HEART ASSOCIATION, INC.</b>	Employer identification number <b>13-5613797</b>
---	---

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?	✓		1,573,788
<b>d</b> Mailings to members, legislators, or the public?	✓		474,474
<b>e</b> Publications, or published or broadcast statements?	✓		934,528
<b>f</b> Grants to other organizations for lobbying purposes?	✓		2,497,700
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		2,486,140
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		489,533
<b>i</b> Other activities?	✓		1,115,809
<b>j</b> Total. Add lines 1c through 1i			9,571,972
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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 expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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, and Did the organization inform all donors...

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, and monitoring expenses.

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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance	85,977,857	69,497,022	69,768,397	65,321,730	61,764,937
<b>b</b> Contributions	577,543	538,748	779,198	2,957,620	655,251
<b>c</b> Net investment earnings, gains, and losses	(7,925,632)	18,221,398	1,307,769	3,744,761	5,093,973
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,460,867	2,279,311	2,358,342	2,255,714	2,192,431
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	76,168,901	85,977,857	69,497,022	69,768,397	65,321,730

**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 ▶ 66.89 %
- c** Term endowment ▶ 33.11 %

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
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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
<b>1a</b> Land		6,084,487		6,084,487
<b>b</b> Buildings	2,110,730	48,706,944	32,475,660	18,342,014
<b>c</b> Leasehold improvements		2,115,191	1,489,640	625,551
<b>d</b> Equipment		106,757,972	67,753,384	39,004,588
<b>e</b> Other		1,628,678	1,285,637	343,041
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				64,399,681

**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	83,896,945	END OF YEAR MARKET VALUE
(B) REAL ESTATE FUND	22,746,424	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	<b>106,643,369</b>	

**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)		
<b>Total.</b> (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	148,377,490
(2) SPLIT INTEREST AGREEMENTS	67,835,967
(3) OTHER ASSETS	2,684,057
(4) POOLED INCOME FUND A/R	85,834
(5) OTHER A/R	77,845
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	<b>219,061,193</b>

**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	11,027,710
(3) CHARITABLE GIFT ANNUITIES	10,269,610
(4) SUPPLEMENTAL RETIREMENT PLAN	7,002,180
(5) RENT DEFERRALS/AMORTIZATION	2,397,758
(6) CAPITAL LEASE OBLIGATIONS	435,832
(7) OTHER PAYABLES	2,452,828
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>33,585,918</b>

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

**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.

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

**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, 2022 AND 2021. 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

**2021**

**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](http://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		220,143
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		59,627,957
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		93,141,810
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		753,965
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		28,446,957
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		56,174
(7) SOUTH AMERICA	0	0	INVESTMENTS		1,705,248
(8) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		980,551
(9) EAST ASIA AND THE PACIFIC	2	4	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	970,825
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	904,416
(11) MIDDLE EAST AND NORTH AFRICA	1	5	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	760,968
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	28,615
(13) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	37,805
(14) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	336,890
(15) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,066,707
(16) EAST ASIA AND THE PACIFIC (SEE STATEMENT)			GRANTMAKING		183,820
(17)					
<b>3a Subtotal</b>	<b>4</b>	<b>11</b>			<b>189,222,851</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>566,091</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>4</b>	<b>11</b>			<b>189,788,942</b>

**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.	171,500	BANK TRANSFER			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENT PROGRAM	25,000	BANK TRANSFER			
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENT PROGRAM	45,000	BANK TRANSFER			
(4)			SOUTH AMERICA	FOOD COMPOSITION DATABASE PROGRAM	481,091	BANK TRANSFER			
(5)									
(6)									
(7)									
(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 . . . ▶ 4

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	EAST ASIA AND THE PACIFIC	1	500	WIRE TRANSFER			
(2) RESEARCH - ABSTRACT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	500	WIRE TRANSFER			
(3) RESEARCH - ABSTRACT AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	2	1,500	WIRE TRANSFER			
(4) RESEARCH ACHIEVEMENT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	1,000	WIRE TRANSFER			
(5) HONORARIUM	EAST ASIA AND THE PACIFIC	1	2,000	WIRE TRANSFER			
(6) HONORARIUM	EUROPE (INCLUDING ICELAND AND GREENLAND)	3	4,500	WIRE TRANSFER			
(7) RESEARCH INVESTIGATOR AWARD	EAST ASIA AND THE PACIFIC	5	3,750	WIRE TRANSFER			
(8) RESEARCH INVESTIGATOR AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	5	5,500	WIRE TRANSFER			
(9) LECTURE AWARD	EAST ASIA AND THE PACIFIC	1	1,000	WIRE TRANSFER			
(10) TRAVEL AWARD	EAST ASIA AND THE PACIFIC	2	5,070	WIRE TRANSFER			
(11) TRAVEL AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	1,000	WIRE TRANSFER			
(12) TRAVEL AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	1	1,000	WIRE TRANSFER			
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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)

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	<b>(c)</b> Number of employees, agents, and independent contractors in region	<b>(d)</b> Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	<b>(e)</b> If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(17) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		12,500
(18) SOUTH AMERICA			GRANTMAKING		481,091
(19) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		72,500

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
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<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>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<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 &amp; MEXICO ONLY) -ACCRUAL                      RUSSIA AND NEIGHBORING STATES -ACCRUAL                      SOUTH AMERICA -ACCRUAL                      SOUTH ASIA -ACCRUAL                      SUB-SAHARAN AFRICA -ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC -ACCRUAL                      NORTH AMERICA (CANADA &amp; MEXICO ONLY) -ACCRUAL                      SOUTH AMERICA -ACCRUAL</p>
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC -ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL                      EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL, ACCRUAL                      NORTH AMERICA (CANADA &amp; MEXICO ONLY) -ACCRUAL, ACCRUAL</p>

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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			
<b>1</b> CARS (CHARITABLE ADULT RIDES & SERVICES), 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123	AUTO DONATIONS	✓		255,262	51,053	204,209
<b>2</b> INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEMKTG		✓	61,938	100,380	(38,442)
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				317,200	151,433	165,767

- 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, 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>BAY AREA HEART WALK</u> (event type)	<u>DALLAS HEART WALK</u> (event type)	<u>5555</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	4,875,873	4,668,933	261,316,272	270,861,078
	<b>2</b> Less: Contributions . . . . .	4,875,873	4,668,933	242,214,826	251,759,632
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	0	0	19,101,446	19,101,446
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	10,619	8,128	7,494,957	7,513,704
	<b>6</b> Rent/facility costs . . . . .	143,695	147,627	12,540,843	12,832,165
	<b>7</b> Food and beverages . . . . .	3,699	4,601	3,767,802	3,776,102
	<b>8</b> Entertainment . . . . .	10,635	2,000	1,267,385	1,280,020
	<b>9</b> Other direct expenses . . . . .	8,526	101,440	2,284,964	2,394,930
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				27,796,921
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(8,695,475)	

**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))
		<b>1</b> Gross revenue . . . . .			217,999
Direct Expenses	<b>2</b> Cash prizes . . . . .				0
	<b>3</b> Noncash prizes . . . . .				0
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .				0
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				0	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				217,999	

**9** Enter the state(s) in which the organization conducts gaming activities: FL, GA, LA, AZ, SC, 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: \_\_\_\_\_



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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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) 4P FOODS INC PO BOX 106, ELKWOOD, VA 22718	46-5277795		150,000				COMMUNITY NUTRITION
(2) A SERVANTS LOVE INC PO BOX 9068, MOBILE, AL 36691	27-1443712	(C)(3)	10,350				COMMUNITY NUTRITION
(3) ABBOTT NORTHWEST HOSPITAL FOUNDATION 42925 CHICAGO AVENUE, MINNEAPOLIS, MN 55107	04-3643816	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(4) (SEE STATEMENT)	23-1352152	(C)(3)	7,000				HEART FAILURE INITIATIVE
(5) (SEE STATEMENT)	82-3400062	(C)(3)	15,000				ANTI TOBACCO ADVOCACY
(6) (SEE STATEMENT)	48-0868859	(C)(3)	7,000				HEART FAILURE INITIATIVE
(7) ADVENTIST HEALTH GEORGIA 1035 RED BUD ROAD NE, CALHOUN, GA 30701	58-1425000	(C)(3)	17,000				STEMI CARE INITIATIVE
(8) (SEE STATEMENT)	36-2169147	(C)(3)	45,000				HEART FAILURE PROGRAM
(9) ADVOCATE ILLINOIS MASONIC MEDICAL CTR 2025 WINDSOR DRIVE, OAK BROOK, IL 60523	36-3196629	(C)(3)	12,500				HEART FAILURE PROGRAM
(10) ALABAMA ARISE PO BOX 1188, MONTGOMERY, AL 36107	63-1186365	(C)(3)	50,000				COMMUNITY NUTRITION
(11) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE, ANCHORAGE, AK 99508	92-0162721	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(12) (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 486

**3** Enter total number of other organizations listed in the line 1 table ▶ 60

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

Cat. No. 50055P

Schedule I (Form 990) 2021



## 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) ALLEGHENY CLINIC 120 FIFTH AVENUE, SUITE 922, PITTSBURGH, PA 15222	25-1838458	(C)(3)	10,000				ATRIAL FIBRILLATION INITIATIVE
(13) ALLIANCE FOR A HEALTHIER GENERATION 1028 SE WATER AVENUE STE 215, PORTLAND, OR 97214	27-2028308	(C)(3)	250,000				CHILDHOOD OBESITY
(14) AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD, ITASCA, IL 60143	36-2275597	(C)(3)	110,000				ANTI TOBACCO ADVOCACY
(15) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL CITY DRIVE STE 900, ARLINGTON, VA 22202	13-1623888	(C)(3)	46,259				COMMUNITY NUTRITION
(16) AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY STREET NORTHEAST ST, , MINNEAPOLIS, MN 55413	27-0300026	(C)(3)	27,000				COMMUNITY NUTRITION
(17) AMERICAN SOCIETY OF NEPHROLOGY 1401 H STREET NORTHWEST , SUITE 900 , WASHINGTON , DC 20005	52-6078378	(C)(3)	10,000				INVESTIGATOR AWARDS
(18) ARKANSAS ADVOCATES FOR CHILDREN AND FAMI 1400 W MARKHAM , LITTLE ROCK , AR 72201	71-0492205	(C)(3)	25,063				CHILDHOOD OBESITY
(19) ARKANSAS HUNGER RELIEF ALLIANCE 1400 W MARKHAM STREET STE 304, LITTLE ROCK , AR 72201	30-0254995	(C)(3)	50,000				COMMUNITY NUTRITION
(20) ASCENSION SETON 1345 PHILOMENA STREET STE 362, AUSTIN, TX 78723	74-1109643	(C)(3)	15,849				STROKE PROGRAMS
(21) ASSOCIATION OF NORTH CAROLINA BOARDS OF HEALTH 2051 WHITE OAK ROAD, RALEIGH, NC 27608	56-1538948	(C)(3)	10,000				COMMUNITY HEALTH
(22) ATLANTA HARVEST LLC 3529 ANVIL BLOCK ROAD, ELLENWOOD, GA 30294	82-3048751		120,000				COMMUNITY NUTRITION
(23) AUGUSTA UNIVERSITY 1120 15TH STREET, AUGUSTA, GA 30912	58-6002053	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(24) AURORA HEALTH CARE INC 960 NORTH 12TH STREET, MILWAUKEE, WI 53233	39-1442285	(C)(3)	99,000				HEART FAILURE PROGRAM
(25) AVERA CREIGHTON HOSPITAL 1503 MAIN STREET, CREIGHTON, NE 68729	46-0225483	(C)(3)	9,000				STROKE PROGRAMS
(26) AXIS MEDICAL CENTER 1801 NICOLLET AVENUE SOUTH, MINNEAPOLIS, MN 55403	26-1084365	(C)(3)	20,000				BLOOD PRESSURE EQUIPMENT
(27) BAKERSFIELD MEMORIAL HOSPITAL 420 34TH STREET, BAKERSFIELD, CA 93301	95-1802779	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE

(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
(28) BARNES-JEWISH HOSPITAL ONE BANES JEWISH HOSPITAL PLAZA, ST LOUIS, MO 63110	23-7309937	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(29) BAY AREA COMMUNITY HEALTH 40910 FREMOND BLVD, FREMONT, CA 94538	23-7255435	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY
(30) BAYHEALTH MEDICAL CENTER 640 SOUTH STATE ROAD, DOVER, DE 19901	51-0064318	(C)(3)	10,000				CVD RISK MANAGEMENT
(31) BAYLOR HEART AND VASCULAR CENTER LLP 621 NORTH HALL ST, DALLAS, TX 75226	75-2834135		10,000				AORTIC STENOSIS INITIATIVE
(32) BEARTOOTH BILLINGS CLINIC PO BOX 590, RED LODGE, MT 59068	81-0224734	(C)(3)	10,000				STROKE PROGRAMS
(33) BECKLEY APPALACHIAN REGIONAL HEALTHCARE 306 STANAFORD ROAD, BECKLEY, WV 25801	52-0795508	(C)(3)	5,965				STROKE PROGRAMS
(34) BELLEVUE MEDICAL CENTER LLC 2500 BELLEVUE MEDICA CENTER DRIVE, BELLEVUE, NE 68123	20-4305186	(C)(3)	24,000				STROKE PROGRAMS
(35) BENEFIS HOSPITALS INC 1101 26TH STREET SOUTH, GREAT FALLS, MT 59405	81-0232122	(C)(3)	46,000				STROKE PROGRAMS
(36) BETHANY BAPTIST CHURCH 6353 WALLIS ROAD, WEST PALM BEACH, FL 33413	02-0553057	(C)(3)	8,000				COMMUNITY NUTRITION
(37) BETTER FUTURES MN 813 N 5TH STREET, MINNEAPOLIS, MN 55401	45-0550557	(C)(3)	100,000				COMMUNITY IMPACT
(38) BIBLE CENTER CHURCH IN 7238 FLEURY WAY, PITTSBURGH, PA 15208	20-0801087	(C)(3)	50,000				COMMUNITY NUTRITION
(39) BILLINGS CLINIC FOUNDATION 2917 TENTH AVENUE N, BILLINGS, MT 59101	81-0407289	(C)(3)	21,000				STROKE PROGRAMS
(40) BIRMINGHAM URBAN LEAGUE PO BOX 11269, BIRMINGHAM, AL 35203	63-0516655	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(41) BITTERROOT HEALTH-DALY HOSPITAL 1200 WESTWOOD DRIVE, HAMILTON, MT 59840-2345	81-0240726	(C)(3)	12,000				STROKE PROGRAMS
(42) BLACK MARKET LLC PO BOX 13633, DURHAM, NC 27709	85-0605861		10,000				COMMUNITY HEALTH
(43) BLACK MOTHERS BREASTFEEDING ASSOCIATION 30515 OLDSTREAM CIRCLE, SOUTHFIELD, MI 48076	74-3235491	(C)(3)	75,000				FAMILY SUPPORT PROGRAMS
(44) BLACK OAKS FOUNDATION 6735 SOUTH CHICAGO AVENUE, CHICAGO, IL 60637	20-4280294	(C)(3)	100,000				HEALTH SCREENING

(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
(45) BLACK URBAN GARDENERS AND FARMERS OF PITTSBURGH 1922 FIFTH AVENUE, PITTSBURGH, PA 15219	81-3027113		12,833				COMMUNITY NUTRITION
(46) BOONE COUNTY HEALTH CENTER 723 WEST FAIRVIEW STREET, ALBION, NE 68620	47-6000611	(C)(3)	9,000				STROKE PROGRAMS
(47) BOYS AND GIRLS CLUBS OF PUERTO RICO PO BOX 79526, , CAROLINA, PR 00984-9526	66-0327584	(C)(3)	102,067				COMMUNITY NUTRITION
(48) BREAD AND BUTTER FARMS LLC 302 E WASHINGTON STREET #449, MONROE, GA 30655	81-4613000		150,000				COMMUNITY NUTRITION
(49) BREADA PO BOX 3976, BATON ROUGE, LA 70821	72-1332566	(C)(3)	50,000				COMMUNITY NUTRITION
(50) BRIDGING CULTURAL GAPS 946 INDUSTRY DRIVE, TUKWILA, WA 98188	82-4217623	(C)(3)	6,000				ANTI TOBACCO ADVOCACY
(51) BRIGHAM AND WOMENS HOSPITAL INC PO BOX 3149, BOSTON, MA 02241-3149	04-2312909	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM
(52) BRIGHTER BITES PO BOX 25456, HOUSTON, TX 77265	47-4070026	(C)(3)	32,500				DIABETES AND HYPERTENSION EDUCATION
(53) BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET, LINCOLN, NE 68506-1299	47-0376552	(C)(3)	38,000				STROKE PROGRAMS
(54) BUTLER COUNTY HEALTH CARE CENTER 372 SOUTH 9TH STREET, DAVID CITY, NE 68632	47-0551144	GOV	9,000				STROKE PROGRAMS
(55) BUTTERFLY HEALTH INC 3530 WILSHIRE, LOS ANGELES, CA 90010	84-4979451		100,000				MENTAL HEALTH SUPPORT
(56) CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200, WASHINGTON, DC 20005	52-1969967	(C)(3)	112,500				ANTI TOBACCO ADVOCACY
(57) CAREGIVEN, INC 4640 S MACADAM AVENUE, SUITE 270, PORTLAND, OR 97239	81-5471727		30,000				COMMUNITY IMPACT
(58) CAREMESSAGE PO BOX 7307, SAN FRANCISCO, CA 94120	27-3252911	(C)(3)	75,000				FOOD AND HOUSING SECURITY
(59) CAROLINAEAST MEDICAL CENTER 2000 NEUSE BLVD, NEW BERN, NC 28560	56-0755775	(C)(3)	7,000				HEART FAILURE INITIATIVE
(60) CARRY LLC 4035 SW DOWNS VIEW CT, PORTLAND, OR 97221	84-4536474		75,000				COMMUNITY IMPACT
(61) CARTERET HEALTH CARE 3500 ARENDELL STREET, MOREHEAD, NC 28557	56-0952955	(C)(3)	7,000				HEART FAILURE INITIATIVE
(62) CAYUGA MEDICAL CENTER AT ITHACA INC 101 DATES DRIVE , ITHACA , NY 14850	22-2325405	(C)(3)	8,000				STROKE PROGRAMS

(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
(63) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD , LOS ANGELES , CA 90048	95-1644600	(C)(3)	5,500				ATRIAL FIBRILLATION INITIATIVE
(64) CENTER FOR PLANNING EXCELLENCE 100 LAFAYETTE STREET, BATON ROUGE, LA 70801	20-3827040	(C)(3)	50,000				CHILDHOOD OBESITY
(65) CENTERPOINT MEDICAL CENTER 19600 E 39TH STREET , INDEPENDENCE , MO 64057	45-0503121		7,000				HEART FAILURE INITIATIVE
(66) CENTRAL DETROIT CHRISTIAN COMMUNITY 1550 TAYLOR STREET , DETROIT , MI 48206	38-3128822	(C)(3)	65,000				COMMUNITY NUTRITION
(67) CHARLOTTE AHEC 5039 AIRPORT CENTER PARKWAY , CHARLOTTE , NC 28208	56-0529945		107,849				DIABETES INITIATIVE
(68) CHI HEALTH IMMANUEL 6901 NORTH 72ND STREET, OMAHA, NE 68122	47-0376615	(C)(3)	207,000				STROKE PROGRAMS
(69) CHIEF SEATTLE CLUB 410 2ND AVENUE EXTENSION SOUTH, SEATTLE, WA 98104	91-0852503	(C)(3)	60,000				COMMUNITY IMPACT
(70) CHIFRESH KITCHEN 135 N KEDZIE AVENUE, CHICAGO, IL 60612	84-4072430		170,000				COMMUNITY NUTRITION
(71) CHILD CARE COUNCIL OF KENTUCKY INC 2501 SANDERSVILLE ROAD STE 120, LEXINGTON, KY 40511	31-1102545	(C)(3)	12,500				EARLY CARE AND EDUCATION
(72) CHRISTIAN COMMUNITY HEALTH 9718 SOUTH HALSTED STREET, CHICAGO, IL 60628	36-3799834	(C)(3)	30,000				HYPERTENSION PROJECT
(73) CHRISTIAN HOSPITAL NORTHEAST NORTHWEST 11133 DUNN ROAD, SAINT LOUIS, MO 63136	43-6057893	(C)(3)	7,000				HEART FAILURE INITIATIVE
(74) CITY OF CARROLLTON 1111 W BELT LINE ROAD STE 100, CARROLLTON, TX 75006	75-6000478	GOV	17,000				COMMUNITY IMPACT
(75) CLEVELAND CLINC FOUNDATION 9500 EUCLID AVENUE , CLEVELAND , OH 44195	34-0714585	(C)(3)	10,000				HEREDITARY STUDY
(76) CLOVER PARK SCHOOL DISTRICT 10903 GRAVELLY LAKE DR SW , LAKEWOOD , WA 98499	91-6001838	GOV	9,000				COMMUNITY NUTRITION
(77) COALITION OF COMMUNITIES OF COLOR 221 NW 2ND AVENUE , STE 303 , PORTLAND , OR 97209	47-4448490	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(78) COGNITIVE TOYBOX INC 1 WASHINGTON SQ BLG #150, NEW YORK, NY 10012	47-1534462		250,000				CHILD ASSESSMENT TOOL
(79) COLEMAN COUNTY MEDICAL CENTER 310 S PECOS STREET, COLEMAN, TX 76834	45-3780407		9,000				HEART FAILURE PROGRAM

(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
(80) COLORADO BLACK HEALTH COLLABORATIVE 3025 SOUTH PARKER ROAD STE 737, AURORA, CO 80014	27-0803976	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(81) COLORADO HEART & VASCULAR PC 11700 W 2ND PLACE STE 350 , LAKEWOOD , CO 80228	27-3469583		10,000				AORTIC STENOSIS INITIATIVE
(82) COLORADO PUBLIC INTEREST RESEARCH FOUNDA 1543 WAZEE STREET STE 330 , DENVER , CO 80202	74-2313874	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(83) COLUMBUS COMMUNITY HOSPITAL INC 4600 38TH STREET, COLUMBUS, NE 68601	47-0542043	(C)(3)	18,000				STROKE PROGRAMS
(84) COMMITTEE TO PROTECT CALIFORNIA KIDS 555 CAPITOL MALL, SUITE 400 , SACRAMENTO , CA 95814	82-2716962	(C)(3)	100,000				ANTI TOBACCO ADVOCACY
(85) COMMUNITY FARM ALLIANCE PO BOX 130 , , BERE A , KY 40403	61-1092056	(C)(3)	96,463				COMMUNITY NUTRITION
(86) COMMUNITY FARMERS MARKETS INC 1039 GRANT STREET SE STE A30, ATLANTA, GA 30315	27-5262520	(C)(3)	65,000				COMMUNITY NUTRITION
(87) COMMUNITY YOUTH CENTER OF SAN FRANCISCO 1038 POST STREET, SAN FRANCISCO, CA 94109	94-1728818	(C)(3)	75,000				COMMUNITY IMPACT
(88) CONCRETE JUNGLE INC 124 ESTORIA STREET , , ATLANTA , GA 30316	90-0730229	(C)(3)	50,000				COMMUNITY NUTRITION
(89) COOPER HEALTH SYSTEM 1 FEDERAL STREET STE NW 2-400A, CAMDEN, NJ 08103	21-0634462	(C)(3)	10,500				DIABETES INITIATIVE
(90) COOPERATIVE BAPTIST FELLOWSHIP PO BOX 299 , CLINTON , MS 39060	64-0856118	(C)(3)	23,263				COMMUNITY NUTRITION
(91) COUNTY OF SACRAMENTO 9616 MICRON AVENUE STE 960 , SACRAMENTO , CA 95827	94-6000529	GOV	9,600				CAD AND STROKE PROGRAM
(92) COZAD COMMUNITY HOSPITAL PO BOX 108, COZAD, NE 69130	47-6007486	GOV	9,000				STROKE PROGRAMS
(93) CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE, CRETE, NE 68333	47-0841285	(C)(3)	9,000				STROKE PROGRAMS
(94) DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD, BROWNS MILLS, NJ 08015	23-1550955	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(95) DEER LODGE MEDICAL CENTER 1100 HOLLENBACK LANE , DEER LODGE , MT 59722	81-0469886	(C)(3)	10,000				STROKE PROGRAMS
(96) DUKE UNIVERSITY HEALTH SYSTEM INC PO BOX 751274, CHARLOTTE, NC 28275- 1274	56-2070036	(C)(3)	10,000				HEREDITARY STUDY

(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
(97) EAT RIGHT ATLANTA 5501 GLENRIDGE DRIVE #623, ATLANTA, GA 30342	45-3530546		200,000				COMMUNITY NUTRITION
(98) EFFINGHAM HEALTH SYSTEM 459 HWY 119 SOUTH , , SPRINGFIELD , GA 31329	47-4393589	(C)(3)	7,000				STEMI CARE INITIATIVE
(99) EMORY UNIVERSITY 1599 CLIFTON ROAD, ATLANTA, GA 30322	58-0566256	(C)(3)	500,000				CARDIAC ARREST HOSPITAL REGISTRY
(100) EMPOWER DC 1419 V ST NW, WASHINGTON, DC 20009	27-2623232	(C)(3)	27,000				CHILDHOOD OBESITY
(101) EMTOMORROW 113 APPLE ST, ESSEX, MA 01929	86-1684705	(C)(3)	10,000				COMMUNITY IMPACT
(102) ENDELEO INSTITUTE INC. 901 EAST 95TH STREET, CHICAGO, IL 60619	45-3209641	(C)(3)	50,000				COMMUNITY NUTRITION
(103) ENTERPRISE COMMUNITY PARTNERS INC 643 MAGAZINE STREET STE 202 , , NEW ORLEANS , LA 70130	52-1231931	(C)(3)	79,500				AFFORDABLE HOUSING
(104) ENVIRONMENT AMERICA RESEARCH & POLICY CE 104 BAYARD ST. 6TH FLOOR , NEW BRUNSWICK , NJ 08901	13-4339865	(C)(3)	205,000				WATER ACCESS IN SCHOOLS
(105) EQUALITY OHIO EDUCATION FUND 370 SOUTH 5TH STREET STE G3, COLUMBUS, OH 43215	02-0743268	(C)(3)	99,992				CHILDHOOD OBESITY
(106) E-ROADMAP CORPORATION 723 39TH STREET, WEST PALM BEACH, FL 33407	46-4925867	(C)(3)	49,500				COMMUNITY NUTRITION
(107) FAITH DELIVERANCE CHURCH OF GOD PO BOX 221883, WEST PALM BEACH, FL 33422	20-5716273	(C)(3)	7,406				COMMUNITY NUTRITION
(108) FAITH REGIONAL HEALTH SERVICES PO BOX 869, NORFOLK, NE 68702-0869	47-0796875	(C)(3)	24,000				STROKE PROGRAMS
(109) FATHERS UPLIFT INC 12 SOUTHERN AVENUE, DORCHESTER, MA 02124	46-1407932	(C)(3)	75,000				FAMILY SUPPORT PROGRAMS
(110) FCS URBAN MINISTRIES INC 1297 MCDONOUGH BLVD SE, ATLANTA, GA 30315	58-1330830	(C)(3)	300,000				COMMUNITY NUTRITION
(111) FEED THE HUNGRY PANTRY OF PALM BEACH 8306 155TH PLACE NORTH, PALM BEACH GARDENS, FL 33418	82-3760456	(C)(3)	8,000				COMMUNITY NUTRITION
(112) FINDING JUSTICE A FLOWER & VEGETABLE GARDEN 5034 W WASHINGTON #204, CHICAGO, IL 60644	84-3847534		40,000				COMMUNITY NUTRITION
(113) FLORIDA IMPACT 300 W PENSACOLA STREET, TALLAHASSEE, FL 32301	59-2859151	(C)(3)	100,000				COMMUNITY NUTRITION

(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
(114) FLORIDA RISING TOGETHER 10760 BISCAYNE BLVD., MIAMI, FL 33161	45-3956785	(C)(3)	60,000				CHILDHOOD OBESITY
(115) THE FOOD TRUST 1617 JFK BLVD STE 900, PHILADELPHIA, PA 19103	23-2678383	(C)(3)	60,000				COMMUNITY NUTRITION
(116) FOUNDATION FOR A HEALTHY KENTUCKY 1640 LYNDON FARM COURT STE 100, LOUISVILLE, KY 40223	31-1784753	(C)(3)	6,000				ANTI TOBACCO ADVOCACY
(117) FOUNDATION FOR ADVANCED CARDIOVASCULAR EDUCATION AND TRAINING 5167 NAVAJO DRIVE , FRISCO , TX 75034	26-3122805	(C)(3)	27,000				HEART FAILURE PROGRAM
(118) FRANCES MAHON DEACONESS HOSPITAL 621 3RD STREET SOUTH, GLASGOW, MT 59230	81-0231786	(C)(3)	10,000				STROKE PROGRAMS
(119) FREDERICK FERRIS THOMPSON HOSPITAL 350 PARRISH STREET, CANANDAIGUA, NY 14424	16-0743024	(C)(3)	5,604				HEART ATTACK CARE
(120) FRESH APPROACH 5060 COMMERCIAL CIRCLE STE C, CONCORD, CA 94520	26-2438206	(C)(3)	50,000				COMMUNITY NUTRITION
(121) FRESHER TOGETHER LLC 2465 E 74TH STREET, CHICAGO, IL 60649	83-3695458		50,000				COMMUNITY NUTRITION
(122) FRIEND COMMUNITY HEALTHCARE SYSTEM 905 2ND STREET, FRIEND, NE 68359	47-6000549		9,000				STROKE PROGRAMS
(123) FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101 , MENOMONEE FALLS, WI 53051	39-2014409	(C)(3)	10,849				STROKE PROGRAMS
(124) FUND FOR THE CITY OF NEW YORK INC 121 AVENUE OF THE AMERICAS 6TH FLR , NEW YORK, NY 10013	13-2612524	(C)(3)	200,000				FAMILY SUPPORT PROGRAMS
(125) GATEWAY REGION YOUNG MENS CHRISTIAN 2815 SCOTT AVENUE STE D, ST LOUIS, MO 63103	43-0653616	(C)(3)	105,000				HYPERTENSION CONTROL
(126) GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE , DANVILLE , PA 17822	24-0795959	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(127) GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE STE 806, ATLANTA, GA 30303	26-3695851	(C)(3)	40,000				COMMUNITY HEALTH
(128) GERALD L. IGNACE INDIAN HEALTH CENTER INC 930 W HISTORIC MITCHELL STREET, MILWAUKEE, WI 53204	39-1958089	(C)(3)	48,258				HEALTH EQUITY
(129) GILLIAMS COMMUNITY GARDEN INC 1286 OAKLAND TERR SW , ATLANTA , GA 30310	45-5565561	(C)(3)	40,000				COMMUNITY NUTRITION

(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
(130) GOOD STUFF 3733 MILHAVEN ROAD , WINSTON-SALEM , NC 27106	82-2770018	(C)(3)	10,000				COMMUNITY NUTRITION
(131) GREAT PLAINS HEALTH 601 WEST LEOTA STREET , NORTH PLATTE , NE 69101	47-0662290	(C)(3)	24,000				STROKE PROGRAMS
(132) GUILFORD COUNTY SCHOOLS 712 NORTH EUGENE STREET, GREENSBORO, NC 27401	56-6000522	GOV	38,000				COMMUNITY NUTRITION
(133) HANDS THAT HELP 1201 S 336 TH ST , UNIT H208 , FEDERAL WAY , WA 98003	87-1120530	(C)(3)	15,000				COMMUNITY IMPACT
(134) HCA HOUSTON HEALTHCARE CLEAR LAKE 500 MEDICAL CENTER BLVD , WEBSTER , TX 77598	62-1801360		7,849				STROKE PROGRAMS
(135) HEART HEALTH & HEALING MINISTRIES INC 3600 BROADWAY AVENUE STE 1 , WEST PALM BEACH , FL 33409	45-3944718	(C)(3)	8,000				COMMUNITY NUTRITION
(136) THE HEIGHTS COMMUNITY DEVELOPMENT CENTER 2137 B AVENUE , , CHARLOTTE , NC 28216	87-1028642		8,000				COMMUNITY HEALTH
(137) HENDERSON COUNTY BOARD OF EDUCATION 19925 HWY 412 EAST , LEXINGTON , TN 38351	62-6000664	GOV	6,500				CHILDREN'S HEALTH PROGRAM
(138) HENDERSON HEALTH CARE SERVICE 1621 FRONT STREET , HENDERSON , NE 68371	47-0366569	(C)(3)	20,000				STROKE PROGRAMS
(139) HIMA SAN PABLO BAYAMON PO BOX 236 , , BAYAMON, PR 00960	66-0465905		7,000				CHOLESTEROL INITIATIVE
(140) HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE STE 210, WEST SAINT PAUL, MN 55118	46-0928003	(C)(3)	60,000				COMMUNITY NUTRITION
(141) HOLY ROSARY HEALTHCARE 2600 WILSON STREET, , MILES CITY, MT 59301	20-2270238	(C)(3)	12,000				STROKE PROGRAMS
(142) HOUSING CONNECTOR 1301 5TH AVENUE STE 1500, SEATTLE, WA 98101	84-2100263	(C)(3)	70,000				COMMUNITY IMPACT
(143) HUNGER ACTION LOS ANGELES INC 961 S MARIPOSA AVENUE #205, LOS ANGELES, CA 90006	20-5142259	(C)(3)	1,004,383				COMMUNITY NUTRITION
(144) HUNGER FREE COLORADO 1355 S COLORADO BLVD STE 201, DENVER, CO 80222	68-0551464	(C)(3)	100,000				COMMUNITY NUTRITION
(145) IGLESIA LA SEMILLA 806 CLARENDON STREET, DURHAM, NC 27705	85-0541445		9,250				COMMUNITY HEALTH
(146) IMPACTTULSA 7030 S YALE STE 600, TULSA, OK 74136	73-1554474	(C)(3)	37,500				CHILDHOOD OBESITY

(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
(147) INADVANCE 900 ALICE STREET , SUITE 400 , OAKLAND , CA 94607	26-0728941	(C)(3)	50,000				SUGARY DRINK TAX ADVOCACY
(148) INDIANA UNIVERSITY HEALTH INC 950 N. MERIDIAN STREET , SUITE 1200 , INDIANAPOLIS , IN 46204	35-1955872	(C)(3)	15,000				ATRIAL FIBRILLATION INITIATIVE
(149) INFINITE FOCUS INC 5601 BURTIS AVENUE APT D, GWYNN OAK, MD 21207	82-4481194		100,000				YOUTH MENTAL HEALTH
(150) INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE, BRIDGETON, NJ 08302	21-0634484	(C)(3)	21,000				HEART FAILURE INITIATIVE
(151) INTERNATIONAL CHILDREN ASSISTANCE 532 VALLEY WAY , MILIPITAS , CA 95035	77-0541211	(C)(3)	50,000				MENTAL HEALTH SUPPORT
(152) INVOLVED DAD 2712 SAGINAW STREET STE 103, FLINT, MI 48505	47-4368803	(C)(3)	100,000				FAMILY SUPPORT PROGRAMS
(153) JEFFERSON COMMUNITY HEALTH CENTER INC 2200 H STREET , , FAIRBURY , NE 68352	47-0468078	(C)(3)	9,000				STROKE PROGRAMS
(154) JENNIE M MELHAM MEMORIAL MEDICAL CENTER 145 MEMORIAL DRIVE , BROKEN BOW , NE 68822	47-0426530	(C)(3)	9,000				STROKE PROGRAMS
(155) JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33, NEPTUNE, NJ 07753	22-1487576	(C)(3)	56,849				HEART FAILURE INITIATIVE
(156) JOHNSON CITY MEDICAL CENTER 303 MED TECH PARKWAY STE 220, JOHNSON CITY, TN 37604	62-0476282	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(157) JOURNI INCORPORATED 440 BURROUGHS ST #153, , DETROIT, MI 48202	47-4047149	(C)(3)	85,000				TECH EMPLOYMENT TRAINING
(158) JPS HEALTH NETWORK 1500 SOUTH MAIN STREET , FORT WORTH , TX 76104	75-6000439	(C)(3)	9,000				HEART FAILURE PROGRAM
(159) KAISER FOUNDATION HOSPITAL ONE KAISER PLAZA 17L, , OAKLAND, CA 94612	94-1105628	(C)(3)	50,000				CORONARY ARTERY DISEASE PROGRAM
(160) KALISPELL REGIONAL MEDICAL 310 SUNNYVIEW LANE, KALISPELL, MT 59901	23-7293874	(C)(3)	28,500				STROKE PROGRAMS
(161) KEARNEY COUNTY HEALTH SERVICES 727 EAST FIRST STREET, MINDEN, NE 68959	47-6014070	GOV	9,000				STROKE PROGRAMS
(162) KEARNEY REGIONAL MEDICAL CENTER LLC 804 22ND AVENUE, KEARNEY, NE 68845	27-0860326	GOV	18,000				STROKE PROGRAMS
(163) KEEP GROWING DETROIT 1445 ADELAIDE STREET, DETROIT, MI 48207	80-0892277	(C)(3)	40,000				COMMUNITY NUTRITION

(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
(164) KIMBALL COUNTY HOSPITAL 505 SOUTH BURG STREET , KIMBALL , NE 69145	47-6007155	GOV	13,125				STROKE PROGRAMS
(165) KINDERCARE LEARNING CENTERS LLC 650 NORTHEAST HOLLADAY STREET STE 1 , , PORTLAND , OR 97232	47-4478313		5,308				COMMUNITY NUTRITION
(166) KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVENUE 3RD FLOOR, BRONX, NY 10451	47-2747713	(C)(3)	50,000				YOUNG ADULT EMPLOYMENT
(167) LANCASTER GENERAL HOSPITAL 555 NORTH DUKE ST, LANCASTER, PA 17604-3555	23-1365353	(C)(3)	7,000				HEART FAILURE INITIATIVE
(168) LATINO EDUCATION ADVANCEMENT FOUNDATION 538A VALLEY WAY BLDG 3, MILPITAS, CA 95035	82-3057074	(C)(3)	45,000				COLLEGE SUCCESS PROGRAM
(169) LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY , REDWOOD CITY , CA 94063	94-1156365	(C)(3)	30,070				ANTI TOBACCO ADVOCACY
(170) LEMOYNE OWEN COLLEGE 807 WALKER AVENUE , MEMPHIS , TN 38126	62-0475690	(C)(3)	15,000				COMMUNITY NUTRITION
(171) LEXINGTON REGIONAL HEALTH CENTER 1201 NORTH ERIE STREET , LEXINGTON , NE 68850-0980	45-6029692	GOV	13,125				STROKE PROGRAMS
(172) LIVING WELL KENT 24604 104TH AVENUE SE #102, KENT, WA 98030	81-4451307	(C)(3)	50,000				COMMUNITY NUTRITION
(173) LOGAN HEALTH CONRAD PO BOX 668 , CONRAD , MT 59425	81-0232406	(C)(3)	10,000				STROKE PROGRAMS
(174) LOGAN REGIONAL MEDICAL CENTER 20 HOSPITAL DRIVE, LOGAN, WV 25601	05-0539357		7,304				STROKE PROGRAMS
(175) LOUISIANA POLICY INSTITUTE FOR CHILDREN 3400 S. CARROLLTON AVENUE, NEW ORLEANS , LA 70185	46-4487461	(C)(3)	10,000				EARLY CARE AND EDUCATION
(176) LOVEJOY INDEPENDENT SCHOOL DISTRICT 259 COUNTRY CLUB ROAD , ALLEN , TX 75002	75-1615257	GOV	8,000				WATER ACCESS IN SCHOOLS
(177) LUMINIS HEALTH RESEARCH INSTITUTE INC 2000 MEDICAL PKWY BELCHER PAVILION , SUITE 203 , ANNAPOLIS , MD 21401	26-3038406	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM
(178) LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION 1124 WEST CARSON STREET, TORRANCE , CA 90502	95-2138184	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM

(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
(179) MADISON VALLEY MEDICAL CENTER 305 NORTH MAIN STREET, ENNIS, MT 59729	81-0236460	(C)(3)	10,000				STROKE PROGRAMS
(180) MAGNOLIA MEDICAL FOUNDATION PO BOX 1100 , RAYMOND , MS 39154-1100	90-0504363	(C)(3)	75,000				CHILDHOOD OBESITY
(181) MAKE THE ROAD NEVADA 301 GROVE STREET, BROOKLYN, NY 11237	84-3988830	(C)(3)	75,044				WATER ACCESS IN SCHOOLS
(182) MANDELA PARTNERS 1344 7TH STREET, OAKLAND, CA 94670	11-3754129	(C)(3)	30,000				COMMUNITY NUTRITION
(183) MARCH OF DIMES 1550 CRYSTAL DRIVE , SUITE 1300 , ARLINGTON , VA 22202	13-1846366	(C)(3)	6,000				COMMUNITY HEALTH
(184) MARION PUBLIC HEALTH 181 SOUTH MAIN STREET, , MARION, OH 43302	31-6400076	GOV	12,000				COMMUNITY NUTRITION
(185) MARKET UMBRELLA ORG 200 BROADWAY STREET STE 107, NEW ORLEANS, LA 70118	26-2477706	(C)(3)	200,000				COMMUNITY NUTRITION
(186) MARSHFIELD MEDICAL CENTER - MARSHFIELD 611 N SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	39-0452970	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM
(187) MARSHFIELD MEDICAL CENTER WESTON 3400 MINISTRY PKWY, WESTON, WI 54476	39-0452970	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM
(188) MARY LANNING HEALTHCARE 715 NORTH SAINT JOSEPH, HASTINGS, NE 68901	47-0378779	(C)(3)	24,000				STROKE PROGRAMS
(189) MARYLAND MEDICAL SOCIETY 1211 CATHEDRAL STREET , BALTIMORE , MD 21201-5516	52-0410730	(C)(6)	99,884				SUGARY DRINK TAX ADVOCACY
(190) MASSACHUSETTS GENERAL PHYSICIANS 55 FRUIT STREET , BOSTON , MA 02241	04-2807148	(C)(3)	7,849				STROKE PROGRAMS
(191) MATERNITY CARE COALITION 2000 HAMILTON STREET STE 205, PHILADELPHIA, PA 19130	23-2200410	(C)(3)	50,000				FAMILY SUPPORT PROGRAMS
(192) MEMORIAL COMMUNITY HOSPITAL & HEALTH 810 NORTH 22ND STREET , BLAIR , NE 68008	47-0426285	(C)(3)	9,000				STROKE PROGRAMS
(193) MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER ROAD STE 1900 , HOUSTON , TX 77024-2317	74-1152597	(C)(3)	7,849				STROKE PROGRAMS
(194) MERCY HEALTH 14528 SOUTH OUTER FORTY STE 100 , CHESTERFIELD , MO 63017	43-1423050	(C)(3)	15,000				STROKE PROGRAMS
(195) MERCY HEALTH ST VINCENT MEDICAL CENTER 2213 CHERRY STREET, TOLEDO, OH 43608	34-4428250		7,849				STROKE PROGRAMS

(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
(196) MERRICK MEDICAL CENTER 1715 26TH STREET , CENTRAL CITY , NE 68826	82-0906268	(C)(3)	9,000				STROKE PROGRAMS
(197) METHODIST CHARLTON MEDICAL 3500 WEST WHEATLAND ROAD, DALLAS, TX 75237	75-0800661	(C)(3)	9,000				HEART FAILURE PROGRAM
(198) METHODIST FREMONT HEALTH 450 E 23RD STREET, FREMONT, NE 68025	83-1362276	(C)(3)	9,000				STROKE PROGRAMS
(199) METHODIST WOMENS HOSPITAL PO BOX 2797, OMAHA, NE 68114	47-0376604	(C)(3)	18,000				STROKE PROGRAMS
(200) METRO SOLUTIONS, INC 18000 W 9 MILE ROAD STE 360, SOUTHFIELD, MI 48075	20-0156511	(C)(3)	50,000				COMMUNITY IMPACT
(201) MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DRIVE, LANSING, MI 48917	38-2294018	(C)(3)	15,000				HBP AND CHOLESTEROL PROGRAMS
(202) MILLER CITY FARM LLC 4995 BETHLEHEM ROAD, SOUTH FULTON, GA 30213	81-2872517		300,000				COMMUNITY NUTRITION
(203) MILLVALE BOROUGH DEVELOPMENT CORP 216 NORTH AVENUE, MILLVALE, PA 15209	25-1823770	(C)(3)	7,450				COMMUNITY NUTRITION
(204) MINERAL COMMUNITY HOSPITAL PO BOX 66, SUPERIOR, MT 59872	81-0421823	(C)(3)	10,000				STROKE PROGRAMS
(205) MISSOURI BAPTIST MEDICAL CENTER PO BOX 958361, SAINT LOUIS, MO 63195-8361	43-0652656	(C)(3)	10,000				HEART FAILURE INITIATIVE
(206) MOORE FREE AND CHARITABLE CLINIC 211 TRIMBLE PLANT ROAD STE C, SOUTHERN PINES, NC 28387	01-0781234	(C)(3)	24,000				HYPERTENSION INITIATIVE
(207) MOSES H CONE MEMORIAL HOSPITAL OPERATING CORP 1200 N ELM STREET, GREENSBORO, NC 27401-1004	58-1588823	(C)(3)	10,000				ATRIAL FIBRILLATION INITIATIVE
(208) MOUNT SINAI HOSPITAL CALIFORNIA AVENUE AT 15TH STREET, CHICAGO, IL 60608	36-1509000	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(209) MULTICARE DEACONESS HOSPITAL PO BOX 5299, , TACOMA, WA 98415	91-1352172	(C)(3)	7,849				STROKE PROGRAMS
(210) NAACP MARYLAND STATE CONFERENCE 9201 BASIL CT., SUITE 115, UPPER MARLBORO , MD 20774	52-6074644		15,000				ANTI TOBACCO ADVOCACY
(211) NAACP METRO BIRMINGHAM BRANCH 1229 3RD AVENUE NORTH , BIRMINGHAM , AL 35203	84-1786801	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(212) NATIONAL COUNCIL OF NEGRO WOMEN BETHUNE PO BOX 72227 , NORTH CHARLESTON , SC 29415	57-0937299	(C)(3)	26,000				ANTI TOBACCO ADVOCACY

(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
(213) NATIONAL LGBT CANCER NETWORK 11 SOUTH ANGELL ST #377, PROVIDENCE, RI 02906	26-2539172	(C)(3)	102,813				ANTI TOBACCO ADVOCACY
(214) NATIVE AMERICAN COMMUNITY CLINIC 1213 EAST FRANKLIN AVENUE, MINNEAPOLIS, MN 55404	03-0445789	(C)(3)	43,800				HEALTH EQUITY
(215) NEBRASKA COMMUNITY FOUNDATION PO BOX 83107, LINCOLN, NE 68501	47-0769903	(C)(3)	7,500				COMMUNITY IMPACT
(216) NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER, , OMAHA, NE 98198-8145	91-1858433	(C)(3)	24,000				STROKE PROGRAMS
(217) NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET, OMAHA, NE 68114	47-0376604	(C)(3)	24,000				STROKE PROGRAMS
(218) NEBRASKA STATE STROKE ASSOCIATION 4075 EAST CAMPUS LOOP , LINCOLN , NE 68583-0738	36-3428710	(C)(3)	42,500				STROKE PROGRAMS
(219) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE, BUFFALO, NY 14207	16-1294447	(C)(3)	37,268				HEALTH EQUITY
(220) NEMAHA COUNTY HOSPITAL 2022 13TH STREET, , AUBURN, NE 68305-1799	47-0471042		9,000				STROKE PROGRAMS
(221) NEW LEAF ORGANIZATION 690 S TIFFIN ROAD, PORT CLINTON, OH 43452	47-1338107	(C)(3)	70,000				COMMUNITY NUTRITION
(222) NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW STE 195, ALBUQUERQUE, NM 87124	85-0348301	(C)(3)	200,000				EARLY CARE AND EDUCATION
(223) NEW YORK CITY HEALTH AND HOSPITALS CORP 50 WATER STREET 3RD FLOOR, NEW YORK, NY 10004-6002	13-2655001		19,234				HEART FAILURE PROGRAM
(224) NICHOLAS H NOYES MEMORIAL HOSPITAL 111 CLARA BARTON STREET, , DANSVILLE, NY 14437	16-0743979	(C)(3)	8,058				HEART ATTACK CARE
(225) NORTH CAROLINA ALLIANCE FOR HEALTH 3131 RDU CENTER DRIVE STE 100, MORRISVILLE, NC 27560	81-4271401	(C)(3)	10,000				COMMUNITY HEALTH
(226) NORTHSIDE HOSPITAL INC 1000 JOHNSON FERRY ROAD, ATLANTA, GA 30342-1611	58-1954432	(C)(3)	10,000				STEMI CARE INITIATIVE
(227) NORTHWEST AGRICULTURE BUSINESS CENTER 419 S 1ST STREET STE 207 , MOUNT VERNON , WA 98273	83-0449496	(C)(3)	90,000				COMMUNITY NUTRITION
(228) NORTHWEST COMMUNITY HOSPITAL 800 WEST CENTRAL ROAD, ARLINGTON HEIGHTS, IL 60005	36-2340313	(C)(3)	14,000				ATRIAL FIBRILLATION PROGRAM

(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
(229) NORTON AUDUBON HOSPITAL DEPT 86100 PO BOX 36370, LOUISVILLE, KY 40233-6370	61-0703799	(C)(3)	14,000				CHOLESTEROL INITIATIVE
(230) NOVANT HEALTH FORSYTH MEDICAL CENTER 1701 S HAWTHORNE ROAD , WINSTON- SALEM , NC 27103	56-2120959	(C)(3)	10,000				COMMUNITY NUTRITION
(231) NURTURING OUR SEEDS 7733 HELEN STREET, DETROIT, MI 48211	81-5004452	(C)(3)	40,000				COMMUNITY NUTRITION
(232) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY, NEW ORLEANS, LA 70121	72-0502505	(C)(3)	7,849				STROKE PROGRAMS
(233) OF EAT BETTER LIVE BETTER 14451 S MILITARY TRAIL STE 2, DELRAY BEACH, FL 33484	81-0994119	(C)(3)	7,917				COMMUNITY NUTRITION
(234) OJAEXPRESS 111 NORTH WABASH AVENUE, CHICAGO, IL 60602	84-4267785		30,000				COMMUNITY NUTRITION
(235) OKLAHOMA CITY INDIAN CLINIC 309 S ANN ARBOR AVENUE, OKLAHOMA CITY, OK 73128	73-0955756	(C)(3)	19,000				HEALTH EQUITY
(236) OKLAHOMA INSTITUTE FOR CHILD ADVOCACY 2915 NORTH CLASSEN STE 320, , OKLAHOMA CITY, OK 73106	73-1192768	(C)(3)	104,699				CHILDHOOD OBESITY
(237) OLATHE MEDICAL CENTER INC 20375 W 151ST STREET, OLATHE, KS 66061	48-0577664	(C)(3)	7,000				HEART FAILURE INITIATIVE
(238) ONSLOW MEMORIAL HOSPITAL 241 NEW RIVER DRIVE, JACKSONVILLE, NC 28540	56-2014989	(C)(3)	7,000				HEART FAILURE INITIATIVE
(239) ORAL HEALTH KANSAS INC 712 S KANSAS AVENUE STE 412, TOPEKA, KS 66603	20-0337278	(C)(3)	103,057				WATER ACCESS IN SCHOOLS
(240) OREGON LATINO HEALTH COALITION 245 N BANCROFT STREET, PORTLAND, OR 97239	26-1530127	(C)(3)	7,500				ANTI TOBACCO ADVOCACY
(241) OSHUN FAMILY CENTER 1620 W SPARKS STREET, PHILADELPHIA, PA 19141	83-3999474	(C)(3)	40,000				COMMUNITY IMPACT
(242) OUT OF THE GARDEN PROJECT PO BOX 4331, GREENSBORO, NC 27404	27-2772988	(C)(3)	6,500				COMMUNITY NUTRITION
(243) PALM BEACH COUNTY FOOD BANK INC 701 BOUTWELL ROAD STE A-2, , LAKE WORTH BEACH, FL 33461	90-0788707	(C)(3)	80,150				COMMUNITY NUTRITION
(244) PARK HEIGHTS COMMUNITY HEALTH ALLIANCE 4151 PARK HEIGHTS AVE, , BALTIMORE, MD 21215	52-2212266	(C)(3)	109,993				COMMUNITY NUTRITION
(245) PARKRIDGE EAST HOSPITAL 2333 MCCALLIE AVENUE , CHATTANOOGA , TN 37404	62-0840204		7,000				STROKE PROGRAMS

(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
(246) PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE, , FORT WAYNE, IN 46845	35-0868085	(C)(3)	15,000				ATRIAL FIBRILLATION INITIATIVE
(247) PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE, , FORT WAYNE, IN 46845	35-0868085	(C)(3)	5,500				ATRIAL FIBRILLATION PROGRAM
(248) PARTNERSHIP FOR SOUTHERN EQUITY, INC. 55 IVAN ALLEN JR. BLVD. NW STE 530 , , ATLANTA , GA 30308	27-4424115	(C)(3)	27,000				CHILDHOOD OBESITY
(249) PATCHWORK CITY FARMS 493 ATWOOD STREET SW, , ATLANTA, GA 30310	27-3785841		250,000				COMMUNITY NUTRITION
(250) PENDER COMMUNITY HOSPITAL 100 HOSPITAL DRIVE , PENDER , NE 68047	47-0711662	(C)(3)	9,000				STROKE PROGRAMS
(251) PENN ENVIRONMENT RESEARCH & POLICY CENTER 1713 S BROAD ST , PHILADELPHIA , PA 19102	05-0530668	(C)(3)	175,000				WATER ACCESS IN SCHOOLS
(252) PENN MEDICINE PRINCETON HEALTHCARE ONE PLAINSBORO ROAD, , PLAINSBORO, NJ 08536	21-0635009	(C)(3)	7,000				HEART FAILURE INITIATIVE
(253) PENN PRESBYTERIAN MEDICAL CENTER 51 N 39TH SREET, , PHILADELPHIA, PA 19104	23-2810852	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(254) PERKINS COUNTY HEALTH SERVI 900 LINCOLN AVENUE, , GRANT, NE 69140	47-6014365	GOV	13,125				STROKE PROGRAMS
(255) PHOEBE PHYSICIAN GROUP INC 417 THIRD AVENUE, , ALBANY, GA 31706	26-3792403	(C)(3)	10,000				STEMI CARE INITIATIVE
(256) PIEDMONT ATHENS REGIONAL MEDICAL CENTER PO BOX 117496 , ATLANTA , GA 30368-7496	58-2179986	(C)(3)	7,000				STEMI CARE INITIATIVE
(257) PIKEVILLE MEDICAL CENTER INC 911 BYPASS ROAD, , PIKEVILLE, KY 41501	61-0458376	(C)(3)	7,000				CHOLESTEROL INITIATIVE
(258) PORCH HILLSBOROUGH 318 WEST QUEEN STREET , HILLSBOROUGH , NC 27278	46-4965398	(C)(3)	9,323				COMMUNITY HEALTH
(259) POWAY UNIFIED SCHOOL DISTRICT 15250 AVENUE OF SCIENCE, , SAN DIEGO, CA 92128	95-6002452	GOV	6,000				ANTI TOBACCO ADVOCACY
(260) PRAIRIE EDUCATION & RESEARCH COOPERATIVE 800 EAST CARPENTER STREET #62 , SPRINGFIELD , IL 62769	37-1157915	(C)(3)	13,500				ATRIAL FIBRILLATION INITIATIVE
(261) PRESBYTERIAN HEALTHCARE SERVICES 1100 CENTRAL AVENUE SOUTHEAST, , ALBUQUERQUE, NM 87106	85-0105601	(C)(3)	10,000				HEART FAILURE PROGRAM
(262) PROJECT BREAD - THE WALK FOR HUNGER INC 145 BORDER ST , BOSTON , MA 02128	04-2931195	(C)(3)	199,394				COMMUNITY NUTRITION

(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
(263) PROSPECT WATERBURY INC 64 ROBBINS STREET, , WATERBURY, CT 06708	81-2181470		15,000				HEART FAILURE PROGRAM
(264) PROSPERITY COLLECTIVE LLC 245 N RIDGEWOOD PL #102, , LOS ANGELES, CA 90004	85-3316714		45,000				COMMUNITY NUTRITION
(265) PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE ROAD, , WAYNE, NE 68787	47-0566524	(C)(3)	9,000				STROKE PROGRAMS
(266) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET , MISSOULA , MT 59802	23-7056976	(C)(3)	21,000				STROKE PROGRAMS
(267) PROVIDENCE ST VINCENT MEDICAL CENTER PO BOX 5977 , PORTLAND , OR 97228-5977	93-0386929		10,000				AORTIC STENOSIS INITIATIVE
(268) PURCHASE DISTRICT HEALTH DEPARTMENT PO BOX 2357, , PADUCAH, KY 42002	61-1010725		15,000				BLOOD PRESSURE EQUIPMENT
(269) QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET, , HONULULU, HI 96813	99-0073524	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(270) READY FOR SCHOOL READY FOR LIFE PO BOX 13984, , GREENSBORO, NC 27415	82-3893055	(C)(3)	6,500				COMMUNITY IMPACT
(271) READY KIDS NEW ORLEANS 2555 VERBENA ST, , NEW ORLEANS, LA 70122	87-3368250		60,000				EARLY CARE AND EDUCATION
(272) RENOWN REGIONAL MEDICAL CENTER 1155 MILL STREET MAIL STOP J-11 , RENO , NV 89502	88-0213754	(C)(3)	23,547				STROKE PROGRAMS
(273) RESCUE AGENCY PUBLIC BENEFIT LLC 2437 MORENA BLVD, , SAN DIEGO, CA 92110	47-1335192		15,000				ANTI TOBACCO ADVOCACY
(274) RESEARCH MEDICAL CENTER 2316 EAST MEYER BLVD , KANSAS CITY , MO 64132	54-2092552		7,000				HEART FAILURE INITIATIVE
(275) ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE, ROCHESTER , NY 14621	16-0743134		27,969				HEART ATTACK CARE
(276) RODEL FOUNDATION OF DELWARE 100 WEST 10TH STREET , SUITE 704 , WILMINGTON , DE 19801	91-1944585	(C)(3)	98,309				EARLY CARE AND EDUCATION
(277) RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, , CHICAGO, IL 60612	36-2174823	(C)(3)	13,849				HEART FAILURE PROGRAM
(278) SAINT FRANCIS MEMORIAL HOSPITAL 430 NORTH MONITOR STREET, , WEST POINT, NE 68788	47-0486026	(C)(3)	13,125				STROKE PROGRAMS

(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
(279) SAINT JOSEPHS MERCY CARE SERVICES INC 424 DECATUR STREET SE, , ATLANTA, GA 30312-1848	58-1752700	(C)(3)	64,978				HEALTH EQUITY
(280) SAINT LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL ROAD, , KANSAS CITY, MO 64111	44-0545297	(C)(3)	17,000				HEART FAILURE INITIATIVE
(281) SAKAN COMMUNITY RESOURCE INC 1701 AMERICAN BLVD STE 6, , BLOOMINGTON, MN 55420	81-3594639	(C)(3)	40,000				COMMUNITY IMPACT
(282) SAN DIEGO AMERICAN INDIAN HEALTH CENTER 2630 FIRST AVENUE, , SAN DIEGO, CA 92103	95-3397369	(C)(3)	6,750				HEALTH EQUITY
(283) SHANDS TEACHING HOSPITAL AND CLINICS INC PO BOX 100335 , GAINESVILLE , FL 32610-0335	59-1943502	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(284) SHARE COOPERATIVE OF WINSTON-SALEM 603 PETERS CREEK PKWY, , WINSTON-SALEM, NC 27103	82-4465935	(C)(3)	10,000				COMMUNITY NUTRITION
(285) SIDNEY HEALTH CENTER 216 14TH AVENUE SW , SIDNEY , MT 59270	81-0233499	(C)(3)	15,000				STROKE PROGRAMS
(286) SIERRA-SACRAMENTO VALLEY EMERGENCY MEDIC 535 MENLO DRIVE STE A , ROCKLIN , CA 95677	94-2405925		13,500				CORONARY ARTERY DISEASE PROGRAM
(287) SMALL BUSINESS MAJORITY FOUNDATION INC 1015 15TH STREET NW STE 450, , WASHINGTON, DC 20005	03-0576666	(C)(3)	103,079				EARLY CARE AND EDUCATION
(288) SMART FROM THE START 68 ANNUNCIATION ROAD, , BOSTON, MA 02120	45-4952663	(C)(3)	200,000				FAMILY SUPPORT PROGRAMS
(289) SMV MARKET PO BOX 80, , STONE MOUNTAIN, GA 30086	83-2454526	(C)(3)	75,000				COMMUNITY NUTRITION
(290) SOUTH CITY HOSPITAL 3933 SOUTH BROADWAY, , ST LOUIS, MO 63118	85-2379265		40,000				CAD AND STROKE PROGRAM
(291) SOUTHSIDE MARKET LLC 4215 ENFIELD AVENUE, , SKOKIE, IL 60076	87-1718421		200,000				COMMUNITY NUTRITION
(292) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD STE 100, , SAINT LOUIS, MO 63141	43-1552945	(C)(3)	6,000				HEART FAILURE INITIATIVE
(293) ST ELIZABETH YOUNGSTOWN 1044 BELMONT AVENUE, , YOUNGSTOWN, OH 44501	34-0505560		7,500				HEART FAILURE PROGRAM
(294) ST JAMES AME CHURCH 444 LINCOLN AVENUE, , PITTSBURGH, PA 15206	25-1021797	(C)(3)	7,825				COMMUNITY NUTRITION

(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
(295) ST JAMES HEALTHCARE FOUNDATION 400 S CLARK STREET, , BUTTE, MT 59701	65-1202190	(C)(3)	31,000				STROKE PROGRAMS
(296) ST LUKE COMMUNITY HEALTHCARE 107 6TH AVENUE SOUTHWEST, , RONAN, MT 59864	81-0221486	(C)(3)	10,000				STROKE PROGRAMS
(297) ST LUKES FOUNDATION PO BOX 4332 , HOUSTON , TX 77210-4332	45-3811485	(C)(3)	7,849				STROKE PROGRAMS
(298) ST STEPHEN MISSIONARY BAPTIST CHURCH 5000 NOBLE STREET, , WINSTON-SALEM, NC 27105	56-1249394		6,500				COMMUNITY NUTRITION
(299) ST VINCENT HEALTHCARE FOUNDATION 1106 N 30TH STREET, , BILLINGS, MT 59101	81-0468034	(C)(3)	56,000				STROKE PROGRAMS
(300) ST. FRANCIS HOUSE 614 E EMMA AVE , #300 , SPRINGDALE , AR 72764	31-1553455	(C)(3)	40,000				COMMUNITY NUTRITION
(301) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC5554, , STANFORD, CA 94305	94-6174066	(C)(3)	20,000				AORTIC STENOSIS INITIATIVE
(302) STANFORD HEALTH CARE PO BOX 742835 , LOS ANGELES , CA 90074	94-6174066	(C)(3)	7,500				CARDIAC RESUSCITATION PROGRAM
(303) STATE OF DELAWARE 417 FEDERAL STREET, , DOVER, DE 19901	51-6000279	GOV	24,360				STROKE PROGRAMS
(304) STATE OF RHODE ISLAND ONE CAPITOL HILL, , PROVIDENCE, RI 02908-5883	05-6000522	GOV	10,000				STROKE PROGRAMS
(305) STEPFUL INC 550 WEST 45TH STREET 2213, , NEW YORK, NY 10036	86-2994317		150,000				HEALTHCARE TRAINING
(306) STILLWATER BILLINGS CLINIC PO BOX 959 , COLUMBUS , MT 59019	81-0286525	(C)(3)	12,000				STROKE PROGRAMS
(307) STONE TEMPLE MISSIONARY BAPTIST CHURCH 3622 W DOUGLAS BLVD, , CHICAGO, IL 60623	36-4158998		75,000				COMMUNITY GARDENS
(308) STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVENUE, , TOPEKA, KS 66604	48-0543789	(C)(3)	7,000				HEART FAILURE INITIATIVE
(309) STRONG CHILDREN WELLNESS MEDICAL GROUP 372 DEKALB AVENUE #3F , BROOKLYN , NY 11205	84-2382513		150,000				MENTAL HEALTH SUPPORT
(310) SUQUAMISH FOUNDATION 18490 SUQUAMISH WAY NE , SUQUAMISH , WA 98392	03-0574998	(C)(3)	99,936				EARLY EDUCATION PROGRAM
(311) TACOMA FARMERS MARKET 902 MARKET STREET, , TACOMA, WA 98401	91-1647227	(C)(3)	30,000				COMMUNITY NUTRITION
(312) THE WALLS PROJECT 458 AMERICA ST, , BATON ROUGE, LA 70802	45-5485171	(C)(3)	37,500				CHILDHOOD OBESITY

(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
(313) THERIZO FOUNDATION 1636 SMITH LAKE ROAD NE , BROOKHAVEN, MS 39601	83-4648175	(C)(3)	10,763				COMMUNITY NUTRITION
(314) THOMAS HOSPITALS 750 MORPHY AVENUE , FIARHOPE , AL 36532	63-0891904	(C)(3)	7,000				CHOLESTEROL INITIATIVE
(315) THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET STE 2004 , PHILADELPHIA, PA 19107	23-1352651	(C)(3)	17,849				AORTIC STENOSIS INITIATIVE
(316) THREE O'CLOCK PROJECT 804 MAIN STREET , , BATON ROUGE, LA 70802	81-2133947	(C)(3)	50,000				COMMUNITY NUTRITION
(317) TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200 , WASHINGTON, DC 20005	52-1974904	(C)(4)	62,500				ANTI TOBACCO ADVOCACY
(318) TOLA ORGANIZING ACADEMY 191 RIDGEWAY AVENUE, OAKLAND , CA 94611	82-1791727	(C)(3)	7,835				COMMUNITY NUTRITION
(319) TORRANCE MEMORIAL MEDICAL CENTER 3330 LOMITA BLVD , TORRANCE , CA 90505	95-1644042	(C)(3)	7,000				CHOLESTEROL INITIATIVE
(320) TRANSPLANTING TRADITIONS COMMUNITY FARM PO BOX 394 , , CARRBORO, NC 27510	82-4415307	(C)(3)	10,000				COMMUNITY NUTRITION
(321) TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 & 34 , , CAMBRIDGE, NE 69022	47-6028103	(C)(3)	55,625				STROKE PROGRAMS
(322) TRUMAN MEDICAL CENTER INC PO BOX 957924 , , SAINT LOUIS, MO 63195- 7924	44-0661018	(C)(3)	7,000				HEART FAILURE INITIATIVE
(323) UCLA MEDICAL CENTER 757 WESTWOOD PLAZA, LOS ANGELES , CA 90095	95-6006143	GOV	10,000				AORTIC STENOSIS INITIATIVE
(324) UNC LENOIR HEALTH CARE 100 AIRPORT ROAD , KINSTON , NC 28501	56-6000674	(C)(3)	7,000				HEART FAILURE INITIATIVE
(325) UNION GENERAL HOSPITAL 35 HOSPITAL ROAD , , BLAIRSVILLE, GA 30512	58-6025393	(C)(3)	7,000				CORONARY ARTERY DISEASE PROGRAM
(326) UNITE OREGON 1390 SE 122ND AVENUE , , PORTLAND, OR 97233	74-3098100	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(327) UNITED MEMORIAL MEDICAL CENTER FOUNDATION 127 NORTH STREET , , BATAVIA, NY 14020	22-2611543	(C)(3)	9,108				HEART ATTACK CARE
(328) UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET STE 1700 , WINSTON-SALEM, NC 27101	23-7357234	(C)(3)	8,850				COMMUNITY NUTRITION
(329) UNITY HOSPITAL 1555 LONG POND ROAD , ROCHESTER , NY 14626	23-7221763	(C)(3)	7,000				HEART ATTACK CARE

(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
(330) UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA 1800 W CHARLESTON BLVD , LAS VEGAS , NV 89102	88-6000436		20,000				HYPERTENSION & CVD INITIATIVE
(331) UNIVERSITY OF CALIFORNIA SAN DIEGO 200 W. ARBOR DR., SAN DIEGO , CA 92103	95-6006144	GOV	50,000				ATHEROSCLEROSIS AND CVD INITIATIVE
(332) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVENUE, , CHICAGO, IL 60637	36-3488183	(C)(3)	7,000				CHOLESTEROL INITIATIVE
(333) UNIVERSITY OF ILLINOIS AT CHICAGO 1200 WEST HARRISON, , CHICAGO, IL 60607	37-6000511	GOV	7,000				CORONARY ARTERY DISEASE PROGRAM
(334) UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 4000 CAMBRIDGE STREET, , KANSAS CITY, KS 66160	48-1202402	GOV	10,000				AORTIC STENOSIS INITIATIVE
(335) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE STE 2200, , CHAPEL HILL, NC 27599-1350	56-6001393	GOV	7,000				COMMUNITY HEALTH
(336) UNIVERSITY OF NORTH CAROLINA MEDICAL CENTER 101 MANNING DRIVE, CHAPEL HILL , NC 27514	56-2206970	GOV	7,849				STROKE PROGRAMS
(337) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 1500 MARKET STREET 26TH FLOOR WEST , PHILADELPHIA , PA 19102	23-1352685	(C)(3)	45,849				AORTIC STENOSIS INITIATIVE
(338) UNIVERSITY OF ROCHESTER 910 GENESEE STREET, , ROCHESTER, NY 14611	16-0743209	(C)(3)	20,000				HYPERTENSION & CVD INITIATIVE
(339) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE , ROCHESTER , NY 14642	16-0743209	(C)(3)	7,000				HEART ATTACK CARE
(340) UNIVERSITY OF SOUTH CAROLINA SYSTEM 201 COLUMBIA MALL BLVD , COLUMBIA , SC 29201	57-6001153	GOV	13,000				COMMUNITY NUTRITION
(341) UNIVERSITY OF UTAH HOSPITALS & CLINICS 127 SOUTH 500 EAST STE 200 , SALT LAKE CITY , UT 84102	87-6000525	GOV	20,000				ATRIAL FIBRILLATION INITIATIVE
(342) UNIVERSITY OF WASHINGTON 2301 5TH AVENUE STE 600 , SEATTLE , WA 98121	91-6001537	GOV	41,349				CARDIAC OUTCOMES REGISTRY
(343) UNIVERSITY OF WISCONSIN HOSPITALS 600 HIGHLAND AVENUE , MADISON , WI 53792	39-1835630		15,849				STROKE PROGRAMS
(344) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVENUE DEPT 3355 , LARAMIE , WY 82071	83-6000331	GOV	10,000				CHILDREN'S HEALTH PROGRAM

(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
(345) UPTRUST INC 405 EL CAMINO REAL #423, , MENLO PARK, CA 94025	47-3356062		125,000				COMMUNITY IMPACT
(346) URBAN ASSOCIATION OF FORESTRY AND FIRE 110 W 6TH STREET #162, AZUSA, CA 91072	83-0806426	(C)(3)	62,500				FOREST AND FIRE SAFETY
(347) URBAN DREAMS 601 FOREST AVENUE, , DES MOINES, IA 50314	42-1225264	(C)(3)	10,000				COMMUNITY NUTRITION
(348) URBAN ED INC 2041 MARTIN LUTHER KING JR AVENUE S, SUITE M-2, WASHINGTON, DC 20020	52-2225018	(C)(3)	100,000				TECH EMPLOYMENT TRAINING
(349) URBAN GROWERS COLLECTIVE 1200 W 35TH STREET #118, , CHICAGO, IL 60609	82-3336616	(C)(3)	125,000				COMMUNITY NUTRITION
(350) URBAN HEALTH PARTNERSHIPS, INC 1800 SW 1ST AVE, SUITE 205, MIAMI, FL 33129	45-3332540	(C)(3)	90,216				COMMUNITY NUTRITION
(351) URBAN INDIAN CENTER OF SALT LAKE 120 WEST 1300 SOUTH, , SALT LAKE CITY, UT 84115	87-0392380	(C)(3)	61,650				HEALTH EQUITY
(352) UT HEALTH QUITMAN 117 N WNNBORO STREET, QUITMAN, TX 75783	82-3817196		9,000				CARDIAC RESUSCITATION PROGRAM
(353) VALLEY BAPTIST MEDICAL CENTER HARLINGEN 2101 PEASE STREET, HARLINGEN, TX 78550	45-2662980		7,849				STROKE PROGRAMS
(354) VANDERBILT UNIVERSIY MEDICAL CENTER 1161 21ST AVENUE SOUTH, NASHVILLE, TN 37232-5445	35-2528741	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(355) VIDANT HEALTH 2100 STANTONSBURG ROAD, GREENVILLE, NC 27834	56-2141073	(C)(3)	7,849				STROKE PROGRAMS
(356) VIORA HEALTH INC 3401 MARKET STREET STE 200, PHILADELPHIA, PA 19104	82-4215919		10,000				DIABETES PREVENTION
(357) VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA STREET NW STE 401, ATLANTA, GA 30303	02-0678823	(C)(3)	230,000				CHILDHOOD OBESITY
(358) VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVE STE 301, MINNEAPOLIS, MN 55406-1198	41-1750116	(C)(3)	125,000				COMMUNITY IMPACT
(359) WAKE FOREST UNIVERSITY HEALTH SCIENCES CENTER 1 MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	22-3849199	(C)(3)	7,849				STROKE PROGRAMS
(360) WELD SEATTLE 1426 SOUTH JACKSON STREET, SEATTLE, WA 98144	81-3922645	(C)(3)	140,000				HOLISTIC MEDICAL CARE

(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
(361) WELLSTAR FOUNDATION 805 SANDY PLAINS ROAD STE 100 , MARIETTA , GA 30066	58-1627413	(C)(3)	50,000				ATHEROSCLEROSIS AND CVD INITIATIVE
(362) WELLSTAR HEALTH SYSTEM INC 1800 PARKWAY PLACE STE 5, MARIETTA, GA 30067	58-1649541	(C)(3)	10,000				CORONARY ARTERY DISEASE PROGRAM
(363) WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER 677 CHURCH STREET, MARIETTA , GA 30060	58-2032904	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(364) WEPOWER 4240 DUNCAN AVENUE, ST. LOUIS, MO 63110	82-3591958	(C)(3)	60,000				EARLY CARE AND EDUCATION
(365) WEST HOLT MEMORAL HOSPITAL 406 WEST NEELY STREET, ATKINSON, NE 68713-4801	47-0544098	(C)(3)	13,125				STROKE PROGRAMS
(366) WHEELING HOSPITAL INC 1 MEDICAL PARK, WHEELING, WV 26003	55-0357057	(C)(3)	7,000				CHOLESTEROL INITIATIVE
(367) WHOLESOME WAVE 855 MAIN ST., SUITE 901 , BRIDGEPORT , CT 06604	26-0352899	(C)(3)	100,000				COMMUNITY NUTRITION
(368) WHOLESOME WAVE GEORGIA INC 777 CLEVELAND AVENUE SW STE 400, ATLANTA, GA 30315	45-4816906	(C)(3)	42,508				COMMUNITY NUTRITION
(369) WINGATE UNIVERSITY 315 E WILSON STREET , WINGATE , NC 28174	56-6049935	(C)(3)	6,250				COMMUNITY HEALTH
(370) WOMENS FUND OF GREATER BIRMINGHAM 2201 5TH AVENUE S STE 110, BIRMINGHAM, AL 35233	45-0952468	(C)(3)	224,212				CHILDHOOD OBESITY
(371) WOOSTER COMMUNITY HOSPITAL 1761 BEALL AVENUE, WOOSTER, OH 44691	34-6003129		5,500				ATRIAL FIBRILLATION PROGRAM
(372) WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149, FARMERS BRANCH, TX 75234	75-2616002	(C)(3)	70,000				CHOLESTEROL INITIATIVE
(373) YORK GENERAL HEALTHCARE SERVICES 2222 NORTH LINCOLN AVENUE, YORK, NE 68467	47-0379039	(C)(3)	9,000				STROKE PROGRAMS
(374) YOUNG WOMEN'S CHRISTIAN ASSOCIATION 155 W WESTWOOD AVE , HIGH POINT , NC 27262	56-0579600	(C)(3)	10,000				COMMUNITY NUTRITION
(375) YOUTH ALIVE 3300 ELM STREET, , OAKLAND, CA 94609	94-3143254	(C)(3)	75,000				COMMUNITY IMPACT
(376) YWCA GREATER CHARLESTON PO BOX 80935, , CHARLESTON, SC 29416	57-0518147	(C)(3)	37,500				CHILDHOOD OBESITY
(377) ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 106 NEW SCOTLAND AVENUE, ALBANY, NY 12208	14-1423161	(C)(3)	140,952				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
(378) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE , ALBANY, NY 12208	14-1338310	(C)(3)	528,180				RESEARCH
(379) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE , NEW YORK, NY 10461	83-0621846	(C)(3)	340,060				RESEARCH
(380) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO- 225 E CHICAGO, BOX 205, CHICAGO, IL 60611	36-2170833	(C)(3)	201,676				RESEARCH
(381) ARIZONA STATE UNIVERSITY PO BOX 876011, TEMPE, AZ 85287-6011	86-0196696	GOV	333,168				RESEARCH
(382) AUBURN UNIVERSITY 540 DEVALL DRIVE, SUITE #200, AUBURN, AL 36832	63-6000724	GOV	154,000				RESEARCH
(383) AUGUSTA UNIVERSITY 1120 15TH STREET, AUGUSTA, GA 30912-4810	58-6002053	(C)(3)	369,376				RESEARCH
(384) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA , HOUSTON, TX 77030	74-1613878	(C)(3)	231,000				RESEARCH
(385) BECKMAN RESEARCH INSTITUTE 1500 EAST DUARTE ROAD, DUARTE, CA 91010-3000	95-3432210	(C)(3)	2,796,929				RESEARCH
(386) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, BOSTON, MA 02215	04-2103881	(C)(3)	3,262,466				RESEARCH
(387) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	(C)(3)	680,972				RESEARCH
(388) BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118	04-3314093	(C)(3)	602,952				RESEARCH
(389) BOSTON UNIVERSITY 85 EAST NEWTON, M-921, BOSTON, MA 02218	04-2103547	(C)(3)	1,432,794				RESEARCH
(390) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET, BOSTON, MA 02115	04-2312909	(C)(3)	1,938,435				RESEARCH
(391) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106-4919	34-1018992	(C)(3)	1,331,059				RESEARCH
(392) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD, LOS ANGELES, CA 90048	95-1644600	(C)(3)	644,644				RESEARCH
(393) CENTRAL MICHIGAN UNIVERSITY 251 FOUST HALL, MOUNT PLEASANT, MI 48859	38-6004447	GOV	1,880,921				RESEARCH
(394) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	(C)(3)	526,072				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
(395) CHILDREN'S HOSPITAL OF PHILADELPHIA 2716 SOUTH ST., PHILADELPHIA, PA 19146-2305	23-1352166	(C)(3)	3,231,511				RESEARCH
(396) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN N.W., WASHINGTON, DC 20010	53-0196580	(C)(3)	428,144				RESEARCH
(397) CLEVELAND CLINIC FOUNDATION P.O. BOX 931531, CLEVELAND, OH 44193	34-0714585	(C)(3)	883,167				RESEARCH
(398) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY, FORT COLLINS, CO 80523-2002	84-6000545	GOV	154,000				RESEARCH
(399) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET, NEW YORK, NY 10032	13-5598093	(C)(3)	154,000				RESEARCH
(400) CORNELL UNIVERSITY 373 PINE TREE ROAD, ITHACA, NY 14850	15-0532082	(C)(3)	64,072				RESEARCH
(401) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA 02215-5450	04-2263040	(C)(3)	295,072				RESEARCH
(402) DENVER RESEARCH INSTITUTE 3401 QUEBEC ST. SUITE 5000, DENVER, CO 80207	84-1392442	(C)(3)	202,456				RESEARCH
(403) DUKE UNIVERSITY 2200 W. MAIN STREET, SUITE 710, DURHAM, NC 27705	56-0532129	(C)(3)	400,000				RESEARCH
(404) EAST TENNESSEE STATE UNIVERSITY 247 S. DOSSETT DR BOX 70565, JOHNSON CITY, TN 37614	62-6021046	GOV	231,000				RESEARCH
(405) EASTERN VIRGINIA MEDICAL SCHOOL 735 FAIRFAX AVENUE , NORFOLK, VA 23507-2007	54-6055378	GOV	6,529,685				RESEARCH
(406) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, ATLANTA, GA 30322	58-0566256	(C)(3)	885,112				RESEARCH
(407) FLORIDA INSTITUTE OF TECHNOLOGY 150 W. UNIVERSITY BLVD., MELBOURNE, FL 32901	59-6046500	(C)(3)	138,384				RESEARCH
(408) FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION 2000 LEVY AVENUE, SUITE 351 , TALLAHASSEE, FL 32310-5792	59-3211153	(C)(3)	138,384				RESEARCH
(409) GEORGE WASHINGTON UNIVERSITY 1922 F STREET NW 4TH FLOOR, WASHINGTON, DC 20052	53-0196584	(C)(3)	531,000				RESEARCH
(410) GEORGETOWN UNIVERSITY 4000 RESERVOIR RD., NW , WASHINGTON, DC 20007-1411	53-0196603	(C)(3)	1,319,337				RESEARCH
(411) GEORGIA STATE UNIVERSITY 58 EDGEWOOD AVENUE NE, ATLANTA, GA 30302-3999	58-1845423	(C)(3)	2,359,112				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
(412) GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW, ATLANTA, GA 30332-0420	58-0603146	(C)(3)	420,000				RESEARCH
(413) HAMILTON COLLEGE 198 COLLEGE HILL RD., CLINTON, NY 13323	15-0532200	(C)(3)	192,216				RESEARCH
(414) HARVARD MEDICAL SCHOOL 1635 TREMONT ST., BOSTON, MA 02120	04-2103580	(C)(3)	154,000				RESEARCH
(415) HIGH POINT UNIVERSITY 123 ONE UNIVERSITY PARKWAY, HIGH POINT, NC 27268	56-0529999	(C)(3)	630,492				RESEARCH
(416) HUGO W. MOSER RESEARCH INSTITUTE 707 N. BROADWAY, BALTIMORE, MD 21205	52-1524967	(C)(3)	728,144				RESEARCH
(417) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE , NEW YORK, NY 10029	13-6171197	(C)(3)	4,413,455				RESEARCH
(418) INDIANA UNIVERSITY 509 E 3RD STREET, BLOOMINGTON, IN 47401-3654	35-6001673	GOV	120,000				RESEARCH
(419) IOWA STATE UNIVERSITY 716 FARMHEALTH LANE, AMES, IA 50010	42-6004224	GOV	154,000				RESEARCH
(420) J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET, SAN FRANCISCO, CA 94158	23-7203666	(C)(3)	2,976,140				RESEARCH
(421) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117 , BALTIMORE, MD 21205	52-0595110	(C)(3)	462,000				RESEARCH
(422) JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE, BOSTON, MA 02215-5306	04-2203836	(C)(3)	276,768				RESEARCH
(423) KAISER FOUNDATION HEALTH PLAN OF COLORADO 2550 S. PARKER RD, SUITE 200, AURORA, CO 80014	84-0591617	(C)(3)	145,020				RESEARCH
(424) KENNESAW STATE UNIVERSITY RESEARCH FOUNDATION 1000 CHASTAIN ROAD, KENNESAW, GA 30144	37-1535589	(C)(3)	647,476				RESEARCH
(425) LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIRCLE, LA JOLLA, CA 92037	33-0328688	(C)(3)	300,000				RESEARCH
(426) LOYOLA UNIVERSITY OF CHICAGO 1032 W. SHERIDAN RD., CHICAGO, IL 60660	36-1408475	(C)(3)	237,000				RESEARCH
(427) LSU HEALTH SCIENCES CENTER 1501 KINGS HWY, SHREVEPORT, LA 71130	72-0702002	GOV	247,557				RESEARCH
(428) LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION 1124 WEST CARSON STREET, TORRANCE, CA 90502	95-2138184	(C)(3)	299,997				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
(429) MARQUETTE UNIVERSITY 1324 W. WISCONSIN AVENUE, SUITE 341, MILWAUKEE, WI 53233	39-0806251	(C)(3)	2,107,768				RESEARCH
(430) MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE, HUNTINGTON, WV 25755-0001	55-0683361	(C)(3)	733,456				RESEARCH
(431) MASSACHUSETTS GENERAL HOSPITAL (MASS GENERAL) 55 FRUIT STREET, BOSTON, MA 02145	04-2697983	(C)(3)	577,232				RESEARCH
(432) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139-4307	04-2103594	(C)(3)	364,066				RESEARCH
(433) MAYO CLINIC 200 FIRST ST. SW, ROCHESTER, MN 55905-0001	41-6011702	(C)(3)	3,792,756				RESEARCH
(434) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD. , MILWAUKEE, WI 53226-0509	39-0806261	(C)(3)	64,072				RESEARCH
(435) METHODIST HOSPITAL RESEARCH INSTITUTE 7550 GREENBRIAR DR. , HOUSTON, TX 77030	87-0721923		4,418,219				RESEARCH
(436) MIAMI UNIVERSITY 501 E. HIGH STREET , OXFORD, OH 45056	31-6402089	(C)(3)	231,000				RESEARCH
(437) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, EAST LANSING, MI 48824	38-6005984	GOV	149,088				RESEARCH
(438) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST., PHILADELPHIA, PA 19104-3308	23-2020897	(C)(3)	154,000				RESEARCH
(439) NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS, NEW YORK, NY 10013-1941	80-0631734	(C)(3)	805,408				RESEARCH
(440) NEW YORK UNIVERSITY ONE PARK AVENUE, 6TH FLOOR, NEW YORK, NY 10016	13-5562308	(C)(3)	154,000				RESEARCH
(441) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, RALEIGH, NC 27695-7514	56-6000756	GOV	428,144				RESEARCH
(442) NORTH DAKOTA STATE UNIVERSITY 1735 NDSU RESEARCH PARK DRIVE, FARGO, ND 58105-5756	45-6002439	GOV	1,706,654				RESEARCH
(443) NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44, ROOTSTOWN, OH 44272	34-1131512	GOV	68,994				RESEARCH
(444) NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE, CHICAGO, IL 60611	36-2167817	(C)(3)	205,024				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
(445) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE., FT. LAUDERDALE, FL 33314-7796	59-1083502	(C)(3)	3,232,367				RESEARCH
(446) OHIO NORTHERN UNIVERSITY 525 SOUTH MAIN STREET, ADA, OH 45810	34-4429091	(C)(3)	333,168				RESEARCH
(447) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	GOV	138,384				RESEARCH
(448) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET, OKLAHOMA CITY, OK 73104	73-0580274	(C)(3)	948,805				RESEARCH
(449) OKLAHOMA STATE UNIVERSITY 203 WHITEHURST, STILLWATER, OK 74078	73-1383996	GOV	585,740				RESEARCH
(450) OLD DOMINION UNIVERSITY 4111 MONARCH WAY STE 204, NORFOLK, VA 23508	54-6052014	(C)(3)	2,616,879				RESEARCH
(451) OREGON HEALTH & SCIENCE UNIVERSITY - OHSU 3181 SW SAM JACKSON PARK RD., PORTLAND, OR 97239	93-1176109	GOV	1,849,456				RESEARCH
(452) PENNINGTON BIOMEDICAL RESEARCH CENTER 6400 PERKINS ROAD, BATON ROUGE, LA 70808	58-1767810	(C)(3)	877,696				RESEARCH
(453) PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER, UNIVERSITY PARK, PA 16802	24-6000376	GOV	64,072				RESEARCH
(454) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE., SUITE 1900, WEST LAFAYETTE, IN 47906-1332	35-6002041	GOV	359,144				RESEARCH
(455) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE, COLUMBUS, OH 43205-2664	31-6056230	(C)(3)	230,998				RESEARCH
(456) RICE UNIVERSITY 6100 S. MAIN , HOUSTON, TX 77005-1892	74-1109620	(C)(3)	64,072				RESEARCH
(457) RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY, CHICAGO, IL 60612	36-2174823	(C)(3)	427,164				RESEARCH
(458) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTSBRIDGE ROAD, PISCATAWAY, NJ 08854-3925	22-6001086	GOV	526,072				RESEARCH
(459) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 65 BERGEN STREET, SUITE 538, NEWARK, NJ 07103	46-2354111	GOV	299,997				RESEARCH
(460) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037-1002	95-2160097	(C)(3)	764,961				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
(461) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPANILE DR., SAN DIEGO, CA 92182-1934	95-6042721	(C)(3)	5,061,867				RESEARCH
(462) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	(C)(3)	213,160				RESEARCH
(463) SOUTHERN METHODIST UNIVERSITY 6425 BOAZ LANE, SUITE 101, DALLAS, TX 75205	75-0800689	(C)(3)	230,987				RESEARCH
(464) STANFORD UNIVERSITY 450 SERRA MALL, PALO ALTO, CA 94305	94-1156365	(C)(3)	595,072				RESEARCH
(465) SUNY - UNIVERSITY AT ALBANY 1400 WASHINGTON AVENUE, ALBANY, NY 12222	14-1368361	(C)(3)	231,000				RESEARCH
(466) SYRACUSE UNIVERSITY 211 LYMAN HALL, SYRACUSE, NY 13244-1200	15-0532081	(C)(3)	231,000				RESEARCH
(467) TEMPLE UNIVERSITY 1801 NORTH BROAD STREET, PHILADELPHIA, PA 19122-6003	23-1365971	(C)(3)	425,076				RESEARCH
(468) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PARKWAY SOUTH, COLLEGE STATION, TX 77845-4375	74-6000541	GOV	287,472				RESEARCH
(469) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY S., STE, COLLEGE STATION, TX 77845	74-6000531	GOV	380,088				RESEARCH
(470) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH, COLLEGE STATION, TX 77845-4375	74-2907553	GOV	230,927				RESEARCH
(471) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030	74-6053200	(C)(3)	295,072				RESEARCH
(472) TEXAS TECH UNIVERSITY 349 ADMINISTRATION BUILDING BOX 410, LUBBOCK, TX 79409	75-6002622	GOV	937,620				RESEARCH
(473) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER 3601 4TH ST. , LUBBOCK, TX 79430-6271	75-2668014	GOV	299,998				RESEARCH
(474) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107	23-1352651	(C)(3)	186,036				RESEARCH
(475) TUFTS COLLEGE 136 HARRISON AVENUE, BOSTON, MA 02111	04-2103634	(C)(3)	481,514				RESEARCH
(476) TUFTS MEDICAL CENTER 800 WASHINGTON STREET , BOSTON, MA 02111-1533	04-3400617	(C)(3)	1,890,087				RESEARCH
(477) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA 70112	72-0423889	(C)(3)	714,116				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
(478) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	34-1567805	(C)(3)	935,129				RESEARCH
(479) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, BIRMINGHAM, AL 35294-0111	63-6005396	GOV	237,060				RESEARCH
(480) UNIVERSITY OF ARIZONA P O BOX 210158, TUCSON, AZ 85721-0158	74-2652689	GOV	1,907,257				RESEARCH
(481) UNIVERSITY OF CALIFORNIA (IRVINE) 160 ALDRICH HALL, IRVINE, CA 92697-7600	95-2226406	GOV	509,089				RESEARCH
(482) UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DRIVE, SUITE 30, DAVIS, CA 95618	94-6036494	GOV	4,113,884				RESEARCH
(483) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD, SUITE 70, LOS ANGELES, CA 90095-1406	95-6006143	GOV	1,128,143				RESEARCH
(484) UNIVERSITY OF CALIFORNIA, MERCED 5200 NORTH LAKE ROAD, MERCED, CA 95343	27-0093858	GOV	154,000				RESEARCH
(485) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0934	95-6006144	GOV	760,069				RESEARCH
(486) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	GOV	64,072				RESEARCH
(487) UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300, CHICAGO, IL 60637	36-2177139	(C)(3)	644,360				RESEARCH
(488) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE , CINCINNATI, OH 45221-0222	31-6000989	GOV	128,144				RESEARCH
(489) UNIVERSITY OF COLORADO DENVER 500 13001 E. 17TH PLACE, AURORA, CO 80045	84-6000555	GOV	294,701				RESEARCH
(490) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT 06030-5335	52-1725543	GOV	230,536				RESEARCH
(491) UNIVERSITY OF DELAWARE 210 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	GOV	138,384				RESEARCH
(492) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	GOV	32,036				RESEARCH
(493) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 310 EAST CAMPUS RD , ATHENS, GA 30602-1589	58-1353149	GOV	64,072				RESEARCH
(494) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, HONOLULU, HI 96822	99-6000354	GOV	1,000,916				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
(495) UNIVERSITY OF ILLINOIS AT CHICAGO 28395 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000511	GOV	154,000				RESEARCH
(496) UNIVERSITY OF IOWA 2 GILMORE HALL, IOWA CITY, IA 52242	42-6004813	GOV	743,904				RESEARCH
(497) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE 3901 RAINBOW BOULEVARD, KANSAS CITY, KS 66103	48-1108830	(C)(3)	154,000				RESEARCH
(498) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 500 SOUTH LIMESTONE, LEXINGTON, KY 40526-0001	61-6033693	GOV	2,152,790				RESEARCH
(499) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. 300 E MARKET STREET, SUITE 300, LOUISVILLE, KY 40202-1959	61-1029626	(C)(3)	570,176				RESEARCH
(500) UNIVERSITY OF MARYLAND 620 W. LEXINGTON STREET , BALTIMORE, MD 21201	52-6002033	GOV	138,384				RESEARCH
(501) UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL 55 LAKE AVENUE NORTH, WORCESTER, MA 01655	04-3167352	GOV	486,496				RESEARCH
(502) UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY, SUITE 650, CORAL GABLES, FL 33146	59-0624458	(C)(3)	731,660				RESEARCH
(503) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOV	1,057,461				RESEARCH
(504) UNIVERSITY OF MINNESOTA 200 OAK STREET S.E., MINNEAPOLIS, MN 55455	41-6007513	GOV	64,072				RESEARCH
(505) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS 39216	64-6008520	GOV	64,072				RESEARCH
(506) UNIVERSITY OF MISSOURI 5100 ROCKHILL ROAD, KANSAS CITY, MO 64110-2499	43-6003859	GOV	153,688				RESEARCH
(507) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOV	1,380,876				RESEARCH
(508) UNIVERSITY OF NEW MEXICO PRE-AWARD SERVICES, HSC MSC09 5220 , ALBUQUERQUE, NM 87131-0001	85-6000642	GOV	231,000				RESEARCH
(509) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CHAPEL HILL, NC 27599	56-6001393	GOV	137,604				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
(510) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH 3500 CAMP BOWIE BLVD., FORT WORTH, TX 76107	75-6064033	GOV	231,000				RESEARCH
(511) UNIVERSITY OF OKLAHOMA 201 STEPHENSON PARKWAY, SUITE 3100, NORMAN, OK 73019	73-1377584	GOV	371,952				RESEARCH
(512) UNIVERSITY OF OKLAHOMA, HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY , OKLAHOMA CITY, OK 73104-3609	73-1563627	GOV	520,618				RESEARCH
(513) UNIVERSITY OF OREGON SPONSORED PROJECTS SERVICES 5219 , EUGENE, OR 97403-5219	46-4727800	GOV	64,072				RESEARCH
(514) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, PHILADELPHIA, PA 19104-6205	23-1352685	(C)(3)	149,088				RESEARCH
(515) UNIVERSITY OF PITTSBURGH 3420 FORBES AVENUE, PITTSBURGH, PA 15260	25-0965591	(C)(3)	1,836,518				RESEARCH
(516) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG. , ROCHESTER, NY 14627-0140	16-0743209	(C)(3)	300,000				RESEARCH
(517) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD. , MOBILE, AL 36688	63-0477348	GOV	32,036				RESEARCH
(518) UNIVERSITY OF SOUTH CAROLINA - USC 1600 HAMPTON STREET , COLUMBIA, SC 29208-0001	57-6001153	GOV	295,817				RESEARCH
(519) UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET, VERMILLION, SD 57069	46-6000364	GOV	1,587,768				RESEARCH
(520) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD , TAMPA, FL 33612	59-3102112	GOV	1,188,730				RESEARCH
(521) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR, LOS ANGELES, CA 90089	95-1642394	(C)(3)	1,559,935				RESEARCH
(522) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOV	101,838				RESEARCH
(523) UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE , ARLINGTON, TX 76019-0145	75-6000121	GOV	603,072				RESEARCH
(524) UNIVERSITY OF TEXAS AT AUSTIN 925 WEST BRAKER LN, SUITE 3.340, AUSTIN, TX 78759-5316	74-6000203	GOV	13,603,232				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
(525) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN, UCT 1006, HOUSTON, TX 77030-5401	74-1761309	GOV	444,160				RESEARCH
(526) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229-3900	74-1586031	GOV	433,413				RESEARCH
(527) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD., DALLAS, TX 75390-9020	75-6002868	GOV	935,940				RESEARCH
(528) UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET, TOLEDO, OH 43606	34-6401483	GOV	364,072				RESEARCH
(529) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, SALT LAKE CITY, UT 84112-9011	87-6000525	GOV	140,952				RESEARCH
(530) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET , BURLINGTON, VT 05405	03-0179440	GOV	231,000				RESEARCH
(531) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	GOV	8,301,247				RESEARCH
(532) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98195	91-6001537	GOV	602,264				RESEARCH
(533) UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715	39-6006492	GOV	607,020				RESEARCH
(534) UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVENUE, LARAMIE, WY 82071	83-6000331	GOV	4,681,890				RESEARCH
(535) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503	52-2000823	(C)(3)	376,020				RESEARCH
(536) VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH, NASHVILLE, TN 37203-2417	62-0476822	(C)(3)	231,000				RESEARCH
(537) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE, STE 970, NASHVILLE, TN 37203	35-2528741	(C)(3)	287,988				RESEARCH
(538) VETERANS HEALTH FOUNDATION OF PITTSBURGH UNIVERSITY DRIVE C, BUILDING 30, PITTSBURGH, PA 15240	25-1666090	(C)(3)	298,536				RESEARCH
(539) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET BOX 980568, RICHMOND, VA 23298-0568	54-6001758	GOV	154,000				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
(540) WASHINGTON STATE UNIVERSITY 280 LIGHTY, PULLMAN, WA 99164-1060	91-6001108	GOV	698,980				RESEARCH
(541) WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE, ST. LOUIS, MO 63130-4862	43-0653611	(C)(3)	3,815,460				RESEARCH
(542) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI 48202	38-6028429	GOV	873,548				RESEARCH
(543) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, NEW YORK, NY 10065-4805	13-1623978	(C)(3)	64,072				RESEARCH
(544) WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET, POMONA, CA 91766-1854	95-3127273	(C)(3)	1,115,372				RESEARCH
(545) WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD, WORCESTER, MA 01609	04-2121659	(C)(3)	154,000				RESEARCH
(546) YALE UNIVERSITY PO BOX 208327, NEW HAVEN, CT 06520-8327	06-0646973	(C)(3)	87,513				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	20	5,250			
(8) COMMUNITY HEALTH PROJECT STIPEND	1	21,000			
(9) INTERNSHIP STIPEND	2	3,000			
(10) LECTURE AWARD	21	30,212			
(11) TRAVEL AWARD	86	56,511			
(12) SYMPOSIUM STIPEND	50	12,500			

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 AS FOLLOWS:</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. 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. 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. 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). 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> <p>AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARD THIS AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO</p>

Return Reference - Identifier	Explanation
	<p>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 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).  PRINCIPAL INVESTIGATOR 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> <p>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>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>PART I, LINE 2 - CONTINUED  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>AHA AND ENDURING HEARTS RESEARCH AWARDS IN PEDIATRIC HEART TRANSPLANTATION  THIS PROGRAM WAS OFFERED WITH THE SAME ELIGIBILITY CRITERIA AS THE COLLABORATIVE SCIENCES PROGRAM.</p> <p>STRATEGICALLY FOCUSED 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>
<p>(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>ABINGTON MEMORIAL HOSPITAL  1101 MARKET ST 20TH FL, PHILADELPHIA, PA 19107</p>

Return Reference - Identifier	Explanation
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACCELERATE CHANGE INC 294 WASHINGTON STREET, STE 500, BOSTON, MA 02108
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADVENT HEALTH FDN SHAWNEE MISSION 9100 W 74TH STREET, SHAWNEE MISSION, KS 66204
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADVOCATE HEALTH AND HOSPITALS CORP 3075 HIGHLAND PARKWAY, SUITE 600, DOWNERS GROVE, IL 60515

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

13-5613797

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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>b</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>	✓	
<p><b>2</b> 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>	✓	
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> 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>		✓
	✓	
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p><b>7</b> 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>	✓	
<p><b>8</b> 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>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**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)	902,456	2,082,615	114,890	40,600	32,162	3,172,723	0
	(ii)	0	0	0	0	0	0	0
2 LESLIE UPTON COO	(i)	529,612	481,755	100	74,777	16,162	1,102,406	0
	(ii)	0	0	0	0	0	0	0
3 MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	(i)	520,157	457,709	100	51,857	8,470	1,038,293	0
	(ii)	0	0	0	0	0	0	0
4 LARRY CANNON CAO/CORP SECRETARY	(i)	487,027	444,337	100	49,264	16,162	996,890	0
	(ii)	0	0	0	0	0	0	0
5 JOHN J MEINERS CHIEF - MISSION ALIGNED BUSINESS	(i)	444,864	289,336	20,253	40,600	16,162	811,215	0
	(ii)	0	0	0	0	0	0	0
6 KATHLEEN ROGERS EVP WESTERN STATES	(i)	433,311	138,890	8,300	61,768	21,602	663,871	0
	(ii)	0	0	0	0	0	0	0
7 KEVIN HARKER EVP MIDWEST	(i)	406,372	130,264	8,100	57,932	23,334	626,002	0
	(ii)	0	0	0	0	0	0	0
8 TANYA EDWARDS EVP SOUTHWEST	(i)	382,645	136,629	17,846	54,449	21,565	613,134	0
	(ii)	0	0	0	0	0	0	0
9 NICOLE SAPIO EVP EASTERN STATES	(i)	384,043	122,504	8,100	54,449	16,124	585,220	0
	(ii)	0	0	0	0	0	0	0
10 EDUARDO SANCHEZ CHIEF MEDICAL OFFICER	(i)	381,150	115,350	100	46,311	15,290	558,201	0
	(ii)	0	0	0	0	0	0	0
11 CYNTHIA ROBERTS CFO	(i)	346,346	140,080	100	49,367	21,466	557,359	0
	(ii)	0	0	0	0	0	0	0
12 ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	(i)	276,434	93,060	0	39,480	8,893	417,867	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
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 TAXABLE FRINGE BENEFITS.</p>
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	<p>THE ORGANIZATION MAKES MEMBERSHIPS TO A LOCAL FITNESS CENTER AVAILABLE TO SENIOR MANAGEMENT. THE FOLLOWING PERSONS PARTICIPATED IN THE PROGRAM - NANCY BROWN. THESE BENEFITS ARE 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 \$82,065 AND JOHN MEINERS, \$19,977.</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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://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 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 . . . . .	✓	363	185,190	SELLING COST
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		6,854	SELLING COST
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	✓	163	281,409	SELLING COST
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	667	7,673,260	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 . . . . .	✓	962	393,858	SELLING COST
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( REC/TRAVEL ) . . . . .	✓	3,569	3,648,043	SELLING COST
26 Other ▶ ( FOOD/DRINK ) . . . . .	✓	3,129	1,089,934	SELLING COST
27 Other ▶ ( TANG PERS PROP ) . . . . .	✓	4,298	908,714	SELLING COST
28 Other ▶ ( OTHER ) . . . . .	✓	1,918	4,466,140	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	1
----	---	----	---

	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 = 40            C)REVENUE REPORTED ON FORM 990, PART VIII \$4,004,020            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 = 1,366            C)REVENUE REPORTED ON FORM 990, PART VIII \$365,719            D)METHOD OF DETERMINING VALUE; SALES PRICE</p> <p>MISCELLANEOUS            A)CHECK IF APPLICABLE = X            B)NUMBER OF CONTRIBUTIONS = 512            C)REVENUE REPORTED ON FORM 990, PART VIII \$96,402            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 &amp; 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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><b>PUBLIC/CONSUMER EDUCATION CONTINUED</b></p> <p>- NOW IN ITS THIRD YEAR, RESEARCH GOES RED IS A COLLABORATION OF THE ASSOCIATION'S GO RED FOR WOMEN® MOVEMENT AND VERILY'S PROJECT BASELINE TO ENGAGE MORE WOMEN IN RESEARCH. PARTICIPATION IS UP 32% FROM LAST YEAR, WITH JUST OVER 19,000 WOMEN CONSENTING TO ENGAGE IN RESEARCH THROUGH SURVEYS AND STUDIES.</p> <p>- DESPITE THE SUCCESS OF RESEARCH GOES RED, WOMEN REPRESENT LESS THAN 40% OF RESEARCH PARTICIPANTS OVERALL. THAT MEANS THEY ARE UNDER-STUDIED, UNDER-TREATED, UNDER-DIAGNOSED AND UNDER-REPRESENTED. ASSOCIATION CEO NANCY BROWN JOINED OTHER LEADING VOICES IN WOMEN'S HEART HEALTH FOR A WOMEN'S HEALTH ACCESS MATTERS (WHAM) PANEL ADDRESSING THIS ISSUE.</p> <p>- A MULTIMARKET MEDIA TOUR TOUTED "SOCIETAL IMPACT OF RESEARCH FUNDING FOR WOMEN'S HEALTH IN CORONARY ARTERY DISEASE," A WHAM REPORT ON THE HEALTH AND ECONOMIC BENEFITS OF WOMEN'S RESEARCH.</p> <p>- IN AN EPISODE OF "CONNECT WITH THE CEO," LEADERS IN CARDIOVASCULAR SCIENCE AND MEDICINE SHARED SMALL STEPS THAT CAN MAKE A BIG IMPACT ON HEART HEALTH AND MENTAL WELL-BEING, AS WELL AS CONVERSATIONS EVERYONE SHOULD HAVE WITH THEIR DOCTOR. ASSOCIATION LEADERS GUIDING THE DISCUSSION WERE DR. DONALD LLOYD-JONES, 2021-22 VOLUNTEER NATIONAL PRESIDENT; DR. MARY ANN BAUMAN, VOLUNTEER NATIONAL BOARD MEMBER AND WESTERN STATES BOARD PRESIDENT; DR. ANN MARIE NAVAR, DOCTORS WITH HEART VOLUNTEER LEAD; AND DR. MAYA VADIVELOO, CO-AUTHOR OF THE 2021 DIETARY GUIDANCE TO IMPROVE CARDIOVASCULAR HEALTH.</p> <p>- MOVING MORE SUPPORTS HEART HEALTH, BUILDS STRONGER BONES AND MUSCLES, AND BOOST BRAIN PERFORMANCE. THIS WAS THE CORE MESSAGE OF "SUPER BOWL BRAIN BREAK," WHICH WRAPPED UP THE 15TH SEASON OF NFL PLAY 60 - A COLLABORATION BETWEEN THE ASSOCIATION AND THE NATIONAL FOOTBALL LEAGUE TO ENCOURAGE KIDS TO GET AT LEAST 60 MINUTES OF DAILY PHYSICAL ACTIVITY.</p> <p>- DURING NATIONAL HEART MONTH, OBSERVED ANNUALLY IN FEBRUARY, THE ASSOCIATION'S RECLAIM YOUR RHYTHM CAMPAIGN AIMED TO INSPIRE EVERYONE TO TAKE AT LEAST ONE STEP TO SUPPORT THEIR PHYSICAL AND MENTAL HEALTH AND WELL-BEING. THE ASSOCIATION ALSO COLLABORATED WITH PANDORA TO TAKE OVER ITS DANCE CARDIO RADIO WITH SPECIALLY CURATED TRACKS ALL MONTH.</p> <p>- TO CELEBRATE 20 YEARS, GO RED TRANSFORMED ITS ICONIC RED DRESS COLLECTION® EVENT INTO THE RED DRESS COLLECTION CONCERT - AN IMMERSIVE DIGITAL EXPERIENCE - WITH CELEBRITY PERFORMANCES.</p> <p>- ON THE HEELS OF WORLD MENTAL HEALTH DAY, OBSERVED OCTOBER 10, THE ASSOCIATION KICKED OFF IT'S MY TIME - A YEAR-ROUND CAMPAIGN TO HELP INDIVIDUALS, COMMUNITIES AND WORKPLACES REDUCE CHRONIC STRESS FOR BETTER WELL-BEING WITH RESOURCES AVAILABLE AT <a href="http://HEART.ORG/STRESS">HEART.ORG/STRESS</a>.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>SCIENCE AND TECHNOLOGY CONTINUED</p> <ul style="list-style-type: none"> <li>- THE ASSOCIATION ANNOUNCED THE FIRST FIVE GRANTEES AT 11 INSTITUTIONS IN ITS \$20 MILLION STRATEGICALLY FOCUSED RESEARCH NETWORK (SFRN) ON THE SCIENCE OF DIVERSITY IN CLINICAL TRIALS, ESTABLISHED WITH SUPPORT FROM PFIZER AND GATES VENTURES. RESEARCHERS STRATEGIZE WAYS TO INCREASE DIVERSITY IN THEIR PROJECTS AND DEMONSTRATE HOW THE RESULTS CAN BE BROADLY APPLIED IN OTHER RESEARCH SETTINGS.</li> <li>- UNRAVELING COVID'S CARDIOVASCULAR CONNECTIONS IS THE GOAL OF THE GRANT INITIATIVE, "MECHANISMS UNDERLYING CARDIOVASCULAR CONSEQUENCES ASSOCIATED WITH COVID-19 AND LONG COVID," WITH MORE THAN \$10.6 MILLION AWARDED TO 11 RESEARCH TEAMS.</li> <li>- INCREASING HEART FAILURE PATIENTS' HEALTHY TIME AT HOME AND REDUCING DEATHS BY 5% IS THE AIM OF IMPLEMENT-HF - AN ASSOCIATION INITIATIVE WITH \$15 MILLION IN JOINT FUNDING FROM FOUNDING SPONSOR, NOVARTIS PHARMACEUTICALS CORPORATION, AND NATIONAL SPONSOR, BOEHRINGER INGELHEIM AND ELI LILLY &amp; COMPANY. COMPONENTS INCLUDE DATA COLLECTION, A CARE TEAM LEARNING SYSTEM AND A PATIENT APP.</li> <li>- A NEW HEARTSAVER® VIRTUAL TRAINING KIT AND FEEDBACK TECHNOLOGY MAKE IT EASIER FOR THE ASSOCIATION TO PROVIDE 100% REMOTE INSTRUCTION FOR WORKPLACES, COMMUNITY ORGANIZATIONS AND INDIVIDUALS IN FIRST AID, CPR AND USE OF AUTOMATED EXTERNAL DEFIBRILLATORS. STUDENTS TAKE THE ONLINE COURSE, COMPLETE A HANDS-ON SKILLS PRACTICE SESSION VIRTUALLY AND RECEIVE FEEDBACK THROUGH A WEB-BASED APP.</li> <li>- THE PERIODIC TABLE OF FOOD INITIATIVE, LAUNCHED DURING THE WORLD HEALTH ASSEMBLY, IS DEEPENING KNOWLEDGE ABOUT FOOD COMPOSITION TO IMPROVE BOTH HUMAN AND PLANETARY HEALTH. THE ASSOCIATION, THE ALLIANCE OF BIOVERSITY AND INTERNATIONAL CENTER FOR TROPICAL AGRICULTURE (CIAT) ARE FACILITATING THE INITIATIVE WITH FUNDING BY THE ROCKEFELLER FOUNDATION AND ITS PUBLIC CHARITY RF CATALYTIC CAPITAL INC., THE FOUNDATION FOR FOOD &amp; AGRICULTURE RESEARCH AND THE SEERAVE FOUNDATION.</li> <li>- TELEHEALTH USE REACHED HISTORIC HIGHS DURING THE COVID-19 PANDEMIC AND, AS THE SECTOR EVOLVES, ENSURING HIGH STANDARDS AND EQUITABLE ACCESS IS VITAL. THANKS TO A \$1.3 MILLION GRANT FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST, THE ASSOCIATION ACQUIRED THE AMERICAN BOARD OF TELEHEALTH BRAND TO EXPAND TRAINING AND IMPROVE QUALITY. COURSES WILL BE OFFERED VIA THE ASSOCIATION'S PROFESSIONAL LEARNING ACADEMY AND INCLUDE CERTIFICATION OPPORTUNITIES.</li> <li>- TO BETTER UNDERSTAND, DIAGNOSE AND TREAT CONGENITAL HEART DISEASE, THE ASSOCIATION AND CHILDREN'S HEART FOUNDATION ANNOUNCED THE NINTH ROUND OF CONGENITAL HEART DEFECT RESEARCH AWARDS. THIS INITIATIVE FUNDS RESEARCH FELLOWSHIP AWARDS TO TRAIN THE NEXT GENERATION OF SCIENTISTS IN BASIC AND CLINICAL STUDIES RELATED TO CONGENITAL HEART DEFECTS.</li> </ul>

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"> <li>- THE SAME RISK FACTORS THAT CONTRIBUTE TO MAKING HEART DISEASE THE LEADING CAUSE OF DEATH WORLDWIDE, ALSO IMPACT THE RISING GLOBAL PREVALENCE OF BRAIN DISEASE, INCLUDING STROKE, ALZHEIMER'S DISEASE AND DEMENTIA, ACCORDING TO THE ASSOCIATION'S HEART DISEASE AND STROKE STATISTICS - 2022 UPDATE. THE REPORT REVEALS THE GLOBAL RATE OF DEATHS ATTRIBUTED TO ALZHEIMER'S DISEASE AND OTHER DEMENTIA IN THE PAST 10 YEARS (44%) IS MORE THAN DOUBLE THE INCREASE IN THE RATE OF DEATHS FROM HEART DISEASE (21%) DURING THAT SAME TIME.</li> <li>- WITH FUNDING FROM NOVARTIS, THE ASSOCIATION LAUNCHED AN IMPLEMENTATION SCIENCE PROGRAM IN MEXICO FOCUSED ON IMPROVING CARE FOR PATIENTS WITH ATHEROSCLEROSIS. THE INITIATIVE TEACHES THE CORRECT APPLICATION OF QUALITY IMPROVEMENT STRATEGIES, PROVIDES HOSPITAL CONSULTATION AND DATA REVIEW AND GENERATES EVIDENCE THAT HELPS TO HIGHLIGHT THE SUCCESSES AND CHALLENGES IN CARDIOVASCULAR CARE.</li> <li>- BECAUSE PEOPLE WHO HAVE CORONARY ARTERY REVASCLARIZATION EXPERIENCE SIMILAR OUTCOMES REGARDLESS OF GENDER OR RACE, A JOINT GUIDELINE FROM THE AMERICAN COLLEGE OF CARDIOLOGY AND THE ASSOCIATION, IN PARTNERSHIP WITH THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS, RECOMMENDS TREATMENT BASED ON CLINICAL INDICATIONS AND A TEAM APPROACH TO CARE THAT INCLUDES THE PATIENT.</li> <li>- THE ASSOCIATION AND 24 ORGANIZATIONS UNVEILED THE PERIPHERAL ARTERY DISEASE (PAD) NATIONAL ACTION PLAN TO ASSIST IN PREVENTING PAD COMPLICATIONS, ADDRESSING CARDIOVASCULAR RISK AND IMPROVING QUALITY OF LIFE FOR THOSE LIVING WITH THE DISEASE. THE COMPREHENSIVE PLAN IS AVAILABLE AT <a href="https://www.heart.org/en/health-topics/peripheral-artery-disease/pad-resources/pad-action-plan">HTTPS://WWW.HEART.ORG/EN/HEALTH-TOPICS/PERIPHERAL-ARTERY-DISEASE/PAD-RESOURCES/PAD-ACTION-PLAN</a>.</li> <li>- WITH ISCHEMIC HEART DISEASE THE LEADING CAUSE OF DEATH IN THE UNITED ARAB EMIRATES, THE ASSOCIATION AND THE EMIRATES CARDIAC SOCIETY INTRODUCED CHEST PAIN CENTER CERTIFICATION TO ENSURE GUIDELINE-DIRECTED CARE FOR PATIENTS WITH ACUTE STEMI HEART ATTACKS. CERTIFIED CHEST PAIN CENTERS RECEIVE EDUCATION FOR HEALTH CARE PROVIDERS, PATIENTS, CAREGIVERS AND THE COMMUNITY, IN ADDITION TO RESEARCH OPPORTUNITIES.</li> <li>- THE ASSOCIATION INTRODUCED HEALTHY SENIOR LIVING CERTIFICATION TO PROMOTE A CULTURE OF HEALTH AT SENIOR LIVING FACILITIES AND BOOST CONSUMER CONFIDENCE IN QUALITY OF CARE. FACILITIES ARE EVALUATED ON HOW THEY EDUCATE RESIDENTS AND PROVIDE FOR IMPROVED HEALTH IN EIGHT CATEGORIES: SMOKING STATUS, PHYSICAL ACTIVITY, HEALTHY DIET AND WEIGHT, DEPRESSION AND ANXIETY, SLEEP, STRESS MANAGEMENT, ALCOHOL CONSUMPTION AND IMMUNIZATIONS.</li> <li>- FOR THE FIRST TIME, CLINICIANS HAVE GUIDANCE TO HELP DETERMINE WHETHER CHEST PAIN IS CARDIAC IN ORIGIN, FIGURE OUT WHICH TESTS ARE APPROPRIATE AND DETERMINE THE BEST COURSE OF CARE. THE ASSOCIATION'S 2021 GUIDELINE FOR THE EVALUATION AND DIAGNOSIS OF CHEST PAIN INCLUDES ALGORITHMS THAT WALK CLINICIANS FROM FIRST PATIENT INTERACTION TO FINAL DISPOSITION.</li> <li>- TO PROMOTE OPTIMAL CARE FOR PATIENTS EXPERIENCING THE DEADLIEST TYPE OF HEART ATTACKS, THE ASSOCIATION AND THE JOINT COMMISSION ANNOUNCED THE COMPREHENSIVE HEART ATTACK CENTER (CHAC) CERTIFICATION PROGRAM. HOSPITALS CAN NOW BE CHAC-CERTIFIED FOR MEETING STANDARDS DENOTING THE HIGHEST LEVEL OF CARE FOR PATIENTS WITH ACUTE CORONARY SYNDROME.</li> <li>- THE ASSOCIATION COLLABORATED WITH THE AHA CEO ROUNDTABLE TO LAUNCH DRIVING HEALTH EQUITY IN THE WORKPLACE - A ROADMAP FOR EMPLOYERS. COMPLETE WITH ACTIONABLE STRATEGIES, RELATED TOOLS, EMPLOYEE PERSPECTIVES AND SAMPLE POLICIES, THE SITE PROVIDES BEST PRACTICES FOR DISMANTLING STRUCTURAL BARRIERS TO HEALTH EQUITY.</li> </ul>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$60,210,470 INCLUDING GRANTS OF \$5,700,815)(REVENUE \$38,998,007)</p> <p>COMMUNITY SERVICES:</p> <ul style="list-style-type: none"> <li>- THE ASSOCIATION CONTINUED INVESTING IN ITS SOCIAL IMPACT FUND AND BERNARD J. TYSON IMPACT FUND TO SUPPORT COMMUNITY-LED SOLUTIONS TO HEALTH INEQUITY. GRANTS AID LOCAL ORGANIZATIONS WORKING TO INCREASE ACCESS TO NUTRITION, HOUSING, MENTAL AND PHYSICAL HEALTH CARE, EDUCATION AND ECONOMIC OPPORTUNITY. NOTABLY, FOUR ORGANIZATIONS IN GREATER WASHINGTON RECEIVED \$800,000 FROM THE BERNARD J. TYSON IMPACT FUND, THANKS TO CONTRIBUTIONS FROM JOHN R. HOUSTON III (POSTHUMOUS), THE EXECUTIVE LEADERSHIP COUNCIL, LINDA GOODEN &amp; LAIRD LOTT AND JPMORGAN CHASE.</li> <li>- A THREE-YEAR, MULTIMILLION-DOLLAR PUBLIC HEALTH AMERICORPS GRANT TO THE ASSOCIATION WILL AID EFFORTS TO IMPROVE CARDIOVASCULAR HEALTH IN RURAL COMMUNITIES THROUGH A WORKFORCE DEVELOPMENT INITIATIVE CONNECTING RURAL CLINICS AND HEALTH SYSTEMS, PUBLIC HEALTH PROFESSIONALS AND COMMUNITY-BASED ORGANIZATIONS WITH THE ASSOCIATION'S LEADERSHIP AND RESOURCES.</li> <li>- HISPANIC/LATINO PEOPLE MAKE UP 19% OF THE U.S. POPULATION BUT COMPRISE LESS THAN 7% OF THE HEALTH CARE PROVIDER WORKFORCE, AND HALF AGES 20 AND OLDER HAVE SOME FORM OF CARDIOVASCULAR DISEASE. THOSE REALITIES GAVE RISE TO THE NATIONAL HISPANIC LATINO CARDIOVASCULAR COLLABORATIVE - FOUNDED BY THE ASSOCIATION TO PROMOTE THE TREATMENT AND PREVENTION OF CARDIOVASCULAR DISEASES AND STROKE IN THE HISPANIC/LATINO COMMUNITY BY REDUCING AND ELIMINATING HEALTH DISPARITIES THAT PREVENT PEOPLE FROM LIVING A FULL, OPTIMAL LIFE.</li> <li>- NUMEROUS COMMUNITIES AND HEALTH ORGANIZATIONS BEGAN SELF-MONITORING BLOOD PRESSURE PROGRAMS BASED ON THE ASSOCIATION'S CHECK. CHANGE. CONTROL.® CURRICULUM. AMONG THEM WAS THE QAWALANGIN TRIBE OF UNALASKA, RESPONDING TO A 10% RISE IN HYPERTENSION DIAGNOSES AMONG MEMBERS SINCE 1991. THEY CAN NOW MEASURE THEIR OWN BLOOD PRESSURE AT STATIONS SET UP IN THE LOCAL LIBRARY, RECREATION CENTERS, TRIBAL HEADQUARTERS AND OTHER LOCATIONS.</li> </ul> <p>PUBLIC ADVOCACY</p> <ul style="list-style-type: none"> <li>- THE FEDERAL HEALTH SPENDING BUDGET GOT A MAJOR FUNDING BOOST WITH LEGISLATION THAT INCLUDES \$2.75 BILLION TO THE NATIONAL INSTITUTES OF HEALTH TO ESTABLISH THE ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH, \$1 MILLION IN NEW SUPPORT FOR CONGENITAL HEART DEFECT PROGRAMS, AND MILLIONS MORE FOR CARDIOVASCULAR EDUCATION, SCREENING AND EVALUATION PROGRAMS.</li> <li>- CONGRESS PASSED THE BIPARTISAN NO SURPRISES ACT TO PROTECT PATIENTS FROM SURPRISE MEDICAL BILLS AND PAYMENT DISPUTES BETWEEN HEALTH CARE PROVIDERS AND INSURANCE COMPANIES. THE U.S. DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES AND THE TREASURY RELEASED FINAL RULES FOR IMPLEMENTATION ON AUGUST 19, 2022 SOLIDIFYING THE LAW'S SAFEGUARDS.</li> <li>- ACCESS TO QUALITY HEALTH CARE WAS EXTENDED TO NEW FAMILIES VIA POSTPARTUM MEDICAID EXTENSION IN 38 STATES AND COMMUNITIES.</li> <li>- IN SUMMER 2022, MANY CHILDREN CONTINUED TO RECEIVE FREE ACCESS TO HEALTHY MEALS THANKS TO THE KEEP KIDS FED ACT, A TEMPORARY AND PARTIAL EXTENSION OF PANDEMIC-ERA SCHOOL MEAL WAIVERS. CALIFORNIA, MAINE, VERMONT AND WASHINGTON ALSO ADOPTED STATE-WIDE PROGRAMS TO PROVIDE HEALTHY SCHOOL MEALS FOR ALL STUDENTS.</li> <li>- FROM CALIFORNIA TO MAINE AND POINTS BETWEEN, THE AMERICAN HEART ASSOCIATION ACHIEVED LEGISLATIVE MILESTONES IN STAMPING OUT BIG TOBACCO. FOLLOWING A \$5 MILLION CUT TO ITS TOBACCO PREVENTION AND CONTROL PROGRAM LAST SESSION, MAINE PASSED A \$7.5 MILLION ALLOCATION THAT ALIGNS 100% WITH U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION BEST PRACTICES.</li> <li>- IN THE FINAL WEEKS OF THE LEGISLATIVE SESSION, THE TOBACCO INDUSTRY PUSHED TO LIMIT LOCAL REGULATIONS OF TOBACCO FLAVORS AND PRODUCTS. BUT THE QUICK ACTION AND COLLABORATION OF ASSOCIATION STAFF PREVENTED PASSAGE OF THE TOBACCO PREEMPTION BILL FOR A FIFTH YEAR. THE ASSOCIATION WORKED WITH PARTNERS TO PROPOSE POLICY, MEET WITH COUNCIL MEMBERS, OFFER TECHNICAL ASSISTANCE AND PROVIDE TESTIMONY. DESPITE MORE PREEMPTION LAWS AND ATTEMPTS TO EXEMPT SOME TOBACCO PRODUCTS, OUR TEAMS PREVAILED.</li> <li>- THE ASSOCIATION AND COALITION PARTNERS MET VIRTUALLY WITH LAWMAKERS IN LATE 2021 TO PROMOTE PASSAGE OF THE LEGACY IRA ACT, A BIPARTISAN BILL THAT WOULD MAKE IT EASIER FOR MIDDLE-INCOME SENIORS TO GIVE TO CHARITY. LEGISLATION WOULD ALLOW SENIORS, STARTING AT AGE 65, TO MAKE TAX-FREE IRA ROLLOVERS TO CHARITIES THROUGH LIFE-INCOME PLANS.</li> </ul>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>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.</p>

Return Reference - Identifier	Explanation								
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 2021-22 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2021, AND APRIL OF 2022.</p> <p>KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION, BENEFITS, AND HUMAN RESOURCES 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								
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="456 1514 1300 1547">(a) Description</th> <th data-bbox="1300 1514 1520 1547">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1547 1300 1581">CHANGE VALUE IN SPLIT INT AGMTS</td> <td data-bbox="1300 1547 1520 1581">- 11,868,831</td> </tr> <tr> <td data-bbox="456 1581 1300 1614">NET UNREALIZED LOSS BEN INT PERP TRUST</td> <td data-bbox="1300 1581 1520 1614">- 25,474,250</td> </tr> <tr> <td data-bbox="456 1614 1300 1648">POST RETIREMENT FAS 158 ADJ</td> <td data-bbox="1300 1614 1520 1648">625,259</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE VALUE IN SPLIT INT AGMTS	- 11,868,831	NET UNREALIZED LOSS BEN INT PERP TRUST	- 25,474,250	POST RETIREMENT FAS 158 ADJ	625,259
	(a) Description	(b) Amount							
	CHANGE VALUE IN SPLIT INT AGMTS	- 11,868,831							
	NET UNREALIZED LOSS BEN INT PERP TRUST	- 25,474,250							
POST RETIREMENT FAS 158 ADJ	625,259								
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 IN THE UNITED ARAB EMIRATES (UAE). ALTHOUGH UAE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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	(705,103)	83,896,945	AHA
(2) BRIGHTTORCH VENTURES, LLC. (86-2279878) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	2,083	100,000	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)							

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	✓	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

**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
RQI PARTNERS, LLC	A	40,823,701	ACCRUAL
<b>(1)</b> RQI PARTNERS, LLC	L	2,139,209	ACCRUAL
<b>(2)</b> RQI PARTNERS, LLC	M	47,010,069	ACCRUAL
<b>(3)</b> RQI PARTNERS, LLC	Q	1,120,608	ACCRUAL
<b>(4)</b> RQI PARTNERS, LLC	R	125,954	ACCRUAL
<b>(5)</b> (SEE STATEMENT)			
<b>(6)</b>			

**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	2,576,898	26,323,638		✓	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 (7) 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	✓	

**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	S	6,566,322	ACCRUAL
(7) PERPETUAL TRUSTS (44)	C	2,398,696	CASH
(8) CHARITABLE REMAINDER TRUSTS (7)	C	1,157,810	CASH

**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.