

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>AMERICAN HEART ASSOCIATION, INC.</u>		D Employer identification number <u>13-5613797</u>
	Doing business as		E Telephone number <u>(214) 373-6300</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>7272 GREENVILLE AVENUE</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS, TX 75231</u>		
	F Name and address of principal officer: <u>NANCY BROWN</u> <u>SAME AS C ABOVE</u>		G Gross receipts \$ <u>1,032,254,752</u>
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		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.	
J Website: <u>WWW.HEART.ORG</u>		H(c) Group exemption number	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: <u>1924</u>	M State of legal domicile: <u>NY</u>

Part I Summary

Activities & Governance	1	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>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>25</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>25</u>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>4,021</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>30,170,700</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>109,770</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>73,977</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>647,447,749</u>	<u>677,815,672</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>68,717,409</u>	<u>76,214,120</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>48,079,967</u>	<u>54,844,797</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>161,583,523</u>	<u>163,880,614</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>925,828,648</u>	<u>972,755,203</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>183,274,062</u>	<u>224,524,671</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>394,682,323</u>	<u>435,029,461</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>78,095</u>	<u>64,383</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>101,380,845</u>	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>284,482,533</u>	<u>305,388,729</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>862,517,013</u>	<u>965,007,244</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>63,311,635</u>	<u>7,747,959</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,790,168,039</u>	<u>1,926,864,938</u>
			<u>543,660,066</u>	<u>582,037,283</u>
			<u>1,246,507,973</u>	<u>1,344,827,655</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. FRANKP00287234Firm's name DELOITTE TAX LLPFirm's EIN 86-1065772Firm's address 111 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204Phone no. (317) 464-8600May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or tax year beginning 07/01, 2023, and ending 06/30, 20 24
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.**2023**

Name of filer

AMERICAN HEART ASSOCIATION, INC.

EIN or SSN

13-5613797

Part I Type of Return and Return Information

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

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	972,755,203
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	☐	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 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Cyndi Roberts 3/6/2025 CFO
Here Signature of officer or person subject to tax Date Title, if applicable

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

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

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	JEFFREY D. FRANK	<u>Jeffrey D Frank</u>	3/6/2025		P00287234
	Firm's name	DELOITTE TAX LLP	Firm's EIN	86-1065772	
	Firm's address	111 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204	Phone no.	(317) 464-8600	

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 331,203,948 including grants of \$ 13,426,205) (Revenue \$ 7,497,482)

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 2023-24 THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 226,982,769 including grants of \$ 197,115,969) (Revenue \$ 3,101,113)

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 \$5.9 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH.

RESEARCH SPENDING FOR FISCAL-YEAR 2023/24 WAS \$227 MILLION, OR 19%, AND RESEARCH AWARDS FOR THE YEAR TOTALLED \$197 MILLION.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 156,569,365 including grants of \$ 9,374,246) (Revenue \$ 130,892,970)

PROFESSIONAL EDUCATION

RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICES 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 \$ 59,204,377 including grants of \$ 4,608,251) (Revenue \$ 48,565,122)

4e Total program service expenses 773,960,459

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 ✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b ✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 2,775	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4,021		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓	
b	If "Yes," enter the name of the foreign country CH, IN, SA, AE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		☒
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒
6 Did the organization have members or stockholders?		☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		☒
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒	
b Each committee with authority to act on behalf of the governing body?	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		☒

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

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

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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BROWN CEO	50.0 0.0			✓				4,306,864	0	81,981
(2) LESLIE UPTON CHIEF OPERATING OFFICER	50.0 0.0				✓			1,167,581	0	98,329
(3) MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	50.0 0.0				✓			1,137,290	0	67,516
(4) LARRY D CANNON CAO/CORP SECRETARY	50.0 2.0			✓				1,119,289	0	83,609
(5) JOHN MEINERS CHIEF OF MISSION ALIGNED BUSINESS	50.0 2.0				✓			915,642	0	64,492
(6) CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	50.0 0.0			✓				626,868	0	77,335
(7) EDUARDO SANCHEZ CHIEF MEDICAL OFFICER FOR PREVENTION	50.0 0.0					✓		614,013	0	77,708
(8) NICOLE AIELLO SAPIO EVP EASTERN STATES	50.0 0.0					✓		599,566	0	74,849
(9) KEVIN HARKER EVP MIDWEST	50.0 0.0					✓		556,799	0	81,293
(10) LAURA SOL CHIEF OF STAFF TO THE CEO	50.0 0.0					✓		552,540	0	75,325
(11) PAUL KALIL EVP MISSION ADVANCEMENT	50.0 0.0					✓		543,630	0	80,904
(12) MITCHELL ELKIND CHIEF CLINICAL SCIENCE OFFICER	50.0 0.0						✓	505,988	0	47,828
(13) ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	50.0 0.0						✓	274,452	0	48,744
(14) MICHELLE ALBERT IMMEDIATE PAST PRESIDENT	7.0 0.0	✓		✓				8,274	0	0

Form **990** (2023)

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) RAYMOND VARA, JR. IMMEDIATE PAST CHAIRPERSON	3.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	6,308	0	0
(16) JOSEPH WU PRESIDENT	7.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	2,393	0	0
(17) MARSHA JONES CHAIRPERSON OF THE BOARD	4.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	488	0	0
(18) LEE SHAPIRO CHAIRPERSON-ELECT	4.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	0	0	0
(19) KEITH CHURCHWELL PRESIDENT-ELECT	6.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	0	0	0
(20) LINDA GOODEN TREASURER	3.0 0.0	☐ ☒	☐ ☐	☐ ☒	☐ ☐	☐ ☐	☐ ☐	0	0	0
(21) CHERYL ANDERSON BOARD MEMBER	1.0 0.0	☐ ☒	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	0	0	0
(22) REGINA BENJAMIN BOARD MEMBER	1.0 0.0	☐ ☒	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	0	0	0
(23) SHAWN DENNIS BOARD MEMBER	1.0 0.0	☐ ☒	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	0	0	0
(24) TOM GRECO BOARD MEMBER	1.0 0.0	☐ ☒	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								12,937,985	0	959,913
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								12,937,985	0	959,913

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 **980**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC., 1935 GALLOWS RD., VIENNA, VA 22182	DIRECT MAIL MKTG	12,684,123
FREEMAN AUDIO VISUAL INC., 14221 DALLAS PKWY, DALLAS, TX 75254	AUDIO & VIDEO SERVICES	12,452,875
CDR FUNDRAISING GROUP, 4200 PARLIAMENT PLACE, LANHAM, MD 20706	MARKETING & ADVERTISING	8,099,340
ORORA VISUAL TX LLC, 3210 INNOVATIVE WAY, MESQUITE, TX 75149	PRINTING	7,423,883
IMPELSYS INC., 1115 BROADWAY, 12TH FLOOR, NEW YORK, NY 10010	TECHNOLOGY CONSULTING	6,182,970
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	288	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	1,021,989			
	b	Membership dues	1b				
	c	Fundraising events	1c	293,269,322			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	13,548,968			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	369,975,393			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 27,038,710			
	h	Total. Add lines 1a-1f		677,815,672			
	Program Service Revenue			Business Code			
2a	GET W THE GUIDELINES REGISTRY	900099	25,383,961	25,383,961			
b	CONFERENCES & SEMINARS	611430	17,300,911	17,300,911			
c	EDITORIAL REVENUE	511120	6,389,500	6,389,500			
d	MEMBERSHIP DUES & SUBSCRIPTIONS	511120	6,767,351	6,767,351			
e	HOSPITAL ACCREDITATION	813920	4,663,638	4,663,638			
f	All other program service revenue . .	900099	15,708,759	15,708,759	0	0	
g	Total. Add lines 2a-2f		76,214,120				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		37,872,517		43,748	37,828,769
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		69,370,569			69,370,569
	6a	Gross rents	(i) Real	486,668			
	b	Less: rental expenses	(ii) Personal	4,128			
	c	Rental income or (loss)		482,540	0		
	d	Net rental income or (loss)		482,540			482,540
	7a	Gross amount from sales of assets other than inventory	(i) Securities	22,361,489	4,883,462		
	b	Less: cost or other basis and sales expenses . .	(ii) Other	7,534,998	2,737,673		
	c	Gain or (loss)		14,826,491	2,145,789		
	d	Net gain or (loss)		16,972,280			16,972,280
	8a	Gross income from fundraising events (not including \$ 293,269,322 of contributions reported on line 1c). See Part IV, line 18		20,275,769			
	b	Less: direct expenses		40,745,761			
	c	Net income or (loss) from fundraising events		(20,469,992)			(20,469,992)
	9a	Gross income from gaming activities. See Part IV, line 19 . .		71,216			
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		71,216			71,216
	10a	Gross sales of inventory, less returns and allowances		116,822,846			
	b	Less: cost of goods sold		8,476,989			
	c	Net income or (loss) from sales of inventory		108,345,857	108,345,857		
Miscellaneous Revenue			Business Code				
	11a	ROIP CONTROLLING INT/MISC INCOME	900099	5,496,710	5,496,710		
	b	OTHER REVENUE	900099	1,402,469		66,022	
	c	CHANGE IN SPLIT INTEREST AGREEMENTS	900099	807,170			
	d	All other revenue	900099	(1,625,925)	0	(1,625,925)	
	e	Total. Add lines 11a-11d		6,080,424			
12	Total revenue. See instructions		972,755,203	190,056,687	109,770	104,773,074	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	222,103,234	222,103,234		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,685,716	1,685,716		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	735,721	735,721		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,934,162		9,934,162	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	904,350		904,350	
7 Other salaries and wages	331,448,163	237,431,996	41,097,435	52,918,732
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,088,223	22,226,195	4,018,941	4,843,087
9 Other employee benefits	37,155,764	25,786,866	5,719,210	5,649,688
10 Payroll taxes	24,498,799	16,717,945	4,081,603	3,699,251
11 Fees for services (nonemployees):				
a Management				
b Legal	1,269,715	844,632	388,083	37,000
c Accounting	1,074,460		1,074,460	
d Lobbying	2,653,510	2,653,510		
e Professional fundraising services. See Part IV, line 17	64,383			64,383
f Investment management fees	4,071,932		4,071,932	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	71,553,034	61,487,637	1,721,854	8,343,543
12 Advertising and promotion	21,204,886	21,204,886		
13 Office expenses	60,324,857	51,937,880	362,953	8,024,024
14 Information technology	30,525,065	22,253,032	3,661,253	4,610,780
15 Royalties	88,940	88,940		
16 Occupancy	14,273,647	10,578,851	1,408,432	2,286,364
17 Travel	18,303,123	12,029,376	2,897,214	3,376,533
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,975,508	28,963,109	3,903,330	2,109,069
20 Interest	20,126		20,126	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,735,485	16,408,589	1,500,915	1,825,981
23 Insurance	1,106,837	155,542	951,295	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>BANK, LOCKBOX, CREDIT CARD FEES</u>	8,996,028	5,271,983	598,886	3,125,159
b <u>MEMBERSHIP DUES</u>	2,112,418	1,575,214	377,661	159,543
c <u>BAD DEBT EXPENSE</u>	1,495,183	1,068,609	142,569	284,005
d <u>UBI TAXES</u>	4,944	4,944	0	0
e All other expenses	11,599,031	10,746,052	829,276	23,703
25 Total functional expenses. Add lines 1 through 24e	965,007,244	773,960,459	89,665,940	101,380,845
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☒ if following SOP 98-2 (ASC 958-720)	251,298,787	174,760,131	19,439,607	57,099,049

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	141,642,335	1	48,709,984
	2 Savings and temporary cash investments	140,965,919	2	158,335,043
	3 Pledges and grants receivable, net	268,747,480	3	304,302,875
	4 Accounts receivable, net	48,829,614	4	42,675,727
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,583,170	8	6,786,989
	9 Prepaid expenses and deferred charges	11,910,398	9	16,637,615
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 180,765,749		
	b Less: accumulated depreciation	10b 112,691,443		
	11 Investments—publicly traded securities	63,789,159	10c	68,074,306
	12 Investments—other securities. See Part IV, line 11	726,982,854	11	863,529,467
	13 Investments—program-related. See Part IV, line 11	116,176,781	12	134,565,917
	14 Intangible assets	10,677,298	13	12,675,854
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	252,863,031	15	270,571,161	
	1,790,168,039	16	1,926,864,938	
Liabilities	17 Accounts payable and accrued expenses	100,642,888	17	97,460,225
	18 Grants payable	347,922,372	18	400,978,415
	19 Deferred revenue	37,872,053	19	25,235,654
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	57,222,753	25	58,362,989
	26 Total liabilities. Add lines 17 through 25	543,660,066	26	582,037,283
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		550,567,821	27	601,889,307
28 Net assets with donor restrictions		695,940,152	28	742,938,348
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,246,507,973	32	1,344,827,655
33 Total liabilities and net assets/fund balances	1,790,168,039	33	1,926,864,938	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	972,755,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	965,007,244
3	Revenue less expenses. Subtract line 2 from line 1	3	7,747,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,246,507,973
5	Net unrealized gains (losses) on investments	5	72,117,277
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18,454,446
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,344,827,655

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
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. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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.	✓	

Form **990** (2023)

(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) MINDY GROSSMAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) RON HADDOCK ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) ROBERT HARRINGTON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) DONALD LLOYD-JONES ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) KATIE MILLER-SMITH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) MANESH PATEL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) CHERYL PEGUS ----- 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) BERTRAM SCOTT ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) SVATI SHAH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) BOB SWAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(38) JOHN WARNER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	498,104,250	544,678,260	611,104,582	652,051,175	682,957,098	2,988,895,365
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	498,104,250	544,678,260	611,104,582	652,051,175	682,957,098	2,988,895,365
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						2,988,895,365

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	498,104,250	544,678,260	611,104,582	652,051,175	682,957,098	2,988,895,365
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,680,363	71,567,748	77,686,160	96,996,005	107,686,006	416,616,282
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,192,934	5,506,044	2,621,777	1,173,572	2,143,617	13,637,944
11 Total support. Add lines 7 through 10						3,419,149,591
12 Gross receipts from related activities, etc. (see instructions)					12	832,310,780
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	87.42 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.33 %
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c 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>		
b 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>		
c 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b 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>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ 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) 2023

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

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.)

Part VI

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

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) CHANGE IN SPLIT INT AGREEMENTS	172,825	1,833,792	1,206,435	312,297	807,170	4,332,519
	(2) MISC REVENUE	2,020,109	3,672,252	1,415,342	861,275	1,336,447	9,305,425
	Total	2,192,934	5,506,044	2,621,777	1,173,572	2,143,617	13,637,944

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

☒ 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

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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		\$ 15,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 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)				

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

Cat. No. 50084S

Schedule C (Form 990) 2023

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	✓		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c	Media advertisements?	✓		828,220
d	Mailings to members, legislators, or the public?	✓		346,178
e	Publications, or published or broadcast statements?	✓		393,554
f	Grants to other organizations for lobbying purposes?	✓		3,106,476
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,751,162
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		874,544
i	Other activities?	✓		725,698
j	Total. Add lines 1c through 1i			8,025,832
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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. 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: 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. 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. 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. 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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 in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,849,396	76,168,901	85,977,857	69,497,022	69,768,397
b Contributions	894,192	206,617	577,543	538,748	779,198
c Net investment earnings, gains, and losses	8,388,679	7,185,076	(7,925,632)	18,221,398	1,307,769
d Grants or scholarships					
e Other expenditures for facilities and programs	3,176,342	2,711,198	2,460,867	2,279,311	2,358,342
f Administrative expenses					
g End of year balance	86,955,925	80,849,396	76,168,901	85,977,857	69,497,022

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 59.75 %

c Term endowment 40.25 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,431,937		4,431,937
b Buildings	2,096,175	35,477,523	25,583,512	11,990,186
c Leasehold improvements		1,754,885	1,322,874	432,011
d Equipment		134,714,600	84,207,609	50,506,991
e Other		2,290,629	1,577,448	713,181
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				68,074,306

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	107,426,285	END OF YEAR MARKET VALUE
(B) REAL ESTATE FUND	27,139,632	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	134,565,917	

Part VIII Investments—Program Related

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

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

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	170,226,061
(2) SPLIT INTEREST AGREEMENTS	72,196,938
(3) OTHER ASSETS	2,659,362
(4) POOLED INCOME FUND A/R	18,357
(5) OTHER A/R	87,342
(6) OPERATING LEASE RIGHT OF USE	25,383,101
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	270,571,161

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	9,418,605
(3) CHARITABLE GIFT ANNUITIES	10,506,406
(4) SUPPLEMENTAL RETIREMENT PLAN	9,701,551
(5) CAPITAL LEASE OBLIGATIONS	489,965
(6) OTHER PAYABLES	638,882
(7) OPERATING LEASE OBLIGATIONS	27,607,580
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	58,362,989

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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](#)

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, 2024 AND 2023. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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		2,115,274
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		51,588,180
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		102,184,574
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		2,730,362
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		26,154,174
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		554,263
(7) SOUTH AMERICA	0	0	INVESTMENTS		4,376,805
(8) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,840,238
(9) SOUTH ASIA	0	0	INVESTMENTS		3,689,013
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	18,379
(11) EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	645,654
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	277,769
(13) MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	829,235
(14) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	36,667
(15) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	13,331
(16) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	176,250
(17) (SEE STATEMENT)					
3a Subtotal	4	10			197,230,168
b Total from continuation sheets to Part I	0	0			735,721
c Totals (add lines 3a and 3b)	4	10			197,965,889

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

Cat. No. 50082W

Schedule F (Form 990) 2023

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)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENT PROGRAMS	12,500	BANK TRANSFER			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	QUALITY IMPROVEMENTS PROGRAMS	47,500	BANK TRANSFER			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RHEUMATIC HEART DISEASE SUPPORT	200,000	BANK TRANSFER			
(4)			EUROPE (INCLUDING ICELAND AND GREENLAND)	NONCOMMUNICABLE DISEASE PREVENTION AND CARE	25,000	BANK TRANSFER			
(5)			EUROPE (INCLUDING ICELAND AND GREENLAND)	ACUTE MEDICINE CONFERENCE SUPPORT	21,401	BANK TRANSFER			
(6)			SOUTH AMERICA	PERIODIC TABLE OF FOOD INITIATIVE	151,500	BANK TRANSFER			
(7)			SUB-SAHARAN AFRICA	PERIODIC TABLE OF FOOD INITIATIVE	151,500	BANK TRANSFER			
(8)			SUB-SAHARAN AFRICA	PERIODIC TABLE OF FOOD INITIATIVE	47,000	BANK TRANSFER			
(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

8

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	2	1,750	WIRE TRANSFER			
(2) RESEARCH - ABSTRACT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	4,000	WIRE TRANSFER			
(3) RESEARCH - ABSTRACT AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	1	900	WIRE TRANSFER			
(4) RESEARCH - ABSTRACT AWARD	SOUTH ASIA	1	1,000	WIRE TRANSFER			
(5) CAREGIVER AWARD	SOUTH ASIA	1	397	WIRE TRANSFER			
(6) LECTURE AWARD	EAST ASIA AND THE PACIFIC	1	1,500	WIRE TRANSFER			
(7) LECTURE AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	3	6,325	WIRE TRANSFER			
(8) LECTURE AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	6	7,768	WIRE TRANSFER			
(9) RESEARCH - INVESTIGATOR AWARD	EAST ASIA AND THE PACIFIC	7	7,000	WIRE TRANSFER			
(10) RESEARCH - INVESTIGATOR AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	9	8,000	WIRE TRANSFER			
(11) RESEARCH - INVESTIGATOR AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	3	3,500	WIRE TRANSFER			
(12) RESEARCH - INVESTIGATOR AWARD	SUB-SAHARAN AFRICA	1	500	WIRE TRANSFER			
(13) TRAVEL AWARD	EAST ASIA AND THE PACIFIC	19	13,853	WIRE TRANSFER			
(14) TRAVEL AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	11	9,500	WIRE TRANSFER			
(15) TRAVEL AWARD	MIDDLE EAST AND NORTH AFRICA	4	2,850	WIRE TRANSFER			
(16) TRAVEL AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	4	3,477	WIRE TRANSFER			
(17) TRAVEL AWARD	SOUTH ASIA	2	2,000	WIRE TRANSFER			
(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**

Schedule F (Form 990) 2023

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		24,103
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		274,226
(19) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		2,850
(20) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		76,145
(21) SOUTH ASIA	0	0	GRANTMAKING		6,397
(22) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		199,000
(23) SOUTH AMERICA	0	0	GRANTMAKING		151,500
(24) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,500

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	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. 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. 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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL, SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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.

NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 <u>BAY AREA HEARTWALK</u> (event type)	(b) Event #2 <u>CHICAGO GALA</u> (event type)	(c) Other events <u>5946</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,687,887	5,588,070	279,815,067	292,091,024
	2 Less: Contributions	6,687,887	5,137,322	259,990,046	271,815,255
	3 Gross income (line 1 minus line 2)	0	450,748	19,825,021	20,275,769
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	16,997	6,064	8,654,204	8,677,265
	6 Rent/facility costs	236,774	398,503	17,691,644	18,326,921
	7 Food and beverages	104,045	6,899	5,267,557	5,378,501
	8 Entertainment	11,768	9,931	2,109,258	2,130,957
	9 Other direct expenses	52,415	107,438	3,257,105	3,416,958
	10 Direct expense summary. Add lines 4 through 9 in column (d)				37,930,602
	11 Net income summary. Subtract line 10 from line 3, column (d)				(17,654,833)

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))
Revenue	1 Gross revenue			71,216	71,216
Direct Expenses	2 Cash prizes			0	0
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				0
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				71,216

9 Enter the state(s) in which the organization conducts gaming activities: CA, DC, FL, GA, LA, NM, OK, AZ, SD, TX, AR

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

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

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name CYNTHIA ROBERTSAddress 7272 GREENVILLE AVENUE, DALLAS, TX 75231-5129

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SEE NEXT PAGE

Part IV

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

1 (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) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE, CLEVELAND, OH 44195	34-0714585	(C)(3)	20,000				PERICARDITIS INITIATIVE
(2) COLTS FOUNDATION 7001 W. 56TH STREET, INDIANAPOLIS, IN 46254	36-2742509	(C)(3)	5,216				MENTAL HEALTH
(3) SAINT LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL ROAD, KANSAS CITY, MO 64111	44-0545297	(C)(3)	5,820				HEART FAILURE INITIATIVE
(4) DUKE UNIVERSITY 2200 W. MAIN STREET, DURHAM, NC 27705	56-0532129	(C)(3)	32,500				ATRIAL FIBRILLATION PROGRAM
(5) WAKEMED 3000 NEW BERN AVE, RALEIGH, NC 27610	56-6017737	(C)(3)	131,500				DIABETES PROGRAM
(6) (SEE STATEMENT)	52-1969967	(C)(3)	62,500				ANTI-TOBACCO ADVOCACY
(7) (SEE STATEMENT)	52-1974904	(C)(4)	62,500				ANTI-TOBACCO ADVOCACY
(8) (SEE STATEMENT)	72-0502505	(C)(3)	20,000				(SEE STATEMENT)
(9) (SEE STATEMENT)	24-0795959	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(10) LANCASTER GENERAL HOSPITAL 555 NORTH DUKE ST, LANCASTER, PA 17604	23-1365353	(C)(3)	5,820				HEART FAILURE INITIATIVE
(11) PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE, HERSHEY, PA 17033	24-6000376	GOV	49,000				ATRIAL FIBRILLATION PROGRAM
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 730

3 Enter total number of other organizations listed in the line 1 table 64

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ABSTRACT AWARDS	47	44,750			
2 INVESTIGATOR AWARDS	90	77,000			
3 HYPERTENSION PROJECT	3	2,500			
4 STUDENT SCHOLARSHIPS	6	7,700			
5 SCHOLAR STIPEND	158	1,235,167			
6 ACHIEVEMENT AWARD	22	29,929			
7 (SEE STATEMENT)					

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

(SEE STATEMENT)

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) MERCYONE DES MOINES MEDICAL CENTER 1111 6TH AVENUE, DES MOINES, IA 50314	42-0680448	(C)(3)	20,000				STROKE PROGRAMS
(13) TRINITY HEALTH - MICHIGAN 5325 ELLIOTT DRIVE, SUITE 201, YPSILANTI, MI 48197	38-2113393	(C)(3)	20,300				ATRIAL FIBRILLATION PROGRAM
(14) MADONNA REHABILITATION HOSPITAL 5401 SOUTH STREET, LINCOLN, NE 68506	47-0439599	(C)(3)	10,000				STROKE CARE INITIATIVE
(15) NATIONAL COALITION FOR WOMEN WITH HEART DISEASE 712 H STREET NE, SUITE 2201, WASHINGTON, DC 20002	52-2148006	(C)(3)	20,000				HYPERTROPHIC CARDIOMYOPATHY INITIATIVE
(16) SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4243 4TH AVENUE SOUTH, MINNEAPOLIS, MN 55409	23-7113799	(C)(3)	16,000				OUTPATIENT TELEHEALTH INITIATIVE
(17) FAMILY HEALTH CENTER KALAMAZOO 117 WEST PATERSON STREET, KALAMAZOO, MI 49007	23-7107569	(C)(3)	10,138				BLOOD PRESSURE PROGRAMS
(18) CARLE FOUNDATION HOSPITAL 611 WEST PARK STREET, URBANA, IL 61801	37-1119538	(C)(3)	8,000				ATRIAL FIBRILLATION PROGRAM
(19) UNIVERSITY OF PITTSBURGH 3600 FORBES AVENUE, SUITE 400A, PITTSBURGH, PA 15261	25-0965591	(C)(3)	10,000				COMMUNITY HEALTH
(20) OREGON HEALTH AND SCIENCE UNIVERSITY PO BOX 3003, PORTLAND, OR 97208	93-1176109	GOV	20,000				RECURRENT PERICARDITIS INITIATIVE
(21) CITY OF COLUMBIA 1136 WASHINGTON STREET, COLUMBIA, SC 29071	57-6000229	GOV	13,800				CARDIAC EMERGENCY READINESS
(22) METHODIST MEDICAL CENTER 120 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61603	37-0661223	(C)(3)	14,400				ATRIAL FIBRILLATION PROGRAM
(23) STATE OF MONTANA PO BOX 4210, HELENA, MT 59604	81-0302402	GOV	150,000				STROKE CARE PROGRAMS
(24) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 3100 EASTON SQUARE PLACE, COLUMBUS, OH 43219	31-1113966	(C)(3)	6,250				HYPERTENSION MANAGEMENT
(25) ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE, GRAND FORKS, ND 58201	45-0368330	(C)(3)	38,865				CARDIAC EMERGENCY READINESS
(26) PROCTOR COMMUNITY HOSPITAL 5409 NORTH KNOXVILLE, PEORIA, IL 61614	37-0681540	(C)(3)	21,500				ATRIAL FIBRILLATION PROGRAM
(27) UNIVERSITY OF CALIFORNIA SAN DIEGO UC SAN DIEGO, LA JOLLA, CA 92093	95-6006144	GOV	180,000				ATHEROSCLEROTIC DISEASE MANAGEMENT

(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) ATLANTA PUBLIC SCHOOLS 1114 AVON AVE SW, ATLANTA, GA 68506	58-6000134	GOV	7,500				FOOD NUTRITION PROJECT
(29) BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET, LINCOLN, NE 68506	47-0376552	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(30) ST FRANCIS HOUSE NWA, INC 614 E EMMA AVE, SPRINGDALE, AR 72764	31-1553455	(C)(3)	14,000				COMMUNITY HEALTH
(31) D'YOUVILLE UNIVERSITY 320 PORTER AVENUE, BUFFALO, NY 14201	16-0743989	(C)(3)	7,500				EQUITY HYPERTENSION GRANT
(32) ECU HEALTH MEDICAL CENTER PO BOX 8447, GREENVILLE, NC 27835	56-0585243	(C)(3)	60,000				HEMORRHAGIC STROKE INITIATIVE
(33) MULTICARE HEALTH SYSTEM 1500 S. LAKE PARK AVE, HOBART, IN 46342	91-1352172	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(34) METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN STREET, HOUSTON, TX 77030	87-0721923	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(35) CHRISTIANA CARE HEALTH SERVICES 200 HYGEIA DRIVE STE 2400, NEWARK, DE 19713	51-0103684	(C)(3)	12,000				ATRIAL FIBRILLATION PROGRAM
(36) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, ANN ARBOR, MI 48109	38-6006309	GOV	20,000				RECURRENT PERICARDITIS INITIATIVE
(37) UNIVERSITY OF WISCONSIN RESEARCH & SPONSORED PROGRAMS, MADISON, WI 53715	39-6006492	GOV	97,700				ATRIAL FIBRILLATION PROGRAM
(38) UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE, RM 411, SALT LAKE CITY, UT 84112	87-6000525	GOV	20,000				RECURRENT PERICARDITIS INITIATIVE
(39) GENESIS MEDICAL CENTER 1118 11TH STREET, DEWITT, IA 52742	42-1418847	(C)(3)	10,000				RECURRENT PERICARDITIS INITIATIVE
(40) THE SALVATION ARMY-SHERIDAN 150 S. TSCHIRGI ST., SHERIDAN, WY 82801	94-1156347	(C)(3)	25,000				HEALTHCARE QUALITY IMPROVEMENT
(41) SSM HEALTH ST LOUIS 12800 CORPORATE HILL DRIVE, ST LOUIS, MO 63131	43-1343281	(C)(3)	20,000				HEALTHCARE QUALITY IMPROVEMENT
(42) GREATER GRACE CHURCH 3690 PERSHALL ROAD, FERGUSON, MO 63135	43-1387303	(C)(3)	7,000				CARDIAC EMERGENCY READINESS
(43) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123	95-6077327	(C)(3)	40,000				DIABETES PREVENTION PROGRAM
(44) BRIGHAM AND WOMENS PHYSICIAN ORG. 75 FRANCIS STREET, BOSTON, MA 21150	04-3466314	(C)(3)	20,000				HEMORRHAGIC STROKE INITIATIVE
(45) UNITYPOINT HEALTH DES-MOINES FOUNDATION 1415 WOODLAND AVENUE STE E-200, DES MOINES, IA 50309	42-1467682	(C)(3)	20,000				STROKE INITIATIVE
(46) BRIGHAM AND WOMENS HOSPITAL INC BWH RESEARCH FINANCE, BOSTON, MA 02241	04-2312909	(C)(3)	6,000				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
(47) ORANGE CITY AREA HEALTH SYSTEM 1000 LINCOLN CIRCLE SOUTHEAST, ORANGE CITY, IA 51041	42-6038405	(C)(3)	7,000				STROKE INITIATIVE
(48) COMMUNITY HEALTH 2611 W CHICAGO AVE, CHICAGO, IL 60622	36-3831793	(C)(3)	20,000				HYPERTENSION CONTROL EFFORTS
(49) WELLSTAR KENNESTONE REGIONAL MEDICAL CENTER, MARIETTA, GA 30067	58-2032904	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(50) YMCA OF GREATER BOSTON INC 316 HUNTINGTON AVENUE, BOSTON, MA 02115	04-2103551	(C)(3)	10,000				NUTRITION SECURITY PROJECT
(51) THE FOOD TRUST 1617 JFK BLVD STE 900, PHILADELPHIA, PA 19103	23-2678383	(C)(3)	30,000				FOOD TRUST PROGRAM
(52) NORTHWOOD DEACONESS HEALTH CENTER PO BOX 190, NORTHWOOD, ND 58267	45-0226472	(C)(3)	15,000				STROKE POST-ACUTE CARE INITIATIVE
(53) BILLINGS CLINIC FOUNDATION 2917 TENTH AVENUE N, BILLINGS, MT 59101	81-0407289	(C)(3)	10,000				STROKE CENTERS
(54) CAMINO COMMUNITY DEVELOPMENT CORP 133 STETSON DRIVE, CHARLOTTE, NC 28262	56-2015959	(C)(3)	14,000				EMERGENCY RESPONSE AND CPR POLICY
(55) AFFINIA HEALTHCARE 1717 BIDDLE STREET, SAINT LOUIS, MO 63106	43-0817642	(C)(3)	10,000				COMMUNITY HEALTH
(56) VALLEY HOSPITAL 223 NORTH VAN DIEN AVENUE, RIDGEWOOD, NJ 07450	22-1487307	(C)(3)	14,000				ATRIAL FIBRILLATION PROGRAM
(57) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVE, CHICAGO, IL 60611	36-1408475	(C)(3)	8,000				ATRIAL FIBRILLATION PROGRAM
(58) CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012, KANSAS CITY, MO 64180	43-6003859	GOV	37,890				ATRIAL FIBRILLATION PROGRAM
(59) ST LUKES HOSPITAL OF DULUTH 915 EAST FIRST STREET, DULUTH, MN 55805	41-0714079	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(60) UNIVERSITY OF ILLINOIS AT CHICAGO 1200 WEST HARRISON M/C 334, CHICAGO, IL 60607	37-6000511	GOV	5,820				HEART FAILURE INITIATIVE
(61) BARNES JEWISH HOSPITAL ONE BARNES JEWISH HOSPITAL, SAINT LOUIS, MO 63110	23-7309937	(C)(3)	13,070				HEART FAILURE INITIATIVE
(62) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET, MISSOULA, MT 59802	23-7056976	(C)(3)	10,000				STROKE CENTERS SUPPORT
(63) STANFORD UNIVERSITY 485 BROADWAY MAILCODE 8838, REDWOOD CITY, CA 94063	94-1156365	(C)(3)	75,000				HYPERTROPHIC CARDIOMYOPATHY 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
(64) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER PO BOX 301418, DALLAS, TX 75303	74-1761309	GOV	28,000				ATRIAL FIBRILLATION PROGRAM
(65) BENEFIS HOSPITALS INC 1101 26TH STREET SOUTH, GREAT FALLS, MT 59405	81-0232122	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(66) UNIVERSITY OF WASHINGTON GRANT & CONTRACT ACCOUNTING, CHICAGO, IL 60693	91-6001537	GOV	13,783				CARDIAC CONDITIONS IN ATHLETES RESEARCH
(67) BITTERROOT HEALTH-DALY HOSPITAL 1200 WESTWOOD DRIVE, HAMILTON, MT 59840	81-0240726	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(68) CENTRAL MONTANA MEDICAL CENTER 408 WENDELL AVENUE, LEWISTOWN, MT 59457	23-7169043	(C)(3)	15,000				STROKE POST-ACUTE CARE INITIATIVE
(69) BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BLVD STE 3200, BOZEMAN, MT 59715	84-1407943	(C)(3)	22,000				STROKE EDUCATION & AWARENESS
(70) CLEMSON UNIVERSITY 391 COLLEGE AVE, SUITE 302, CLEMSON, SC 29634	57-6000254	GOV	8,325				DIABETES PREVENTION PROGRAM
(71) IOWA ATHLETICS S410 CARVER-HAWKEYE ARENA, IOWA CITY, IA 52242	42-6004813	GOV	20,000				STROKE EDUCATION & AWARENESS
(72) PAN AMERICAN HEALTH ORGANIZATION 525 23RD STREET NORTHWEST, WASHINGTON, DC 20037	52-1804954	(C)(4)	70,000				NUTRITION PROGRAM
(73) MAYO CLINIC 200 FIRST STREET SOUTHWEST, ROCHESTER, MN 55905	41-6011702	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(74) STILLWATER BILLINGS CLINIC PO BOX 959, COLUMBUS, MT 59019	81-0286525	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(75) ST LUKE COMMUNITY HEALTHCARE 107 6TH AVENUE SOUTHWEST, RONAN, MT 59864	81-0221486	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(76) DEER LODGE MEDICAL CENTER 1100 HOLLENBACK LANE, DEER LODGE, MT 59722	81-0469886	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(77) LOGAN HEALTH CONRAD PO BOX 668, CONRAD, MT 59425	81-0232406	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(78) BEARTOOTH BILLINGS CLINIC PO BOX 590, RED LODGE, MT 59068	81-0224734	(C)(3)	27,000				STROKE EDUCATION & AWARENESS
(79) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY AVENUE, GRAND ISLAND, NE 68803	47-0376601	(C)(3)	15,000				STROKE POST-ACUTE CARE INITIATIVE
(80) SIDNEY HEALTH CENTER 216 14TH AVENUE SW, SIDNEY, MT 59270	81-0233499	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(81) BRODSTONE MEMORIAL HOSPITAL 520 EAST 10TH, SUPERIOR, NE 68978	47-0388012	(C)(3)	15,000				STROKE POST-ACUTE CARE 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
(82) UNITY POINT HEALTH SAINT LUKE'S 2720 STONE PARK BLVD, SIOUX CITY, IA 51104	42-1019872	(C)(3)	30,000				STROKE EDUCATION & AWARENESS
(83) FRANCES MAHON DEACONESS HOSPITAL 621 3RD STREET SOUTH, GLASGOW, MT 59230	81-0231786	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(84) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 1500 MARKET STREET 26 FL, PHILADELPHIA, PA 19102	23-1352685	(C)(3)	58,280				HEART FAILURE INITIATIVE
(85) MERCYONE SIOUXLAND MEDICAL CENTER 801 5TH STREET, SIOUX CITY, IA 51101	31-1373080	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(86) RUBY VALLEY HOSPITAL THE PO BOX 336, SHERIDAN, MT 59749	81-0247889	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(87) CABINET PEAKS MEDICAL CENTER 209 HEALTH PARK DRIVE, LIBBY, MT 59923	81-0241755	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(88) LOGAN HEALTH CUT BANK 802 2ND STREET SE, CUT BANK, MT 59427	81-0530457	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(89) FAIRVIEW HEALTH SERVICE 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454	41-0991680	(C)(3)	175,000				ATHEROSCLEROTIC DISEASE MANAGEMENT
(90) SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP 2706 MEDIA CENTER DRIVE, LOS ANGELES, CA 90065	95-1750445		20,000				ATRIAL FIBRILLATION PROGRAM
(91) BUTLER COUNTY HEALTH CARE CENTER 372 SOUTH 9TH STREET, DAVID CITY, NE 68632	47-0551144	(C)(3)	15,000				STROKE POST-ACUTE CARE INITIATIVE
(92) MINERAL COMMUNITY HOSPITAL PO BOX 66, SUPERIOR, MT 59872	81-0421823	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(93) CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE, CRETE, NE 68333	47-0841285	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(94) MARY GREELEY MEDICAL CENTER 1111 DUFF AVENUE, AMES, IA 50010	42-1347891	GOV	30,000				STROKE EDUCATION & AWARENESS
(95) MERCYONE WATERLOO MEDICAL CENTER PO BOX 6260, WATERLOO, IA 50704	42-1264647	(C)(3)	31,000				STROKE EDUCATION & AWARENESS
(96) FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101, MENOMONEE FALLS, WI 53051	39-2014409	(C)(3)	40,500				HEART FAILURE INITIATIVE
(97) ST. ANTHONY REGIONAL HOSPITAL 311 SOUTH CLARK STREET, CARROLL, IA 51401	42-0733472	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(98) WHEATLAND MEMORIAL HEALTHCARE PO BOX 287, HARLOWTON, MT 59036	81-0392231	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(99) SIOUX CENTER HEALTH 1101 9TH STREET SOUTHEAST, SIOUX CENER, IA 51250	42-0796764	(C)(3)	7,000				STROKE EDUCATION & AWARENESS

(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
(100) GLENDIVE MEDICAL CENTER 202 PROSPECT DRIVE, GLENDIVE, MT 59330	81-6016016	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(101) HEGG HEALTH CENTER 1202 21ST AVENUE, ROCK VALLEY, IA 51247	42-0932564	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(102) AUDUBON COUNTY MEMORIAL HOSPITAL 515 PACIFIC AVE, AUDUBON, IA 50025	42-6037854	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(103) JEFFERSON COMMUNITY HEALTH CENTER INC 2200 H STREET, FAIRBURY, NE 68352	47-0468078	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(104) BELMOND COMMUNITY HOSPITAL 403 FIRST STREET SOUTHEAST, BELMOND, IA 50421	42-6006483	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(105) FRESH APPROACH 5060 COMMERCIAL CIRCLE STE C, CONCORD, CA 94520	26-2438206	(C)(3)	110,000				NUTRITION PROGRAM
(106) JACKSON COUNTY REGIONAL 601 HOSPITAL DRIVE, MAQUOKETA, IA 52060	42-6037868	(C)(3)	17,000				STROKE EDUCATION & AWARENESS
(107) SANFORD SHELDON MEDICAL CENTER 118 NORTH 7TH AVE, SHELDON, IA 51201	46-0388596	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(108) AURORA HEALTH CARE INC 960 NORTH 12TH STREET, MILWAUKEE, WI 53233	39-1442285	(C)(3)	228,270				HEART FAILURE INITIATIVE
(109) NORTHWEST COMMUNITY HOSPITAL 800 WEST CENTRAL ROAD, ARLINGTN HEIGHTS, IL 60005	36-2340313	(C)(3)	15,000				HEART FAILURE INITIATIVE
(110) PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE, FORT WAYNE, IN 46845	35-0868085	(C)(3)	14,000				ATRIAL FIBRILLATION PROGRAM
(111) MADISON VALLEY MEDICAL CENTER 305 NORTH MAIN STREET, ENNIS, MT 59729	81-0236460	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(112) CHI ST LUKES HEALTH THE WOODLANDS HOSP 6624 FANNIN ST 1100, HOUSTON, TX 77030	76-0536234	(C)(3)	20,000				HEMORRHAGIC STROKE INITIATIVE
(113) KAISER FOUNDATION HOSPITAL ONE KAISER PLAZA 17L, OAKLAND, CA 94612	94-1105628	(C)(3)	175,000				ATHEROSCLEROTIC DISEASE MANAGEMENT
(114) VAN BUREN COUNTY HOSPITAL 304 FRANKLIN STREET, KEOSAUQUA, IA 52565	42-6037829	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(115) ALLEN PLACE COMMUNITY SERVICE 227 BONVUE STREET, PITTSBURGH, PA 15214	27-1100587	(C)(3)	8,500				CARDIAC EMERGENCY READINESS
(116) SEA MAR COMMUNITY HEALTH CENTER 1040 S HENDERSON STREET, SEATTLE, WA 98108	91-1020139	(C)(3)	65,000				NUTRITION SECURITY PROJECT

(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
(117) CASS COUNTY PUBLIC HEALTH 1501 EAST 10TH STREET, ATLANTIC, IA 50022	42-0921296	GOV	32,000				PUBLIC HEALTH INITIATIVE
(118) GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN STREET, GUTTENBERG, IA 52052	42-6038728	GOV	10,000				STROKE EDUCATION & AWARENESS
(119) JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 EAST PIERCE STREET, COUNCIL BLUFFS, IA 51503	42-0680355	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(120) HARTFORD HOSPITAL 80 SEYMOUR STREET, HARTFORD, CT 06102	06-0646668	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(121) EL CENTRO DE CORAZON 412 TELEPHONE RD., HOUSTON, TX 77023	76-0442781	(C)(3)	14,500				FOOD NUTRITION PROJECT
(122) COOPER HEALTH SYSTEM 1 FEDERAL STREET STE NW 2-400A, CAMDEN, NJ 08103	21-0634462	(C)(3)	8,000				ATRIAL FIBRILLATION PROGRAM
(123) MONTGOMERY COUNTY MEMORIAL HOSPITAL 2301 EASTERN AVE, RED OAK, IA 51566	42-1102673	GOV	12,000				STROKE EDUCATION & AWARENESS
(124) HAWARDEN REGIONAL HEALTHCARE 1111 11TH STREET, HAWARDEN, IA 51023	42-6005851	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(125) MERCY MEDICAL CENTER CEDAR RAPIDS 701 10TH ST SE, CEDAR RAPIDS, IA 52403	42-0698295	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(126) TRINITY MUSCATINE FOUNDATION 1518 MULBERRY AVENUE, MUSCATINE, IA 52761	42-1525031	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(127) CHI HEALTH IMMANUEL 6901 NORTH 72ND STREET, OMAHA, NE 68122	47-0376615	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(128) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PO BOX 26901 RP 865 ROOM 560, OKLAHOMA CITY, OK 73126	73-1563627	GOV	14,900				ATRIAL FIBRILLATION PROGRAM
(129) UNIVERSITY OF WISCONSIN HOSPITALS 600 HIGHLAND AVENUE, MADISON, WI 53792	39-1835630	(C)(3)	15,820				HEMORRHAGIC STROKE INITIATIVE
(130) RESEARCH MEDICAL CENTER 2316 EAST MEYER BLVD, KANSAS CITY, MO 64132	54-2092552	(C)(6)	5,820				HEART FAILURE INITIATIVE
(131) FRANCISCAN HEALTH OLYMPIA FIELDS 20201 CRAWFORD AVENUE, OLYMPIA FIELDS, IL 60461	36-2167869	(C)(4)	5,820				HEART FAILURE INITIATIVE
(132) RUSH UNIVERSITY MEDICAL CENTER 75 REMITTANCE DRIVE, SUITE 6807, CHICAGO, IL 60675	36-2174823	(C)(3)	20,000				ATRIAL FIBRILLATION PROGRAM
(133) WELLSTAR HEALTH SYSTEM INC 522 NORTH AVENUE, MARIETTA, GA 30060	58-1649541	(C)(3)	10,100				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
(134) VIRTUA HEALTH INC PO BOX 388, MARLTON, NJ 08053	22-3524939	(C)(3)	19,430				AORTIC STENOSIS INITIATIVE
(135) JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33, NEPTUNE, NJ 07753	22-1487576	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(136) CLARINDA REGIONAL HEALTH CENTER 220 ESSIE DAVISON DRIVE, CLARINDA, IA 51632	42-6005819	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(137) SHENANDOAH MEDICAL CENTER 300 PERSHING AVENUE, SHENANDOAH, IA 51601	42-1101835	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(138) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034, SAINT LOUIS, MO 63112	43-0653611	(C)(3)	50,000				HEALTHCARE QUALITY IMPROVEMENT
(139) CHILDRENS HOSPITAL OF PITTSBURGH 4401 PENN AVENUE, PITTSBURGH, PA 15224	25-1865744	(C)(3)	8,000				CHILDREN'S HEART HEALTH
(140) WASHINGTON STATE ASSN OF HEAD START AND ECEAP 11200 KIRKLAND WAY, SUITE 385, KIRKLAND, WA 98033	23-7444962	(C)(3)	36,000				CHILDHOOD OBESITY
(141) CHI HEALTH GOOD SAMARITAN PO BOX 1990, KEARNEY, NE 68848	47-0379755	(C)(3)	10,000				STROKE POST-ACUTE CARE INITIATIVE
(142) WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149, FARMERS BRANCH, TX 75234	75-2616002	(C)(3)	71,000				HYPERTENSION PROGRAM
(143) NEBRASKA MEDICAL CENTER THE 988145 NEBRASKA MEDICAL CENTER, OMAHA, NE 98198	91-1858433	(C)(3)	205,000				AORTIC STENOSIS INITIATIVE
(144) A RED CIRCLE 6439 PLYMOUTH AVE, SUITE W130, ST. LOUIS, MO 63133	82-0850327	(C)(3)	30,000				NUTRITION SECURITY SCREENING
(145) MYRTUE MEDICAL CENTER 1213 GARFIELD AVENUE, HARLAN, IA 51537	42-6037826	(C)(3)	15,000				STROKE EDUCATION & AWARENESS
(146) TRUMAN MEDICAL CENTER INC PO BOX 957924, SAINT LOUIS, MO 63195	44-0661018	(C)(3)	20,820				HEART FAILURE INITIATIVE
(147) NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVENUE NORTH, MINNEAPOLIS, MN 55412	41-1235064	(C)(3)	64,000				OUTPATIENT TELEHEALTH INITIATIVE
(148) AMERICANS FOR NONSMOKERS RIGHTS 2530 SAN PABLO AVENUE STE J, BERKELEY, CA 94702	94-2598713	(C)(4)	25,000				ANTI-TOBACCO CAMPAIGN
(149) PROVIDENCE ST VINCENT MEDICAL CENTER PO BOX 5977, PORTLAND, OR 97228	93-0386929	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(150) SMART FROM THE START 852 SOUTH STREET, ROSLINDALE, MA 02131	45-4952663	(C)(3)	100,000				NUTRITION PROJECT

(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
(151) NATIVE AMERICAN COMMUNITY CLINIC 1213 EAST FRANKLIN AVENUE, MINNEAPOLIS, MN 55404	03-0445789	(C)(3)	25,000				PHYSICAL ACTIVITY PROGRAM
(152) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD STE 100, SAINT LOUIS, MO 63141	43-1552945	(C)(3)	34,920				HEART FAILURE INITIATIVE
(153) DELAWARE VALLEY COMMUNITY HEALTH INC 1412 FAIRMONT AVENUE, 2ND FLOOR, PHILADELPHIA, PA 19130	23-2077750	(C)(3)	27,000				BLOOD PRESSURE SCREENINGS
(154) FORTY ACRES FRESH MARKET 1510 WEST GRAND AVENUE APT 2W, CHICAGO, IL 60642	83-3588129		61,060				COMMUNITY IMPACT
(155) MISSOURI BAPTIST MEDICAL CENTER PO BOX 958361, SAINT LOUIS, MO 63195	43-0652656	(C)(3)	13,070				HEART FAILURE INITIATIVE
(156) EVERY TEXAN 7020 EASY WIND DRIVE STE 200, AUSTIN, TX 78752	74-2898197	(C)(3)	75,000				PREEMPTION DEFENSE FUND
(157) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE, SUITE 1100, WEST LAFAYETTE, IN 47906	35-6002041	GOV	78,000				HEALTH EQUITY
(158) ALEXIAN BROTHERS MEDICAL CENTER 800 BLESTERFIELD ROAD EBERLE 610, ELK GROVE VILLAGE, IL 60007	36-2596381	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(159) SANCTUARY FARM PHILA 1909 N. 24TH STREET, PHILADELPHIA, PA 19121	82-0901546	(C)(3)	9,120				HEALTH EQUITY
(160) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE STE 120, RALEIGH, NC 27603	56-1753180	(C)(3)	6,750				NUTRITION SECURITY PROJECT
(161) CARE RING 601 EAST 5TH STREET STE 140, CHARLOTTE, NC 28202	56-0621073	(C)(3)	27,800				HEALTH EQUITY
(162) NEBRASKA APPLESEED CENTER PO BOX 83613, LINCOLN, NE 68501	47-0798343	(C)(3)	25,000				SNAP ACCESS
(163) ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO COURT, DEARBORN, MI 48120	23-7444497	(C)(3)	100,000				SNAP ACCESS
(164) NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE, NEW YORK, NY 10016	13-5562308	(C)(3)	30,000				LP(A) DISCOVERY PROJECT
(165) HARVEST HOPE FOOD BANK PO BOX 451, COLUMBIA, SC 29202	57-0725560	(C)(3)	10,000				HEALTHY FOOD ACCESS
(166) MERCY HEALTH ST VINCENT MEDICAL CENTER 2213 CHERRY STREET, TOLEDO, OH 43608	34-4428250	(C)(3)	20,000				HEMORRHAGIC STROKE INITIATIVE
(167) ASCENSION SETON 1500 RED RIVER ST, AUSTIN, TX 78701	74-1109643	(C)(3)	20,000				HEMORRHAGIC STROKE 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
(168) DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD, BROWNS MILLS, NJ 08015	23-1550955	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(169) MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER ROAD STE 1900, HOUSTON, TX 77024	74-1152597	(C)(3)	20,000				HEMORRHAGIC STROKE INITIATIVE
(170) ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES 1400 W MARKHAM, LITTLE ROCK, AR 72201	71-0492205	(C)(3)	25,000				PREEMPTION DEFENSE FUND
(171) ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY 41017	61-0445850	(C)(3)	250,000				ATHEROSCLEROTIC DISEASE MANAGEMENT
(172) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC5554, STANFORD, CA 94305	94-6174066	(C)(3)	25,000				AORTIC STENOSIS INITIATIVE
(173) SOUTH PIEDMONT AHEC 5039 AIRPORT CENTER PARKWAY, CHARLOTTE, NC 28208	56-0529945		40,000				HEMORRHAGIC STROKE INITIATIVE
(174) UNIVERSITY OF UTAH HOSPITALS & CLINICS 127 SOUTH 500 EAST STE 200, SALT LAKE CITY, UT 84102	87-6000525	GOV	15,000				AORTIC STENOSIS INITIATIVE
(175) ROUNDUP MEMORIAL HEALTHCARE PO BOX 40, ROUNDUP, MT 59072	81-0245848	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(176) GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE, ATLANTA, GA 30303	26-3695851	(C)(3)	50,000				PREEMPTION DEFENSE FUND
(177) ST JAMES HEALTHCARE FOUNDATION 400 S CLARK STREET, BUTTE, MT 59701	65-1202190	(C)(3)	10,000				STROKE PROGRAMS
(178) INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE, BRIDGETON, NJ 08302	21-0634484	(C)(3)	101,560				AORTIC STENOSIS INITIATIVE
(179) WHOLESOME WAVE GEORGIA INC 777 CLEVELAND AVENUE SW STE 400, ATLANTA, GA 30315	45-4816906	(C)(3)	25,750				HEALTH EQUITY
(180) CENTRAL DETROIT CHRISTIAN CDC 1550 TAYLOR STREET, DETROIT, MI 48206	38-3128822	(C)(3)	80,000				NUTRITION PROJECT
(181) METHODIST FREMONT HEALTH 450 E 23RD STREET, FREMONT, NE 68025	83-1362276	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(182) LOGAN HEALTH BRENDAN HOUSE 350 CONWAY DRIVE, KALISPELL, MT 59901	81-0420653	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(183) CLARK FORK VALLEY HOSPITAL 10 KRUGER ROAD, PLAINS, MT 59859	81-0475376	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(184) PENN PRESBYTERIAN MEDICAL CENTER 51 N 39TH SREET, PHILADELPHIA, PA 19104	23-2810852	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(185) AVENUE 360 HEALTH AND WELLNESS 2150 W 18TH STREET STE 300, HOUSTON, TX 77008	76-0549240	(C)(3)	34,500				FOOD NUTRITION PROJECT

(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
(186) COMMUNITY HEALTH CENTER OF BUFFALO INC 34 BENWOOD AVENUE, BUFFALO, NY 14214	16-1566929	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL PROGRAM
(187) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH, NASHVILLE, TN 37232	35-2528741	(C)(3)	60,000				AORTIC STENOSIS INITIATIVE
(188) URBAN HARVEST INC 1911 W. 34TH STREET, HOUSTON, TX 77018	76-0501430	(C)(3)	20,000				HEART HEALTHY MOBILE FOOD SYSTEM
(189) PENNENVIRONMENT RESEARCH & POLICY CENTER 1713 S BROAD ST, PHILADELPHIA, PA 19102	05-0530668	(C)(3)	87,811				WATER ACCESS IN SCHOOLS
(190) SAN JOSE CLINIC 2615 FANNIN STREET, HOUSTON, TX 77002	76-0373703	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(191) RENOWN REGIONAL MEDICAL CENTER 1155 MILL STREET MAIL STOP J-11, RENO, NV 89502	88-0213754	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(192) PRIMARY CARE COALITION OF MONTGOMERY COUNTY 8757 GEORGIA AVENUE 10TH FLR, SILVER SPRING, MD 20910	52-1847976	(C)(3)	8,000				COMMUNITY HEALTH
(193) COPPER RIDGE NURSING REHAB CENTER LLC 3251 NETTIE STREET, BUTTE, MT 59701	82-3721910		10,000				STROKE EDUCATION & AWARENESS
(194) NEW YORK CITY HEALTH AND HOSPITALS CORP 50 WATER STREET 3RD FLOOR, NEW YORK, NY 10004	13-2655001	(C)(3)	16,000				ATRIAL FIBRILLATION PROGRAM
(195) COLUMBIA UNIVERSITY PO BOX 29789, NEW YORK, NY 10087	13-5598093	(C)(3)	12,000				ATRIAL FIBRILLATION PROGRAM
(196) ENVIRONMENT AMERICA RESEARCH & POLICY CENTER 104 BAYARD ST. 6TH FLOOR, NEW BRUNSWICK, NJ 08901	13-4339865	(C)(3)	10,000				WATER ACCESS IN SCHOOLS
(197) FINDING JUSTICE A FLOWER AND VEGATABLE GARDEN 5034 W WASHINGTON #204, CHICAGO, IL 60644	84-3847534		40,000				NUTRITION AND FOOD ACCESS
(198) PATCHWORK CITY FARMS 493 ATWOOD STREET SW, ATLANTA, GA 30310	27-3785841		6,170				NUTRITION PROJECT
(199) FBF OF PENSACOLA INC 6404 MOBILE HIGHWAY, PENSACOLA, FL 32526	36-4735532		87,300				NUTRITION PROJECT
(200) LOGAN HEALTH SHELBY 640 PARK AVENUE, SHELBY, MT 59474	86-2327525	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(201) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE, BUFFALO, NY 14207	16-1294447	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL 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
(202) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH ATTN: NRS WE_01_800-NRS, ROCHESTER, MN 55901	41-1506440	(C)(3)	20,000				RECURRENT PERICARDITIS INITIATIVE
(203) MARION PUBLIC HEALTH 181 SOUTH MAIN STREET, MARION, OH 43302	31-6400076	GOV	25,000				BLOOD PRESSURE PROGRAMS
(204) NEW LEAF ORGANIZATION 690 S TIFFIN ROAD, PORT CLINTON, OH 43452	47-1338107	(C)(3)	25,000				SCHOOL WELLNESS
(205) FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY, SAN DIEGO, CA 92102	95-2833205	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(206) THE HEART OF A GIANT FOUNDATION INC 5 AUSTIN STREET FLR 1, MILTON, MA 02186	84-2900386	(C)(3)	10,000				HEALTH SCREENINGS
(207) ST VINCENT HEALTHCARE FOUNDATION 1106 N 30TH STREET, BILLINGS, MT 59101	81-0468034	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(208) STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVENUE, TOPEKA, KS 66604	48-0543789	(C)(3)	5,820				HEART FAILURE INITIATIVE
(209) CENTERPOINT MEDICAL CENTER 19600 E 39TH STREET, INDEPENDENCE, MO 64057	45-0503121	(C)(3)	5,820				HEART FAILURE INITIATIVE
(210) MAGNOLIA MEDICAL FOUNDATION PO BOX 1100, RAYMOND, MS 39154	90-0504363	(C)(3)	75,000				CHILDHOOD OBESITY
(211) ADVENT HEALTH FOUNDATION SHAWNEE MISSION 9100 W 74TH STREET, SHAWNEE MISSION, KS 66204	48-0868859	(C)(3)	5,820				HEART FAILURE INITIATIVE
(212) ABINGTON MEMORIAL HOSPITAL 1101 MARKET STREET 20TH FLR, PHILADELPHIA, PA 19107	23-1352152	(C)(3)	5,820				HEART FAILURE INITIATIVE
(213) WINGATE UNIVERSITY PO BOX 159, WINGATE, NC 28174	56-6049935	(C)(3)	19,600				CPR/AED EDUCATION
(214) HUNGER FREE COLORADO 3840 YORK ST STE 245, DENVER, CO 80205	68-0551464	(C)(3)	17,000				HEALTHY SCHOOL MEALS EXPANSION
(215) CAROLINA EAST MEDICAL CENTER 2000 NEUSE BLVD, NEW BERN, NC 28560	56-0755775	(C)(3)	5,820				HEART FAILURE INITIATIVE
(216) DIABETES COALITION OF PALM BEACH COUNTY 2051 MARTIN LUTHER KING JR BLVD, RIVERA BEACH, FL 33404	82-3062946	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(217) FLORIDA RISING TOGETHER 10760 BISCAYNE BLVD., MIAMI, FL 33161	45-3956785	(C)(3)	25,000				PREEMPTION DEFENSE FUND
(218) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY STREET, HOUSTON, TX 77017	76-0377101	(C)(3)	18,500				BLOOD PRESSURE 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
(219) LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION AT HARBOR ULCA, TORRANCE, CA 90501	95-2138184	(C)(3)	22,000				ATRIAL FIBRILLATION PROGRAM
(220) CHARITABLE PHARMACY OF CENTRAL OHIO 200 E LIVINGSTON AVENUE, COLUMBUS, OH 43215	27-0147099	(C)(3)	6,250				HYPERTENSION PROGRAM
(221) UNIVERSITY OF UTAH DIVISION OF CARDIOVASCULAR MEDICINE 30 NORTH 1900 EAST, SALT LAKE CITY, UT 84132	87-6000525	GOV	35,700				ATRIAL FIBRILLATION PROGRAM
(222) OHIO HISPANIC COALITION 1535 BETHEL ROAD, COLUMBUS, OH 43220	31-1477946	(C)(3)	6,250				HYPERTENSION PROGRAM
(223) CARTERET HEALTH CARE 3500 ARENDELL STREET, MOREHEAD, NC 28557	56-0952955	(C)(3)	32,000				OUTPATIENT TELEHEALTH INITIATIVE
(224) LOGAN HEALTH 310 SUNNYVIEW LANE, KALISPELL, MT 59901	81-0406485	(C)(3)	20,000				STROKE CENTERS
(225) MADISON PARK DEVELOPMENT CORPORATION 184 DUDLEY STREET STE 200, ROXBURY, MA 02119	23-7164223	(C)(3)	7,500				NUTRITION PROGRAM
(226) WOOSTER COMMUNITY HOSPITAL 1761 BEALL AVENUE, WOOSTER, OH 44691	34-6003129	(C)(3)	112,000				ATRIAL FIBRILLATION PROGRAM
(227) PENN MEDICINE PRINCETON HEALTH ONE PLAINSBORO ROAD, PLAINSBORO, NJ 08536	21-0635009	(C)(3)	5,820				HEART FAILURE INITIATIVE
(228) CHRISTIAN HOSPITAL NORTHEAST NORTHWEST 11133 DUNN ROAD, SAINT LOUIS, MO 63136	43-6057893	(C)(3)	28,070				HEART FAILURE INITIATIVE
(229) STATE OF DELAWARE 417 FEDERAL STREET, DOVER, DE 19901	51-6000279	GOV	13,113				STROKE SYSTEMS OF CARE INITIATIVE
(230) LATINO EDUCATION ADVANCEMENT FOUNDATION 538A VALLEY WAY BLDG 3, MILPITAS, CA 95035	82-3057074	(C)(3)	40,000				SUPPORT OF LATINO COLLEGE STUDENTS
(231) NURTURING OUR SEEDS 7733 HELEN STREET, DETROIT, MI 48211	81-5004452	(C)(3)	20,000				HEALTHY FOOD ACCESS
(232) BLACK MOTHERS BREASTFEEDING ASSOCIATION 30515 OLDSTREAM CIRCLE, SOUTHFIELD, MI 48076	74-3235491	(C)(3)	75,000				INFANT CARE SUPPORT
(233) JOURNI 440 BURROUGHS ST #153, DETROIT, MI 48202	47-4047149	(C)(3)	65,000				COMMUNITY IMPACT
(234) INADVANCE 900 ALICE STREET, OAKLAND, CA 94607	26-0728941	(C)(3)	80,000				FOOD DISTRIBUTION HUB
(235) QUEEN MOTHER'S MARKET COOPERATIVE 215 E 14TH STREET, CINCINNATI, OH 45202	87-2103159		8,000				MATERNAL HEALTH PROGRAMMING

(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
(236) WELLSTAR FOUNDATION 805 SANDY PLAINS ROAD STE 100, MARIETTA, GA 30066	58-1627413	(C)(3)	125,000				ATHEROSCLEROTIC DISEASE MANAGEMENT
(237) MARSHFIELD MEDICAL CENTER 611 N SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	39-0452970	(C)(3)	20,000				ATRIAL FIBRILLATION PROGRAM
(238) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER P.O. BOX 1898, SAN ANTONIO, TX 78297	74-1586031	GOV	12,500				HEALTH EQUITY
(239) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVENUE DEPT 3355, LARAMIE, WY 82071	83-6000331	GOV	10,000				HEALTHY KIDS PROGRAM
(240) LIVINGSTON HEALTHCARE 320 ALPENGLOW LANE, LIVINGSTON, MT 59047	81-0378200	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(241) COMMONSPIRIT HEALTH RESEARCH INSTITUTE 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	27-1050565	(C)(3)	61,500				ATRIAL FIBRILLATION PROGRAM
(242) COMMUNITY FAMILY CENTERS 7524 AVENUE E, HOUSTON, TX 77012	74-1691632	(C)(3)	12,500				HYPERTENSION PROGRAM
(243) RIVERSIDE MEDICAL CENTER 500 N WALL STREET, KANKAKEE, IL 60901	36-2414944	(C)(3)	41,700				ATRIAL FIBRILLATION PROGRAM
(244) GROW IT FORWARD INC 1501 MARSHALL STREET, MANITOWOC, WI 54220	47-1931867	(C)(3)	17,500				NUTRITION SECURITY AND ACCESS
(245) INSIGHT CHICAGO INC 2525 S MICHIGAN AVENUE, CHICAGO, IL 60616	86-2358048	(C)(3)	5,820				HEART FAILURE INITIATIVE
(246) TEEN HEALTH MISSISSIPPI 125 S CONGRESS STREET, JACKSON, MS 39201	82-2026676	(C)(3)	50,000				HEALTHY KIDS PROGRAM
(247) CLIMB CDC 1526 MILLS AVE, GULFPORT, MS 39501	27-3198260	(C)(3)	47,720				HEALTHY KIDS PROGRAM
(248) SILVER CROSS HOSPITAL 1900 SILVER CROSS BLVD, NEW LENOX, IL 60451	36-2174832	(C)(3)	5,820				HEART FAILURE INITIATIVE
(249) HARRISON HOPE 6130 E 32ND ST103, TULSA, OK 74135	88-0726280	(C)(3)	25,000				HEALTHY KIDS PROGRAM
(250) CHARLESTON HOPE PO BOX 21315, CHARLESTON, SC 29413	90-0903530	(C)(3)	50,000				HEALTHY KIDS PROGRAM
(251) PIONEER MEDICAL CENTER PO BOX 32063, BILLINGS, MT 59107	47-5437700	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(252) TULSA COMMUNITY FOUNDATION 7030 S YALE AVE SUITE 600, TULSA, OK 74136	73-1554474	(C)(3)	50,000				HEALTHY KIDS PROGRAM
(253) PROHEALTH CARE N17 W24100 RIVERWOOD DRIVE, WAUKESHA, WI 53188	39-1486873	(C)(3)	10,250				HEART FAILURE INITIATIVE
(254) UNIVERSITY OF TEXAS HEALTH SCIENCE 4302 UNIVERSITY DR, HOUSTON, TX 77030	74-1761309	GOV	8,000				PANTRY REFRIGERATOR PURCHASE

(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
(255) E3 FOUNDATION 1624 SAM RITTENBURG ROAD, CHARLESTON, SC 29407	85-4237427	(C)(3)	75,000				HEALTHY KIDS PROGRAM
(256) TEACH NOT PUNISH FAMILY RESOURCE CENTER 8740 E 11TH ST, TULSA, OK 74112	81-2156065	(C)(3)	25,000				HEALTHY KIDS PROGRAM
(257) PROMISE COMMUNITY HEALTH CENTER 33 4TH ST NW, SIOUX CENTER, IA 51250	20-5896415	(C)(3)	16,000				OUTPATIENT TELEHEALTH INITIATIVE
(258) TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD, FORTDODGE, IA 50501	42-1009175	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(259) GREATER REGIONAL MEDICAL CENTER 1700 WEST TOWNLINE ST, CRESTON, IA 50801	42-6037626	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(260) MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE, WATERLOO, IA 50703	42-1201138	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(261) FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVENUE, DUBUQUE, IA 52001	42-1286953	(C)(3)	30,000				STROKE EDUCATION & AWARENESS
(262) MERCYONE NORTH IOWA MEDICAL CENTER 1000 4TH STREET SW, MASON CITY, IA 50401	31-1373080	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(263) PARENTS LEADING FOR EDUCATIONAL EQUITY 60 VALLEY STREET, PROVIDENCE, RI 02909	85-4350943	(C)(3)	88,403				HEALTHY KIDS PROGRAM
(264) ST LUKE HEALTH CARE FOUNDATION 810 1ST AVENUE NE, CEDAR RAPIDS, IA 52402	42-1106819	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(265) SPARROW CLINICAL RESEARCH INSTITUTE 1200 E MICHIGAN AVENUE, LANSING, MI 48912	38-3075242	(C)(3)	10,600				ATRIAL FIBRILLATION PROGRAM
(266) ADVENTIST HEALTHCARE INC 820 W DIAMOND AVE, ROCKVILLE, MD 20850	52-1532556	(C)(3)	23,700				ATRIAL FIBRILLATION PROGRAM
(267) YWCA OF KALAMAZOO 353 E MICHIGAN AVENUE, KALAMAZOO, MI 49007	38-1360598	(C)(3)	25,000				FOOD SECURITY
(268) TRINITY HEALTH FOUNDATION 2701 17TH STREET, ROCK ISLAND, IL 61201	36-3321751	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(269) LITERAL 1555 FREEDOM BLVD 200 W, PROVO, UT 84604	85-3646593		75,000				READING LEVEL IMPROVEMENT PROGRAM
(270) LATINO BEHAVIORAL HEALTH SERVICES 3269 S MAIN ST STE 230, SOUTH SALT LAKE, UT 84115	46-5038499	(C)(3)	135,000				BEHAVIORAL HEALTH ACCESS

(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
(271) GROWING TOGETHER BAY AREA 843 EAST MEADOW AVE, PINOLE, CA 94564	88-2293022	(C)(3)	35,000				HEALTHY FOOD ACCESS
(272) FARMING HOPE 149 FELL STREET, SAN FRANCISCO, CA 94102	83-2393341	(C)(3)	50,000				HEALTHY FOOD ACCESS
(273) MERCY HOSPITAL IOWA CITY, IA 500 EAST MARKET STREET, IOWA CITY, IA 52245	42-0680391	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(274) MERCYONE DUBUQUE MEDICAL CENTER 250 MERCY DRIVE, DUBUQUE, IA 52001	42-1437483	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(275) OHIO HEALTH FOUNDATION 3430 OHIO HEALTH PKWY, COLUMBUS, OH 43202	23-7446919	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(276) PENINSULA COMMUNITY HEALTH SERVICES P O BOX 960, BREMERTON, WA 98337	94-3079770	(C)(3)	10,000				DIABETES PREVENTION PROGRAM
(277) CHILDREN'S ACTION ALLIANCE 3030 N 3RD ST #760, PHOENIX, AZ 85012	86-0594785	(C)(3)	96,651				HEALTHY KIDS PROGRAM
(278) MISSOURI WORKERS CENTER PO BOX 63002, ST. LOUIS, MO 63163	86-3339847	(C)(3)	75,000				PREEMPTION DEFENSE FUND
(279) HIV ALLIANCE 1195 CITY VIEW ST, EUGENE, OR 97402	93-0963546	(C)(3)	5,600				FOOD ACCESS SUPPORT
(280) FOUNDATION FOR UNIVERSITY HOSPITAL 150 BERGEN ST RM D209, NEWARK, NJ 07103	47-1686351	(C)(3)	10,820				HEART FAILURE INITIATIVE
(281) FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE, HAVEN, CT 06513	06-0883545	(C)(3)	10,000				DIABETES PREVENTION PROGRAM
(282) SPRING BRANCH COMMUNITY HEALTH CENTER 800 WEST SAM HOUSTON PKWY, HOUSTON, TX 77042	30-0198705	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(283) URBAN ED ACADEMY INC 1485 BAY SHORE BOULEVARD, SAN FRANCISCO, CA 94124	46-1329910	(C)(3)	75,000				BLACK MALE EDUCATORS SUPPORT
(284) INSTITUTE FOR MEDICAL RESEARCH INC 508 FULTON STREET 151 IMR, DURHAM, NC 27705	56-1655431	(C)(3)	17,800				ATRIAL FIBRILLATION PROGRAM
(285) KANSAS BLACK LEADERSHIP COUNCIL PO BOX 965, LAWRENCE, KS 66044	87-2969074	(C)(3)	85,691				PREEMPTION DEFENSE FUND
(286) OUR HOUSE INC. 173 BOULEVARD NE, ATLANTA, GA 30312	58-1743333	(C)(3)	25,000				HEALTH EQUITY
(287) THE URBAN CLINIC OF ATLANTA 777 CLEVELAND AVE SW, ATLANTA, GA 30315	81-3845426	(C)(3)	25,000				HEALTH EQUITY

(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
(288) MCLAREN HEALTH CARE CORPORATION 2701 CAMBRIDGE COURT, STE 100, AUBURN HILLS, MI 48326	38-2397643	(C)(3)	35,900				ATRIAL FIBRILLATION PROGRAM
(289) OVERLAND PARK REGIONAL MEDICAL CENTER 10500 QUIVIRA ROAD, OVERLAND PARK, KS 66215	45-0503116	(C)(3)	5,820				HEART FAILURE INITIATIVE
(290) CARES PO BOX 250, HINES, IL 60141	36-3334177	(C)(3)	24,500				ATRIAL FIBRILLATION PROGRAM
(291) PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT 217 SOUTH SALINA STREET, SYRACUSE, NY 13202	16-6095039	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(292) WAYNE HEALTH 400 MACK AVENUE, DETROIT, MI 48201	38-3474766	(C)(3)	12,500				HEALTH EQUITY
(293) ENCOMPASS HEALTH REHABILITATION HOSPITAL 2450 CORAL COURT, CORALVILLE, IA 52241	83-1261306		10,000				STROKE POST ACUTE CARE INITIATIVE
(294) SOUTH CENTRAL NE AREA AGENCY ON AGING 620 E 25TH STREET, KEARNEY, NE 68847	47-0559329	(C)(3)	6,500				BLOOD PRESSURE SCREENINGS
(295) THE MASTECTOMY BOUTIQUE 3407 LAPALCO BLVD STE E, HARVEY, LA 70058	83-2216576	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(296) CENTENNIAL CHRISTIAN CHURCH 4950 FOUNTAIN AVE, ST. LOUIS, MO 63113	43-1245199	(C)(3)	34,318				CARDIAC EMERGENCY READINESS
(297) LUCKY SHOALS COMMUNITY ASSOCIATION, INC. 843 ARLINGTON DR, TUCKER, GA 30084	88-3536434	(C)(3)	10,325				DIABETES PREVENTION PROGRAM
(298) WEST VIRGINIA WOMEN WORK, LLC 201 NEW JERSEY STREET, MORGANTOWN, WV 26501	55-0775351	(C)(3)	55,000				COMMUNITY IMPACT
(299) NATIVES OF ONE WIND INDIGENOUS ALLIANCE PO BOX 143, MEDFORD, OR 97501	26-1810916	(C)(3)	10,000				NUTRITION SECURITY
(300) MIDLANDS LIVING CENTER LLC 2452 NORTH BROADWAY, COUNCIL BLUFFS, IA 51503	47-0924532		10,000				STROKE EDUCATION & AWARENESS
(301) ADELANTE MUJERES 2030 MAIN STREET, SUITE A, FOREST GROVE, OR 97116	03-0473181	(C)(3)	30,300				FOOD ACCESS SUPPORT
(302) DETROIT ASSOCIATION OF BLACK ORGANIZATIONS 12048 GRAND RIVER AVENUE, DETROIT, MI 48204	47-3081843	(C)(3)	10,000				HEALTH EQUITY
(303) ASOCIACIÓN PUERTORRIQUENÑA DE DIABETES, PO BOX 19445, SAN JUAN, PR 00910	66-0442165	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(304) FOR THE STRUGGLE, INC. PO BOX 16072, CHARLOTTE, NC 28216	83-4652690	(C)(3)	30,000				HEALTH EQUITY

(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
(305) NEIGHBORHOOD GROCERY 19307 MACK AVE, GROSSE POINTE WOODS, MI 48236	92-1840368		10,500				HEALTH EQUITY
(306) ON WITH LIFE, INC 715 SW ANKENY RD, ANKENY, IA 50023	42-1308032	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(307) CHI HEALTH MERCY COUNCIL BLUFFS 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	47-0484764	(C)(3)	20,000				STROKE EDUCATION & AWARENESS
(308) INSTITUTE FOR POPULATION HEALTH, INC. 19830 JAMES COUZENS FWY, DETROIT, MI 48235	35-2445761	(C)(3)	25,000				BLOOD PRESSURE SCREENINGS
(309) FEAST OF JUSTICE 3101 TYSON AVE, PHILADELPHIA, PA 19149	26-0392596	(C)(3)	10,500				HEALTH EQUITY
(310) SAINT THOMAS HEALTH PO BOX 204242, DALLAS, TX 75324	58-1716804	(C)(3)	20,000				ATRIAL FIBRILLATION PROGRAM
(311) ST. VINCENT DE PAUL CHARITABLE PHARMACY 1146 BANK ST, CINCINNATI, OH 45214	30-0272954	(C)(3)	50,000				OUTPATIENT TELEHEALTH INITIATIVE
(312) WEST BOULEVARD NEIGHBORHOOD COALITION 2091 ROMARE BEARDEN DRIVE, CHARLOTTE, NC 28266	30-0401238	(C)(3)	30,000				HEALTH EQUITY
(313) OLALLA CENTER 321 SE 3RD STREET, TOLEDO, OR 97391	93-0698327	(C)(3)	18,700				FOOD ACCESS SUPPORT
(314) GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	(C)(3)	102,166				FOOD ACCESS SUPPORT
(315) HENRY COUNTY HEALTH CENTER, INC. 407 S WHITE STREET, MT. PLEASANT, IA 52641	86-2701018	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(316) ST. PETER'S HEALTH FOUNDATION 2475 BROADWAY STREET, HELENA, MT 59601	81-0392270	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(317) NORTH 10, PHILADELPHIA 3890 N. 10TH ST., PHILADELPHIA, PA 19140	20-5105110	(C)(3)	31,250				HEALTH EQUITY
(318) FUERTE ARTS MOVEMENT 110 N 9TH AVE #912, PHOENIX, AZ 85007	86-2662259	(C)(4)	25,000				PREEMPTION DEFENSE FUND
(319) SMALL BITES ADVENTURE CLUB 931 MONROE DRIVE, ST. 102 #592, ATLANTA, GA 30308	84-1863128		27,750				HEALTHY SCHOOL MEALS EXPANSION
(320) JOIN FREEWORLD INC 1043 GARLAND AVE UNIT C #950, SAN JOSE, CA 95126	85-1834696	(C)(3)	100,000				NUTRITION PROJECT
(321) DISTRICT CLINIC HOLDINGS, INC. 1515 N. FLAGLER DRIVE, SUITE 101, WEST PALM BEACH, FL 33401	45-5591655	GOV	10,000				DIABETES PREVENTION PROGRAM
(322) CROSSROAD HEALTH CENTER 5 E. LIBERTY STREET, CINCINNATI, OH 45202	31-1321054	(C)(3)	27,000				BLOOD PRESSURE 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
(323) ASCENSION ALL SAINTS HOSPITAL, INC. 3801 SPRING STREET, RACINE, WI 53405	39-1264986	(C)(3)	40,430				HEART FAILURE INITIATIVE
(324) DOUGLAS COUNTY HEALTH CENTER 4102 WOOLWORTH AVENUE, OMAHA, NE 68105	47-6006455	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(325) HEARTHSTONE, A MINISTRY OF WESLEYLIFE, 1742 MAIN STREET, PELLA, IA 50219	27-0992962	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(326) CHARLOTTE COMMUNITY HEALTH CLINIC, INC 8401 MEDICAL PLAZA DR STE 300, CHARLOTTE, NC 28262	56-2274174	(C)(3)	25,000				HEALTH EQUITY
(327) OUR LADY OF THE LAKE HOSPITAL INC. 4200 ESSEN LANE, BATON ROUGE, LA 70809	72-0423651	(C)(3)	15,000				OUTPATIENT QUALITY REGISTRY
(328) THE EVANGELICAL LUTHERAN GOOD SAMARITAN PO BOX 5038, SIOUX FALLS, SD 57117	45-0228055	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(329) PACKARD HEALTH, INC 5200 VENTURE DRIVE, ANN ARBORN, MI 48108	38-2269817	(C)(3)	24,284				PHYSICAL FITNESS INITIATIVE
(330) NORTHWEST HEALTH SERVICES, INC 2303 VILLAGE DRIVE, SAINT JOSEPH, MO 64506	43-1323669	(C)(3)	15,000				BLOOD PRESSURE PROGRAMS
(331) DETROIT GREENWAYS COALITION PO BOX 32013, DETROIT, MI 48232	46-4885673	(C)(3)	15,000				HEALTH EQUITY
(332) KENNEDY UNIVERSITY HOSPITAL, INC. 1101 MARKET STREET, STE 2004, PHILADELPHIA, PA 19107	22-1773439	(C)(3)	32,460				HEART FAILURE INITIATIVE
(333) VALLEY BIBLE CHRUCH 7106 JOHNSON DRIVE, PLEASANTON, CA 94588	68-0161457	(C)(3)	6,000				NUTRITION SECURITY
(334) EQUITAS HEALTH, INC. 1105 SCHROCK RD SUITE 400, COLUMBUS, OH 43229	31-1126780	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(335) COMMUNICARE HEALTH CENTERS 3066 E. COMMERCE, SAN ANTONIO, TX 78220	74-1724391	(C)(3)	25,000				BLOOD PRESSURE PROGRAMS
(336) ST. JOSEPH CATHOLIC CHURCH 1813 OAKDALE DR, MODESTO, CA 95355	43-1989533	(C)(3)	6,000				FOOD INSECURITY PROGRAM
(337) MAYO CLINIC HEALTH SYSTEM - FRANCISCAN MED. CENTER 700 WEST AVE S, LA CROSSE, WI 54601	39-0806374	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(338) FOOD INITIATIVE OF GREATER STANISLAUS 120 KERR AVENUE, MODESTO, CA 95354	94-1496168	(C)(3)	6,000				FOOD INSECURITY PROGRAM
(339) KETTERING HEALTH-MAIN CAMPUS 3535 SOUTHERN BLVD, KETTERING, OH 45429	31-1051688	(C)(3)	14,700				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
(340) KANSAS CITY CARDIAC ARRHYTHMIA 5100 W 110TH ST, SUITE 200, OVERLAND PARK, KS 66211	82-5510559	GOV	12,000				ARRHYTHMIA RESEARCH
(341) CENTERWELL HEALTH SERVICES 6330 SPRINT PARKWAY, ATLANTA, GA 30339	36-4335801		8,325				DIABETES PREVENTION PROGRAM
(342) HMH HOSPITALS CORPORATION PO BOX 95000, PHILADELPHIA, PA 19195	22-1487576	(C)(3)	47,960				HEART FAILURE INITIATIVE
(343) WEST VIRGINIA UNIVERSITY RESEARCH PO BOX 6845, MORGANTOWN, WV 26505	55-0665758	GOV	12,000				ATRIAL FIBRILLATION PROGRAM
(344) 9 DOTS COMMUNITY LEARNING CENTER 990 W 190TH ST, SUITE 530, TORRANCE, CA 90502	45-2834070	(C)(3)	75,000				COMMUNITY HEALTH
(345) PAR-RECYCLE WORKS 2024 W. HUNTING PARK AVE, PHILADELPHIA, PA 19140	47-2545218	(C)(3)	55,000				COMMUNITY IMPACT
(346) HCA RESEARCH INSTITUTE, LLC 2000 HEALTH PARK DRIVE, BRENTWOOD, TN 37027	85-2113488		191,500				AORTIC STENOSIS INITIATIVE
(347) CARDIOVASCULAR MEDICINE, PLLC 1236 E. RUSHOLME ST, SUITE 300, DAVENPORT, IA 52803	42-1085919		30,000				ATRIAL FIBRILLATION PROGRAM
(348) NORTHEAST GEORGIA MEDICAL CENTER 200 SOUTH ENOTA DR, SUITE 420, GAINSVILLE, GA 30507	58-1694098	(C)(3)	12,300				ATRIAL FIBRILLATION PROGRAM
(349) FEEDING AMERICA EASTERN WISCONSIN, INC 1700 W FOND DU LAC AVENUE, MILWAUKEE, WI 53205	39-1384593	(C)(3)	13,000				MEDICAID POSTPARTUM EXPANANSION
(350) MERCY RESEARCH 14528 SOUTH OUTER FORTY, SUITE 100, CHESTERFIELD, MO 63017	87-0796305	(C)(3)	19,200				ATRIAL FIBRILLATION PROGRAM
(351) SANFORD HILLSBORO MEDICAL CENTER 12 THIRD ST SE, HILLSBORO, ND 58045	45-0409348	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(352) ST. LOUIS UNIVERSITY 3545 LINDELL BLVD, ST. LOUIS, MO 63103	43-0654872	(C)(3)	10,500				ATRIAL FIBRILLATION PROGRAM
(353) TEXAS HEALTH RESEARCH & EDUCATION INSTIT 612 E. LAMAR BLVD, SUITE 600, ARLINGTON, TX 76011	75-2562191	(C)(3)	20,400				ATRIAL FIBRILLATION PROGRAM
(354) GEORGIA ARRHYTHMIA CONSULTANTS & RESEARCH INST. 639 HEMLOCK STREET, SUITE 100, MACON, GA 31201	27-2456233		22,500				ATRIAL FIBRILLATION PROGRAM
(355) ALEGENT CREIGHTON HEALTH 7710 MERCY ROAD, SUITE 228, OMAHA, NE 68124	47-0757164	(C)(3)	12,000				ATRIAL FIBRILLATION PROGRAM
(356) ST. MARY MEDICAL CENTER INC. 1500 S. LAKE PARK AVE, HOBART, IN 46342	35-2007327	(C)(3)	5,820				HEART FAILURE 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
(357) 360 EATS, INC 3100 TEAL TERRACE, SAFETY HARBOR, FL 34695	84-3980506	(C)(3)	50,000				NUTRITION AND FOOD SECURITY
(358) PAM REHABILITATION HOSPITAL OF FARGO 4671 38TH STREET SOUTH, FARGO, ND 58104	85-0945971		10,000				STROKE POST ACUTE CARE INITIATIVE
(359) TENNESSEE JUSTICE CENTER PO BOX 100187, NASHVILLE, TN 37210	62-1630417	(C)(3)	97,924				HEALTHY SCHOOL MEALS EXPANSION
(360) CHERRY HEALTH 100 CHERRY ST SE, GRAND RAPIDS, MI 49503	38-2853534	(C)(3)	25,000				EQUITABLE HEALTH PROGRAM
(361) FREMONT CARE CENTER, INC. 2230 N. SOMERS AVE, FREMONT, NE 68025	47-0812607	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(362) KIDS WIN MISSOURI 6750 ANTIOCH RD., SUITE 305K, MERRIAM, KS 66204	82-5089535	(C)(3)	98,412				EARLY CARE AND EDUCATION SECURITY
(363) SOUTHWEST WOMEN'S LAW CENTER 128 QUINCY NE, ALBUQUERQUE, NM 87108	20-2884027	(C)(3)	50,000				PAID FAMILY AND MEDICAL LEAVE
(364) MEDSTAR HARBOR HOSPITAL 3001 SOUTH HANOVER STREET, BALITMORE, MD 21225	52-0491660	(C)(3)	8,325				DIABETES PREVENTION PROGRAM
(365) ACTIVATESA 1512 S FLORES ST, SAN ANTONIO, TX 78204	86-1599046	(C)(3)	60,500				HEALTH EQUITY
(366) NEW YORK IMMIGRATION COALITION 305 SEVENTH AVENUE, NEW YORK, NY 10001	13-3573409	(C)(3)	100,000				EARLY CARE AND EDUCATION SECURITY
(367) KAHL HOME FOR THE AGED AND INFIRM 6701 JERSEY RIDGE ROAD, DAVENPORT, IA 52807	42-0760833	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(368) CHILDREN FIRST PA 990 SPRING GARDEN ST, SUITE 200, PHILADELPHIA, PA 19123	23-2137461	(C)(3)	91,324				PAID FAMILY AND MEDICAL LEAVE
(369) NEWALDAYA LIFESCAPES 7511 UNIVERSITY AVENUE, CEDAR FALLS, IA 50613	42-0794364	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(370) UNIVERSITY OF NORTH CAROLINA HOSPITALS 101 MANNING DRIVE, CHAPEL HILL, NC 27514	56-1118388	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(371) CENTER STREET COMMUNITY HEALTH CENTER 136 W CENTER STREET, MARION, OH 43302	34-1751179	(C)(3)	30,000				BLOOD PRESSURE PROGRAMS
(372) REGENTS OF THE UNIVERSITY OF CALIFORNIA 228 ALDRICH HALL, IRVINE, CA 92697	95-2226406	GOV	5,500				ATRIAL FIBRILLATION PROGRAM
(373) VAN DIEST MEDICAL CENTER 2350 HOSPITAL DRIVE, WEBSTER CITY, IA 50595	42-6038397		14,000				STROKE EDUCATION & AWARENESS

(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
(374) LONE TREE HEALTH CARE CENTER, INC. 501 EAST PIONEER ROAD, LONE TREE, IA 52755	42-1011188		10,000				STROKE POST ACUTE CARE INITIATIVE
(375) NUVANCE HEALTH 100 RESERVE ROAD, DANBURY, CT 06810	83-4214573	(C)(3)	10,000				STROKE PROGRAMS
(376) GOOD SAMARITAN SOCIETY - LE MARS 1140 LINCOLN ST. NE, LE MARS, IA 51031	45-0228055	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(377) COMMUNITY MEMORIAL HOSPITAL 909 W. 1ST STREET, SUMNER, IA 50674	42-0670596	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(378) WEST RIDGE CARE CENTER 3131 F AVE NW, CEDAR RAPIDS, IA 52405	42-1322047	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(379) HAMMONDSPORT CENTRAL SCHOOL DISTRICT 8272 MAIN STREET, HAMMONDSPORT, NY 14840	16-6001796	GOV	10,000				CPR AND AED ACCESS AND TRAINING
(380) THE CHRIST HOSPITAL 2139 AUBURN AVENUE, CINCINNATI, OH 45219	31-0538525	(C)(3)	75,000				HYPERTROPHIC CARDIOMYOPATHY INITIATIVE
(381) LIBERTY MEDICAL CENTER 315 WEST MADISON AVENUE, CHESTER, MT 59522	81-0515463	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(382) KENNYBROOK VILLAGE 200 SW BROOKSIDE DR., GRIMES, IA 50111	27-1768120		10,000				STROKE POST ACUTE CARE INITIATIVE
(383) PRAIRIE VISTA VILLAGE 2785 1ST AVE SOUTH, ALTOONA, IA 50009	46-1279280		10,000				STROKE POST ACUTE CARE INITIATIVE
(384) CEDAR RIDGE VILLAGE 8950 COACHLIGHT DR., WEST DES MOINES, IA 50266	82-5327208		10,000				STROKE POST ACUTE CARE INITIATIVE
(385) LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD, LAKE CHARLES, LA 70601	72-0551963	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(386) DOWNTOWN ACTION TO SAVE HOUSING 1980 112TH AVE NE SUITE 210, BELLEVUE, WA 98004	94-3155152	(C)(3)	10,000				NUTRITION SECURITY
(387) SOUTH ATLANTA CIVIC LEAGUE 1459 JONESBORO ROAD SE, ATLANTA, GA 30315	58-1982660	(C)(3)	50,000				HEALTH EQUITY
(388) WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY, DAYTON, OH 45435	31-0732831	(C)(3)	9,700				ATRIAL FIBRILLATION PROGRAM
(389) DIGNITY COMMUNITY CARE 1955 WEST FRYE ROAD, CHANDLER, AZ 85224	81-5009488	(C)(3)	17,500				ATRIAL FIBRILLATION PROGRAM
(390) CHARLESTON GOOD INC 72 MEETING ST., CHARLESTON, SC 29401	36-4896737	(C)(3)	50,000				MENTAL HEALTH
(391) UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET, STE 425, SAN FRANCISCO, CA 94143	94-6036493	(C)(3)	30,000				AORTIC STENOSIS 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
(392) SAN BERNARDINO CITY UNIFIED SCHOOL 777 N. F STREET, SAN BERNARDINO, CA 92410	95-2285577	GOV	10,000				TOBACCO FREE SCHOOLS
(393) MEDCURA HEALTH INC 770 VILLAGE SQUARE DR, STONE MOUNTAIN, GA 30083	58-1413957	(C)(3)	25,000				BLOOD PRESSURE PROGRAMS
(394) UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD STREET, LOWELL, AR 72745	71-0305700	(C)(3)	24,000				EMERGENCY CONTACT SUPPORT
(395) PUBLIC HEALTH MANAGEMENT CORPORATION 1500 MARKET ST, PHILADELPHIA, PA 19102	23-7221025	(C)(3)	39,500				BLOOD PRESSURE PROGRAMS
(396) STRAUB MEDICAL CENTER 55 MERCHANT STREET 27TH FLOOR, HONOLULU, HI 96813	91-2151670	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(397) FOUNDATION FOR A HEALTHY NORTH DAKOTA 220 E ROSSER AVE, SUITE 2762, BISMARCK, ND 58501	87-2910763	(C)(3)	36,000				INNOVATION, EQUITY AND EXPLORATION WORKGROUP
(398) BUCHANAN COUNTY HEALTH CENTER 1600 1ST ST E, INDEPENDENCE, IA 50644	42-0727498	(C)(3)	12,000				STROKE EDUCATION & AWARENESS
(399) CAROLINA FARM TRUST 9627 WILLOW LEAF LANE, CORNELIUS, NC 28031	47-4089099	(C)(3)	6,500				NUTRITION SECURITY
(400) WYOMING COMMUNITY FIRE PROTECTION 214 E. WILLIAMS ST, WYOMING, IL 61491	36-3263288	GOV	12,700				AEDS AND MEDICAL SUPPLIES PURCHASE
(401) TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION 3310 EZELL RD, NASHVILLE, TN 37211	20-0121100	(C)(3)	75,000				PREEMPTION DEFENSE FUND
(402) TARGET HEALTH SOLUTIONS 4070 LONESOME ROAD, MANDEVILLE, LA 70448	32-0503106		45,000				PURCHASE OF MEDICAL EQUIPMENT
(403) IMMANUEL NEWPORT HOUSE 1044 N 115TH ST, STE 500, OMAHA, NE 68154	46-2582783	(C)(3)	15,000				STROKE POST ACUTE CARE INITIATIVE
(404) PRESCHOOL FOR ALL COLORADANS 1705 17TH STREET, STE 200, DENVER, CO 80202	93-1900311		25,000				SUPPORT FOR ANTI-TOBACCO PROPOSITION
(405) BARRETT HOSPITAL & HEALTHCARE 600 MT HWY 91 S, DILLON, MT 59725	26-4230898	(C)(3)	10,000				STROKE EDUCATION & AWARENESS
(406) NATIONAL SLEEP FOUNDATION 2001 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20036	41-1678336	(C)(3)	14,500				CV HEALTH AND SLEEP INITIATIVE
(407) GUILFORD TECHNICAL COMMUNITY COLLEGE FND P.O. BOX 309, JAMESTOWN, NC 27282	56-6085391	(C)(3)	6,000				NUTRITION IMPROVEMENT
(408) THE HYPERSOMNIA FOUNDATION 4514 CHAMBLEE DUNWOODY RD. #229, ATLANTA, GA 30338	46-4162735	(C)(3)	7,000				SLEEP 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
(409) PROJECT SLEEP PO BOX 292522, LOS ANGELES, CA 90029	46-3665317	(C)(3)	7,000				SLEEP INITIATIVE
(410) SYNAPSE CLINICAL RESEARCH INC. 5819 HWY 6, SUITE 240, MISSOURI CITY, TX 77459	88-3494263		9,500				ATRIAL FIBRILLATION PROGRAM
(411) LIFE SPRING RESEARCH FOUNDATION LLC 432 SW 8TH AVE, MIAMI, FL 33130	46-2146841		10,500				ATRIAL FIBRILLATION PROGRAM
(412) JONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205	42-1487967	(C)(3)	10,000				STROKE POST ACUTE CARE INITIATIVE
(413) UNIVERSITY OF UTAH CARDIOVASCULAR MEDICINE 30 N MARIO CAPECCHI DR., SALT LAKE CITY, UT 84112	87-6000525	GOV	75,000				HYPERTROPHIC CARDIOMYOPATHY INITIATIVE
(414) PADUCAH BOARD OF EDUCATION PO BOX 2550, PADUCAH, KY 42002	61-6001428	GOV	40,000				CARDIAC EMERGENCY READINESS
(415) OHIO MAYORS ALLIANCE FOUNDATION 10 W. BROAD STREET, #1520, COLUMBUS, OH 43215	86-1628319	(C)(3)	125,000				PREEMPTION DEFENSE FUND
(416) FRIENDS OF THE COUNTY PARKS & RECREATION P.O. BOX 271911, TAMPA, FL 33688	59-3088915	(C)(3)	75,000				AED PURCHASE
(417) HEALTHY START COALITION OF PINELLAS 4000 GATEWAY CENTRE DRIVE, SUITE200, PINELLAS PARK, FL 33782	59-3109517	(C)(3)	10,000				MATERNAL AND CHILD HEALTH IMPROVEMENT
(418) THE SANTA MONICA GROUP LLC 2001 SANTA MONICA BLVD, SUITE 280W, SANTA MONICA, CA 90404	61-1752320		95,000				HYPERTROPHIC CARDIOMYOPATHY INITIATIVE
(419) WAKE UP NARCOLEPSY PO BOX 60293, WORCESTER, MA 01606	26-3768711	(C)(3)	7,000				SLEEP INITIATIVE
(420) MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET 5TH FLOOR, PHILADELPHIA, PA 19107	26-0307123	(C)(3)	75,000				YOUTH RESTORATIVE JUSTICE PROGRAM
(421) THE SALVATION ARMY OF HIGH POINT 301 WEST GREEN DRIVE, HIGH POINT, NC 27260	58-0660607	(C)(3)	7,000				NUTRITION IMPROVEMENT
(422) CRAWFORD COUNTY MEMORIAL HOSPITAL 100 MEDICAL PARKWAY, DENISON, IA 51442	42-6037896	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(423) POCAHONTAS COMMUNITY HOSPITAL 606 NW 7TH STREET, POCAHONTAS, IA 50574	42-1511476	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(424) BONTON ENTERPRISES 2612 VALENTINE ST, DALLAS, TX 75215	81-3243887	(C)(3)	20,000				NUTRITION IMPROVEMENT
(425) KEOKUK COUNTY HEALTH CENTER 23019 HIGHWAY 149, SIGOURNEY, IA 52591	42-6037647	(C)(3)	7,000				STROKE EDUCATION & AWARENESS
(426) FRANCISCAN HEALTHCARE 430 N MONITOR ST, WEST POINT, NE 68788	47-0486026	(C)(3)	15,000				STROKE POST ACUTE CARE 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
(427) VALLEY SENIOR LIVING 2900 14TH AVENUE SOUTH, GRAND FORKS, ND 58201	45-0448164	(C)(3)	15,000				STROKE POST ACUTE CARE INITIATIVE
(428) FLORENCE HOME FOR THE AGED 7915 NORTH 30TH STREET, OMAHA, NE 68112	47-0384319	(C)(3)	15,000				STROKE POST ACUTE CARE INITIATIVE
(429) COMMUNITY HOSPITAL, INC. 901 MACARTHUR BLVD, MUNSTER, IN 46321	35-1107009	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(430) GUARDIAN ANGEL RESEARCH CENTER, LLC 8011 N HIMES AVE SUITE 2, TAMPA, FL 33614	82-2426172		5,500				ATRIAL FIBRILLATION PROGRAM
(431) NOUVELLE CLINICAL RESEARCH LLC 10700 CARIBBEAN BLVD, SUITE 400, CUTLER BAY, FL 33189	88-0525200		18,500				ATRIAL FIBRILLATION PROGRAM
(432) GOLDEN TOUCH CLINICAL RESEARCH 8500 W FLAGLER ST. SUITE 106A, MIAMI, FL 33144	85-2458114		8,000				ATRIAL FIBRILLATION PROGRAM
(433) DALLAS COUNTY HOSPITAL 610 10TH STREET, PERRY, IA 50220	42-6037739	GOV	7,000				STROKE EDUCATION & AWARENESS
(434) COMMUNITY HEALTH OUTREACH 5126 TIMUQUANA ROAD, JACKSONVILLE, FL 32210	59-3038067	(C)(3)	9,407				COMMUNITY HEALTH
(435) INDIANA COALITION FOR HUMAN SERVICES 5719 LAWTON LOOP EAST DRIVE, INDIANAPOLIS, IN 46216	35-2064383	(C)(3)	25,000				PREEMPTION DEFENSE FUND
(436) MAHASKA COUNTY HOSPITAL 1229 C AVE E, OSKALOOSA, IA 52577	42-6038099	GOV	7,000				STROKE EDUCATION & AWARENESS
(437) GROVE PARK FOUNDATION 1566 DONALD LEE HOLLOWELL, ATLANTA, GA 30318	82-1913260	(C)(3)	50,000				HEALTH EQUITY
(438) OCEAN WELLNESS CENTER, LLC 18441 NW 2ND AVE. SUITE 218, MIAMI GARDENS, FL 33169	84-3075350		8,000				ATRIAL FIBRILLATION PROGRAM
(439) ENMANUEL ADVANCE RESEARCH CENTER LLC 1150 NW 72 AVE, SUITE 460, MIAMI, FL 33126	88-2195682		8,000				ATRIAL FIBRILLATION PROGRAM
(440) EXCELLENCE MEDICAL AND RESEARCH, LLC 111 NW 183RD ST. SUITE 206, MIAMI GARDENS, FL 33169	86-3226419		16,000				ATRIAL FIBRILLATION PROGRAM
(441) THE HEART CLINIC OF HAMMOND 16033 DOCTORS BLVD., HAMMOND, LA 70403	27-4421324		40,500				ATRIAL FIBRILLATION PROGRAM
(442) SPECTRUM CLINICAL RESEARCH, INC 1 OLYMPIC PLACE, SUITE 900, TOWSON, MD 21204	26-3482225		5,500				ATRIAL FIBRILLATION PROGRAM
(443) DIGIOVANNA FAMILY CARE 1061 NORTH BROADWAY, 2ND FLOOR, NORTH MASSAPEQUA, NY 11758	11-2944123		10,500				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
(444) FIRST COAST CARDIOVASCULAR INSTITUTE LLC PO BOX 551308, JACKSONVILLE, FL 32255	47-0854466		5,500				ATRIAL FIBRILLATION PROGRAM
(445) TRINITY HOSPITAL 2305 37TH AVE SW, MINOT, ND 58701	45-0226558	(C)(3)	33,500				ATRIAL FIBRILLATION PROGRAM
(446) ORANGE COUNTY LIBRARY BD OF TRUSTEES 101 EAST CENTRAL BLVD, ORLANDO, FL 32801	59-2045143	(C)(3)	43,985				AED PURCHASES
(447) IOWA TRIBE OF KANSAS AND NEBRASKA 3345 B THRASHER RD, WHITE CLOUD, KS 66094	48-0799251	GOV	211,143				NUTRITION PROGRAM
(448) HELPING HANDS ENDING HUNGER INC. 2014 S. LONG HOLLOW RD., TRION, GA 30753	81-3382807	(C)(3)	52,200				NUTRITION PROGRAM
(449) THE GENERAL HOSPITAL CORPORATION PO BOX 3589, BOSTON, MA 02241	04-2697983	(C)(3)	40,000				RECURRENT PERICARDITIS TREATMENT
(450) NEW SUNNY MOUNT M.B. CHURCH 4700 W. FLORISSANT AVE, ST LOUIS, MO 63115	55-0893976	(C)(3)	8,000				COMMUNITY HEALTH
(451) BROOKLYN SUPPORTED AGRICULTURE 224 MARCUS GARVEY BLVD., BROOKLYN, NY 11221	81-2563811		100,000				NUTRITION PROGRAM
(452) THE NOURISH SPOT 107-05 GUY R BREWER BLVD, JAMAICA, NY 11433	81-1983714		100,000				NUTRITION PROGRAM
(453) UNIVERSITY OF MISSOURI HEALTH CARE PO BOX 802728, KANSAS CITY, MO 64180	43-6003859	GOV	30,000				STROKE PROGRAMS
(454) SOUTHEAST IOWA REGIONAL MEDICAL CENTER 1221 SOUTH GEAR AVENUE, WEST BURLINGTON, IA 52655	42-0680407	(C)(3)	12,000				STROKE PROGRAMS
(455) THE MIAMI RESEARCH GROUP INC. 9600 SW 8TH ST , SUITE 51, MIAMI, FL 33174	87-4080092	(C)(3)	19,000				ATRIAL FIBRILLATION PROGRAM
(456) KANSAS CITY HEART AND VASCULAR SPECIALISTS 8919 PARALLEL PKWY, KANSAS CITY, KS 66112	87-1711269		30,600				ATRIAL FIBRILLATION PROGRAM
(457) TEXAS INSTITUTE OF CARDIOLOGY 5313 WEST UNIVERSITY DRIVE, MCKINNEY, TX 75071	55-0887020		13,500				ATRIAL FIBRILLATION PROGRAM
(458) ADAIR COUNTY MEMORIAL HOSPITAL 609 SE KENT STREET, GREENFIELD, IA 50849	42-6037639	GOV	7,000				STROKE PROGRAMS
(459) THE RESOURCE HUB 10209 MORNING LIGHT DRIVE, AVON, IN 46123	82-3568744	(C)(3)	10,000				FOOD INSECURITY

(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
(460) RIVERSIDE UNIFIED SCHOOL DISTRICT 6050 INDUSTRIAL AVENUE, RIVERSIDE, CA 92506	95-2883296	GOV	10,000				PHYSICAL FITNESS PROGRAM
(461) SLOAN KETTERING INSTITUTE FOR CANCER RES PO BOX 29049, NEW YORK, NY 10087	13-1624182	(C)(3)	23,500				ATRIAL FIBRILLATION PROGRAM
(462) ST. VINCENT HEALTH, INC. P.O. BOX 204242, DALLAS, TX 75320	35-2052591	(C)(3)	20,000				ATRIAL FIBRILLATION PROGRAM
(463) OXIWEAR INC 2231 CRYSTAL DR, STE 204, ARLINGTON, TX 22202	83-4409931		12,000				EMPOWERED TO SERVE
(464) SUNRISE OUTREACH CENTER OF YAKIMA PO BOX 10413, YAKIMA, WA 98909	27-1028426	(C)(3)	10,000				COMMUNITY HEALTH
(465) JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE, SAN DIEGO, CA 92121	20-4374795	(C)(3)	25,000				NUTRITION PROGRAM
(466) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1924 ALCOA HIGHWAY, KNOXVILLE, TX 37920	31-1626179	(C)(3)	30,000				AORTIC STENOSIS INITIATIVE
(467) TURNING POINTS FOR CHILDREN 4601 MARKET STREET, PHILADELPHIA, PA 19139	23-1352272	(C)(3)	5,250				FOOD SECURITY
(468) NORTH SHORE UNIVERSITY HOSPITAL 300 COMMUNITY DRIVE, MANHASSET, NY 11030	11-1562701	(C)(3)	75,000				AORTIC STENOSIS INITIATIVE
(469) MOSHULU MONTEFIORE COMMUNITY CENTER 3450 DEKALB AVENUE, BRONX, NY 10467	13-3622107	(C)(3)	5,085				COMMUNITY HEALTH
(470) ASCENSION HEALTH P.O BOX 204242, DALLAS, TX 75320	31-1662309	(C)(3)	15,000				HEART FAILURE INITIATIVE
(471) CIVIC COMMUNICATIONS, LLC 235 SE 30TH PLACE, PORTLAND, OR 97214	27-0613869		40,000				ANTI-TOBACCO
(472) IOWA SPECIALTY HOSPITAL - CLARION 1316 S MAIN STREET, CLARION, IA 50525	42-6006268	(C)(3)	7,000				AORTIC STENOSIS INITIATIVE
(473) EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER PO BOX 1231, TUCSON, AZ 85702	86-0285857	(C)(3)	8,000				COMMUNITY HEALTH
(474) SAHUARITA FOOD BANK PO BOX 548, MARANA, AZ 85653	47-1654162	(C)(3)	10,000				NUTRITION SECURITY
(475) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE, ALBANY, NY 12208	14-1338310	(C)(3)	15,500				ATRIAL FIBRILLATION PROGRAM
(476) PHARMA MEDICAL INNOVATIONS 5801 NW 151 ST, SUITE 101, MIAMI LAKES, FL 33014	88-1275307		8,000				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
(477) THE ANGEL MEDICAL RESEARCH 14160 NW 77 CT, SUITE 100, MIAMI LAKES, FL 33016	86-2512812		10,500				ATRIAL FIBRILLATION PROGRAM
(478) AMERICAN INDIAN HEALTH AND FAMILY SERVICES PO BOX 810, DEARBORN, MI 48121	38-3081615	(C)(3)	12,500				COMMUNITY HEALTH
(479) PYRAMID LAKE PAIUTE TRIBE 208 CAPITOL HILL DR., NIXON, NV 89424	88-0058154	GOV	9,500				COMMUNITY HEALTH
(480) IMMANUEL LIGHTHOUSE AT LAKESIDE VILLAGE 1044 N 115TH ST, STE 500, OMAHA, NE 68154	46-2582783	(C)(3)	15,000				MISSION LIFELINE STROKE
(481) LOGAN HEALTH - WHITEFISH 1600 HOSPITAL WAY, WHITEFISH, MT 59937	81-0247969	(C)(3)	10,000				MISSION LIFELINE STROKE
(482) MISSOULA HEALTH & REHABILITATION CENTER 3018 RATTLESNAKE DRIVE, MISSOULA, MT 59802	88-3587931		15,000				MISSION LIFELINE STROKE
(483) APPANOOSE COUNTY PUBLIC HEALTH 209 E. JACKSON ST., CENTERVILLE, IA 52544	42-6004351	GOV	25,000				COMMUNITY HEALTH
(484) BARTZ ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE, LANCASTER, CA 93553	27-3261289	(C)(3)	80,900				TELEHEALTH SUPPORT
(485) HEALTH NET OF WEST MICHIGAN 1550 LEONARD ST NE, GRAND RAPIDS, MI 49505	38-3609504	(C)(3)	25,000				COMMUNITY HEALTH
(486) DETROIT CHANGE INITIATIVE 2937 E. GRAND BLVD, DETROIT, MI 48202	81-5264149	(C)(3)	20,000				COMMUNITY HEALTH
(487) EXALTA HEALTH 2060 DIVISION AVE S, GRAND RAPIDS, MI 49507	38-3273825	(C)(3)	25,000				COMMUNITY HEALTH
(488) MARY GREELEY MEDICAL CENTER 1111 DUFF AVE, AMES, IA 50010	42-1347891	GOV	25,000				COMMUNITY HEALTH
(489) STATE CENTER COMMUNITY COLLEGE DISTRICT 1171 FULTON ST., FRESNO, CA 93721	94-1574802	GOV	17,500				EDUCATIONAL SUPPORT
(490) BENEDICT COLLEGE 1600 HARDEN STREET, COLUMBIA, SC 29204	57-0314365	(C)(3)	6,000				EDUCATIONAL SUPPORT
(491) TOMBALL PREGNANCY CENTER 1123 ALMA STREET, TOMBALL, TX 77375	26-3052959	(C)(3)	6,500				MATERNAL HEALTH
(492) CATERPILLAR MINISTRIES, INC. P.O. BOX 2155, HUNTERSVILLE, NC 28070	46-5034459	(C)(3)	5,600				COMMUNITY HEALTH
(493) FEEDNC 2456 CHARLOTTE HIGHWAY, MOORESVILLE, NC 28117	56-1911138	(C)(3)	7,100				NUTRITION SECURITY

(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
(494) FRIENDS REHABILITATION PROGRAM 704 WEST GIRARD AVE, PHILADELPHIA, PA 19123	23-6398764	(C)(3)	60,000				WORKFORCE DEVELOPMENT PROGRAM
(495) UTAH WOMEN IN TRADES PO BOX 543, WEST JORDAN, UT 84084	27-3712092	(C)(3)	50,000				WORKFORCE DEVELOPMENT PROGRAM
(496) CARESTL HEALTH 5471 DR. MARTIN LUTHER KING DR., ST LOUIS, MO 63112	43-0917230	(C)(3)	25,000				STROKE PROGRAMS
(497) NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 422 E DOUGLAS ST., O'NEILL, NE 68763	03-0418895	GOV	25,000				COMMUNITY HEALTH
(498) BAXTER COMMUNITY CENTER 935 BAXTER ST. SE, GRAND RAPIDS, MI 49506	23-7076806	(C)(3)	25,000				COMMUNITY HEALTH
(499) REDEEM DETROIT 11111 WHITTIER, DETROIT, MI 48224	27-2106167	(C)(3)	15,000				COMMUNITY HEALTH
(500) WESTERN MICHIGAN UNIVERSITY FOUNDATION 1903 W MICHIGAN AVE, MS: 5403, KALAMAZOO, MI 49008	38-2138856	(C)(3)	15,000				COMMUNITY HEALTH
(501) COREWELL HEALTH FOUNDATION WEST MICHIGAN 100 MICHIGAN ST NE MC004, GRAND RAPIDS, MI 49503	38-2752328	(C)(3)	20,000				COMMUNITY HEALTH
(502) KORION HEALTH 520 COYNE TER, PITTSBURGH, PA 15207	88-2960763		50,000				HEART FAILURE INITIATIVE
(503) GOJJI PHARMACY 2121 N D STREET, SAN BERNARDINO, CA 92405	45-4055325		15,600				COMMUNITY HEALTH
(504) PROUNITAS INC 1801 MAIN ST., SUITE 1300, HOUSTON, TX 77002	47-1573396	(C)(3)	75,000				HEART FAILURE INITIATIVE
(505) THE SALVATION ARMY GILLETTE 209 STOCKTRAIL AVE, GILLETTE, WY 82716	94-1156347	(C)(3)	25,000				COMMUNITY HEALTH
(506) TIDAL HEALTH MEDICAL PARTNERS 100 E. CARROLL STREET, SALISBURY, MD 21801	85-0517067		6,000				BLOOD PRESSURE PROGRAMS
(507) CLAFLIN UNIVERSITY 400 MAGNOLIA STREET, ORANGEBURG, SC 29115	57-0314374	(C)(3)	6,000				BLOOD PRESSURE PROGRAMS
(508) ST. LUKE MEMORIAL MISSIONARY BAPTIST CHURCH 3619-23 FINNEY AVENUE, ST. LOUIS, MO 63113	52-1051241	(C)(3)	7,000				COMMUNITY HEALTH
(509) JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET, BUFFALO, NY 14213	42-1571876	(C)(3)	20,000				STROKE PROGRAMS
(510) IOWA HEART FOUNDATION 5880 UNIVERSITY AVE., STE 101, WEST DES MOINES, IA 50266	42-1372472	(C)(3)	25,000				COMMUNITY HEALTH

(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
(511) RASA LEGAL 180E 2100S, SUITE 206, SALT LKAR CITY, UT 84115	87-2992893		90,000				AFFORDABLE LEGAL ASSISTANCE
(512) PROVIDENCE ALASKA MEDICAL CENTER 3200 PROVIDENCE DRIVE, ANCHORAGE, AK 99508	92-0169429	(C)(3)	13,261				HEART FAILURE INITIATIVE
(513) THE OHIO STATE UNIVERSITY 1050 CARMACK RD, COLUMBUS, OH 43210	31-6025986	GOV	20,000				HEART FAILURE INITIATIVE
(514) LOWER LIGHTS CHRISTIAN HEALTH CENTERS INC 1160 WEST BROAD STREET, COLUMBUS, OH 43222	31-1810355	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(515) CLINTON COUNTY HEALTH DEPARTMENT CCHD 111 S. NELSON AVE, SUITE 1, WILMINGTON, OH 45177	31-6000427	GOV	7,955				HIGH BLOOD PRESSURE CONTROL
(516) COBBLESTONE PROJECT 1210 N 54TH AVE, FAYETTEVILLE, AR 72704	26-2661349	(C)(3)	24,000				NUTRITION PROGRAM
(517) VILLAGE OF PAINTED POST FIRE DEPARTMENT P.O. BOX 110, 261 STEUBEN STREET, PAINTED POST, NY 14870	16-6002499	GOV	21,000				AED AND MEDICAL EQUIPMENT
(518) UT PHYSICIANS 6410 FANNIN ST., SUITE 1500, HOUSTON, TX 77030	76-0459500	(C)(3)	20,000				HEART FAILURE INITIATIVE
(519) BRONSON HEALTH FOUNDATION 301 JOHN STREET, BOX 73, KALAMAZOO, MI 49007	38-2415081	(C)(3)	35,000				COMMUNITY HEALTH
(520) WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD, ST. LOUIS, MO 63105	43-0653611	(C)(3)	16,549				HEART FAILURE INITIATIVE
(521) COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804	61-1744940	(C)(3)	10,000				HEART FAILURE INITIATIVE
(522) COUNTY OF JONES 418 HWY 58, UNIT A, TRENTON, NC 28585	56-6000312	GOV	12,598				COMMUNITY HEALTH
(523) AFRICAN COMMUNITY HOUSING & DEVELOPMENT 16256 MILITARY RD S, SUITE 206, SEATAC, WA 98188	83-1665288	(C)(3)	7,000				NUTRITION PROGRAM
(524) FLORIDA DEPARTMENT OF HEALTH 800 CLEMATIS STREET, ROOM 5507, WEST PALM BEACH, FL 33401	59-3502843	GOV	7,500				COMMUNITY HEALTH
(525) GATEWAY VISTA 2230 N SOMERS AVE, FREMONT, NE 68025	13-4322763		15,000				STROKE PROGRAMS
(526) TRIAD LOCAL SCHOOLS 7920 BRUSH LAKE RD, NORTH LEWISBURG, OH 43060	34-6401710	GOV	8,000				STUDENT HEALTH PROGRAM
(527) OPEN DOOR MINISTRIES OF HIGH POINT INC. 400 N. CENTENNIAL STREET, HIGH POINT, NC 27262	56-1576543	(C)(3)	7,000				BLOOD PRESSURE 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
(528) LOAVES & FISHES FRIENDSHIP TRAYS 648-B GRIFFITH ROAD, CHARLOTTE, NC 28217	56-1398498	(C)(3)	10,000				NUTRITION PROGRAM
(529) CABARRUS COOPERATIVE CHRISTIAN MINISTRY PO BOX 1717, CONCORD, NC 28026	56-1320818	(C)(3)	11,500				COMMUNITY HEALTH
(530) EMBRACE ALL LATINO VOICES 3719 LATROBE DRIVE OFFICE 830, CHARLOTTE, NC 28211	38-4281347	(C)(3)	14,000				HEALTH EQUITY
(531) MOUNTAINVIEW MEDICAL CENTER 16 W MAIN ST, WHITE SULPHUR SPRINGS, MT 59645	81-0255832	(C)(3)	10,000				HEART FAILURE INITIATIVE
(532) DELAWARE CENTER FOR MATERNAL FETAL MEDICINE 1 CENTURIAN DRIVE, SUITE 312, NEWARK, DE 19713	20-5891272		15,000				MATERNAL HEALTH
(533) LAKELAND HOSPITALS AT NILES & ST. JOSEPH 1234 NAPIER AVE, ST JOSEPH, MI 49085	38-2156872	(C)(3)	25,000				HEALTHCARE QUALITY PROGRAM
(534) COMMUNITY FOOD CLUB 1100 DIVISION AVE S, GRAND RAPIDS, MI 49507	82-2265189	(C)(3)	30,000				NUTRITION PROGRAM
(535) MEHEALTH LLC 6951 N HANLEY ROAD, UNIT A, HAZELWOOD, MO 63042	85-1275405		5,969				BLOOD PRESSURE PROGRAMS
(536) LIFE TREE WOMEN CARE INC. 5500 BLANDING BLVD., JACKSONVILLE, FL 32244	87-2135838	(C)(3)	6,000				MATERNAL HEALTH
(537) TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD SUITE 300, ARLINGTON, TX 76011	75-2022128	(C)(3)	60,000				NUTRITION PROGRAM
(538) IBN SINA FOUNDATION, INC 11226 SOUTH WILCREST DRIVE, HOUSTON, TX 77099	76-0698464	(C)(3)	20,000				HEART FAILURE INITIATIVE
(539) THE DESTINY PROGRAM CORPORATION 47 BOULDER FLATS ROAD, LANDER, WY 82520	47-3589536	(C)(3)	25,000				COMMUNITY HEALTH
(540) MEDTECH INNOVATOR 907 WESTWOOD BLVD. SUITE 1067, LOS ANGELES, CA 90024	81-3132011	(C)(3)	250,000				HEART & BRAIN HEALTH ACCELERATOR
(541) EASTSIDE COMMUNITY NETWORK 4401 CONNER, DETROIT, MI 48215	38-2561225	(C)(3)	8,000				COMMUNITY HEALTH
(542) LEXINGTON COUNTY RECREATION AND AGING COMMISSION 563 SOUTH LAKE DRIVE, LEXINGTON, SC 29072	57-0522656	GOV	9,200				FITNESS PROGRAMS
(543) LAPIS HEALTH INC 2261 MARKET STREET STE 5975, SAN FRANCISCO, CA 94114	36-4987617		35,000				COMMUNITY HEALTH

(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
(544) COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVE., COLUMBUS, OH 43206	51-0476886	(C)(3)	6,250				COMMUNITY HEALTH
(545) WORD OF LIFE INTERNATIONAL INC. 1051 WESTCHESTER AVENUE, BRONX, NY 10459	39-2063356	(C)(3)	7,950				NUTRITION SUPPORT
(546) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W. FORT STREET, DETROIT, MI 48209	38-3094394	(C)(3)	12,500				COMMUNITY HEALTH
(547) KENT DISTRICT LIBRARY 814 WEST RIVER CENTER DR. NE, COMSTOCK PARK, MI 49321	38-3248712	GOV	7,000				BLOOD PRESSURE PROGRAMS
(548) BRIGHTSIDE PRODUCE 120 ARUNDEL ST, SAINT PAUL, MN 55102	84-2923952	(C)(3)	75,000				NUTRITION PROGRAMS
(549) NEXTOP INC. 2929 MCKINNEY ST, HOUSTON, TX 77003	47-1429344	(C)(3)	75,000				VETERAN EMPLOYMENT PROGRAM
(550) SHANDS JACKSONVILLE MEDICAL CENTER, INC 655 WEST 8TH STREET, JACKSONVILLE, FL 32209	59-2142859	(C)(3)	7,500				AORTIC STENOSIS INITIATIVE
(551) CARDIOVASCULAR MEDICINE ASSOCIATES, PA 6200 SUNSET DR, STE 401, MIAMI, FL 33143	65-0511644		20,000				AORTIC STENOSIS INITIATIVE
(552) INTERNATIONAL HOUSE OF METROLINA 1611 E 7TH STREET, CHARLOTTE, NC 28204	58-1440413	(C)(3)	15,000				COMMUNITY HEALTH
(553) BUFFALO PRENATAL PERINATAL NETWORK, INC 703 WASHINGTON ST, BUFFALO, NY 14203	16-1302764	(C)(3)	7,500				HYPERTENSION TREATMENT
(554) YMCA BUFFALO NIAGARA 301 CAYUGA ROAD, SUITE 100, BUFFALO, NY 14225	16-0743231	(C)(3)	7,500				HYPERTENSION TREATMENT
(555) RICHARDTON HEALTH CENTER INC. 8885 HWY 10, RICHARDTON, ND 58652	45-0408291	(C)(3)	15,000				HEART FAILURE INITIATIVE
(556) BUFFALO CENTER FOR HEALTH EQUITY 257 W GENESEE ST, SUITE 160, BUFFALO, NY 14202	85-0868589	(C)(3)	7,500				HYPERTENSION TREATMENT
(557) CENTER FOR ECOLITERACY 2150 ALLSTON WAY, STE 270, BERKELEY, CA 94704	94-2911417	(C)(3)	25,000				LITERACY PROGRAM
(558) ATHENS-CLARKE COUNTY EXTENSION 4-H 275 CLEVELAND ROAD, BOGORT, GA 30622	58-1558541	GOV	7,500				NUTRITION PROGRAMS
(559) MERCED COUNTY FOOD BANK 2000 W OLIVE AVE., MERCED, CA 95348	80-0093563	(C)(3)	6,000				NUTRITION PROGRAMS
(560) UNIVERSITY OF NEBRASKA 444 CHERRY CREEK RD., LINCOLN, NE 68528	47-0049123	GOV	7,500				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
(561) MID-OHIO FOODBANK 3960 BROOKHAM DRIVE, GROVE CITY, OH 43123	31-0865343	(C)(3)	6,250				HYPERTENSION TREATMENT
(562) WAIANAE COAST COMPREHENSIVE HEALTH CENTER 86-260 FARRINGTON HIGHWAY, WAIANAE, HI 96792	99-0148164	(C)(3)	16,000				TELEHEALTH SUPPORT
(563) COUNTY OF LENOIR 130 SOUTH QUEEN STREET, KINSTON, NC 28501	56-6000314	GOV	5,200				COMMUNITY HEALTH
(564) VIA CARE COMMUNITY HEALTH CENTER 3601 FIRST STREET, LOS ANGELES, CA 90063	80-0699156	(C)(3)	32,000				HEART FAILURE INITIATIVE
(565) SPIRIT MOUNTAIN BREWING & ROASTING LLC P.O. BOX 1266, WINTERHAVEN, CA 92283	81-0859155		30,000				NUTRITION PROGRAM TO FOOD DESERT AREA
(566) GOOD SAMARITAN SOCIETY - LAKOTA 608 4TH AVE SW, LAKOTA, ND 58344	45-0228055	(C)(3)	15,000				HEART FAILURE INITIATIVE
(567) HARRY CHAPIN FOOD BANK OF SOUTH WEST FLORIDA 3760 FOWLER STREET, FORT MYERS, FL 33901	59-2332120	(C)(3)	7,000				NUTRITION SUPPORT
(568) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003	86-0096799	(C)(3)	14,500				NUTRITION SUPPORT
(569) KIDS MEAL INC 330 GARDEN OAKS BLVD, HOUSTON, TX 77018	76-0330447	(C)(3)	7,500				NUTRITION SECURITY
(570) CASA BLANCA HOME OF NEIGHBORLY SERVICE 7680 CASA BLANCA ST, RIVERSIDE, CA 92504	95-6006198	(C)(3)	6,000				NUTRITION SECURITY
(571) LEGACY COMMUNITY HEALTH SERVICES, INC 2929 ALLEN PARKWAY SUITE 1300, HOUSTON, TX 77019	76-0009637	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(572) ASCENSION SAINT THOMAS WEST 4220 HARDING ROAD, NASHVILLE, TN 37205	62-0347580	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL
(573) FREE & ACCEPTED MASONS OF NEBRASKA 2418 AMES AVE, OMAHA, NE 68111	51-0234496	(C)(3)	5,500				CARDIAC EMERGENCY RESPONSE
(574) LINN COUNTY, OREGON 315 SW 4TH AVE, ALBANY, OR 97321	93-6002305	GOV	10,000				HIGH BLOOD PRESSURE CONTROL
(575) BUFFALO GO GREEN INC 45 PEMBROOKE AVE, BUFFALO, NY 14215	46-5083541	(C)(3)	7,500				HYPERTENSION TREATMENT
(576) OUTCARE HEALTH, INC 2278 W 29TH ST, LOS ANGELES, CA 90018	81-2791484	(C)(3)	62,500				HEALTH EQUITY
(577) IN HER SHOES, INC 10 CASHEL CT, VILLA RICA, GA 30180	30-0963759	(C)(3)	75,000				NUTRITION 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
(578) WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE, LOS ANGELES, CA 90002	75-3046480	(C)(3)	15,000				BLOOD PRESSURE PROGRAMS
(579) JACKSON LABORATORY FOR GENOMIC MEDICINE 10 DISCOVERY DRIVE, FARMINGTON, CT 06032	01-0211513	(C)(3)	72,080				RESEARCH
(580) MAINE MEDICAL CENTER 22 BRAMHALL STREET, PORTLAND, ME 04102	01-0238552	(C)(3)	13,250				RESEARCH
(581) MAINEHEALTH 465 CONGRESS STREET, SUITE 701, PORTLAND, ME 04101	01-0431680	(C)(3)	6,000				RESEARCH
(582) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET, BURLINGTON, VT 05405	03-0179440	(C)(3)	496,144				RESEARCH
(583) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 540-177, BOSTON, MA 02115	04-1679980	(C)(3)	582,068				RESEARCH
(584) BOSTON UNIVERSITY 85 EAST NEWTON, M-921, BOSTON, MA 02218	04-2103547	(C)(3)	478,364				RESEARCH
(585) HARVARD COLLEGE, HARVARD T. H. CHAN SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE, BOSTON, MA 02115	04-2103580	(C)(3)	595,500				RESEARCH
(586) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	04-2103594	(C)(3)	147,292				RESEARCH
(587) TUFTS COLLEGE 136 HARRISON AVE, BOSTON, MA 02111	04-2103634	(C)(3)	67,388				RESEARCH
(588) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, OV-540, BOSTON, MA 02215	04-2103881	(C)(3)	1,428,248				RESEARCH
(589) HEBREW REHABILITATION CENTER 1200 CENTRE STREET, BOSTON, MA 02131	04-2104298	(C)(3)	2,500				RESEARCH
(590) JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE, BOSTON, MA 02215	04-2203836	(C)(3)	147,292				RESEARCH
(591) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA 02215	04-2263040	(C)(3)	147,292				RESEARCH
(592) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET, BOSTON, MA 02115	04-2312909	(C)(3)	4,985,920				RESEARCH
(593) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA 02114	04-2697983	(C)(3)	4,125,102				RESEARCH
(594) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	(C)(3)	1,399,052				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
(595) UNIVERSITY OF MASSACHUSETTS AMHERST 100 VENTURE WAY SUITE 201, HADLEY, MA 01035	04-3167352	GOV	298,388				RESEARCH
(596) BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118	04-3314093	(C)(3)	762,000				RESEARCH
(597) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 817, BOSTON, MA 02111	04-3400617	(C)(3)	584,416				RESEARCH
(598) BROWN UNIVERSITY 350 EDDY STREET, BOX 1929, PROVIDENCE, RI 02912	05-0258809	(C)(3)	843,978				RESEARCH
(599) RHODE ISLAND HOSPITAL 593 EDDY STREET, PROVIDENCE, RI 02903	05-0258954	(C)(3)	226,500				RESEARCH
(600) YALE UNIVERSITY PO BOX 208327, NEW HAVEN, CT 06520	06-0646973	(C)(3)	5,057,761				RESEARCH
(601) ST JOHN'S UNIVERSITY 8000 UTOPIA PKWY, JAMAICA, NY 11439	11-1630830	(C)(3)	154,000				RESEARCH
(602) NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BOULEVARD, OLD WESTBURY, NY 11568	11-1788788	(C)(3)	154,000				RESEARCH
(603) FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH 350 COMMUNITY DRIVE, MANHASSET, NY 11030	11-2673595	(C)(3)	299,993				RESEARCH
(604) NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD, VALHALLA, NY 10595	13-1099420	(C)(3)	531,000				RESEARCH
(605) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, NEW YORK, NY 10065	13-1623978	(C)(3)	729,854				RESEARCH
(606) YESHIVA UNIVERSITY 500 WEST 185TH STREET BELFER 1310, NEW YORK, NY 10033	13-1624225	(C)(3)	33,694				RESEARCH
(607) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE, NEW YORK, NY 10065	13-1924236	(C)(3)	300,000				RESEARCH
(608) RESEARCH FOUNDATION OF THE CITY UNIV OF NEW YORK 695 PARK AVENUE, NEW YORK, NY 10065	13-1988190	(C)(3)	367,385				RESEARCH
(609) NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801, NEW YORK, NY 10012	13-5562308	(C)(3)	1,280,772				RESEARCH
(610) COLUMBIA UNIVERSITY BOX 49 630 WEST 168TH STREET, NEW YORK, NY 10032	13-5598093	(C)(3)	3,636,908				RESEARCH
(611) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE BOX 1075, NEW YORK, NY 10029	13-6171197	(C)(3)	692,925				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
(612) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE, ALBANY, NY 12208	14-1338310	(C)(3)	231,000				RESEARCH
(613) SKIDMORE COLLEGE 815 NORTH BROADWAY, SARATOGA SPRINGS, NY 12866	14-1338562	(C)(3)	152,607				RESEARCH
(614) RENSSELAER POLYTECHNIC INSTITUTE 90 4TH STREET, TROY, NY 12180	14-1340095	(C)(3)	367,388				RESEARCH
(615) RESEARCH FOUNDATION FOR THE SUNY 520 LEE ENTRANCE, SUITE 211, AMHERST, NY 14228	14-1368361	(C)(3)	733,199				RESEARCH
(616) SYRACUSE UNIVERSITY 211 LYMAN HALL, SYRACUSE, NY 13244	15-0532081	(C)(3)	10,000				RESEARCH
(617) UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200, ROCHESTER, NY 14611	16-0743209	(C)(3)	1,670,549				RESEARCH
(618) PRINCETON UNIVERSITY 619 ALEXANDER ROAD SUITE 102, PRINCETON, NJ 08544	21-0634501	(C)(3)	67,388				RESEARCH
(619) ROWAN UNIVERSITY 201 MULLICA HILL ROAD, GLASSBORO, NJ 08028	22-2764819	(C)(3)	306,438				RESEARCH
(620) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	22-3849199	(C)(3)	767,382				RESEARCH
(621) RUTGERS BIOMEDICAL AND HEALTH SCIENCES 65 BERGEN STREET, NEWARK, NJ 07107	22-6001086	GOV	665,248				RESEARCH
(622) CHILDREN'S HOSPITAL OF PHILADELPHIA 2716 SOUTH ST., PHILADELPHIA, PA 19146	23-1352166	(C)(3)	533,265				RESEARCH
(623) DREXEL UNIVERSITY 3250 CHESTNUT STREET, SUITE 3010, PHILADELPHIA, PA 19104	23-1352630	(C)(3)	67,388				RESEARCH
(624) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107	23-1352651	(C)(3)	800,552				RESEARCH
(625) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST, PHILADELPHIA, PA 19104	23-1352685	(C)(3)	3,890,911				RESEARCH
(626) TEMPLE UNIVERSITY 1801 NORTH BROAD STREET, PHILADELPHIA, PA 19122	23-1365971	(C)(3)	1,070,460				RESEARCH
(627) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST., PHILADELPHIA, PA 19104	23-2020897	(C)(3)	67,388				RESEARCH
(628) GEISINGER CLINIC 100 N. ACADEMY AVE., DANVILLE, PA 17822	23-6291113	(C)(3)	399,980				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
(629) J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET, SAN FRANCISCO, CA 94158	23-7203666	(C)(3)	451,564				RESEARCH
(630) LEHIGH UNIVERSITY 526 BRODHEAD AVENUE, BETHLEHEM, PA 18015	24-0795445	(C)(3)	67,388				RESEARCH
(631) PENNSYLVANIA STATE UNIVERSITY 200 INNOVATION BLVD., SUITE 110, UNIVERSITY PARK, PA 16802	24-6000376	GOV	599,680				RESEARCH
(632) UNIVERSITY OF PITTSBURGH 3420 FORBES AVE, PITTSBURGH, PA 15260	25-0965591	(C)(3)	8,341,851				RESEARCH
(633) BROAD INSTITUTE 415 MAIN STREET, CAMBRIDGE, MA 02142	26-3428781	(C)(3)	147,292				RESEARCH
(634) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	(C)(3)	1,074,673				RESEARCH
(635) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, CINCINNATI, OH 45221	31-6000989	GOV	1,431,314				RESEARCH
(636) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	GOV	6,091,883				RESEARCH
(637) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE, COLUMBUS, OH 43205	31-6056230	(C)(3)	3,222,292				RESEARCH
(638) MIAMI UNIVERSITY 501 E. HIGH ST 102, OXFORD, OH 45056	31-6402089	(C)(3)	2,500				RESEARCH
(639) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	(C)(3)	363,532				RESEARCH
(640) CLEVELAND CLINIC FOUNDATION P.O. BOX 931531, CLEVELAND, OH 44193	34-0714585	(C)(3)	792,105				RESEARCH
(641) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106	34-1018992	(C)(3)	1,288,957				RESEARCH
(642) NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44, PO BOX 95, ROOTSTOWN, OH 44272	34-1131512	GOV	299,997				RESEARCH
(643) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	34-1567805	(C)(3)	498,100				RESEARCH
(644) UNIVERSITY OF AKRON 302 BUCHTEL COMMON, AKRON, OH 44325	34-6002924	(C)(3)	299,836				RESEARCH
(645) UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS 3000 ARLINGTON AVENUE, TOLEDO, OH 43614	34-6401483	GOV	202,164				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
(646) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE, STE 970, NASHVILLE, TN 37203	35-2528741	(C)(3)	1,819,151				RESEARCH
(647) INDIANA UNIVERSITY 509 E 3RD STREET, BLOOMINGTON, IN 47401	35-6001673	GOV	310,863				RESEARCH
(648) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE., SUITE 1900, WEST LAFAYETTE, IN 47906	35-6002041	GOV	295,892				RESEARCH
(649) LOYOLA UNIVERSITY OF CHICAGO 2160 S. FIRST AVE, MAYWOOD, IL 60153	36-1408475	(C)(3)	164,580				RESEARCH
(650) NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE 750 N. LAKE SHORE DR, CHICAGO, IL 60611	36-2167817	(C)(3)	7,377,966				RESEARCH
(651) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO, BOX 205, CHICAGO, IL 60611	36-2170833	(C)(3)	67,388				RESEARCH
(652) UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300, CHICAGO, IL 60637	36-2177139	(C)(3)	890,508				RESEARCH
(653) SOUTHERN ILLINOIS UNIVERSITY #6 HAIRPIN DRIVE CAMPUS BOX 1046, EDWARDSVILLE, IL 62026	37-0986220	(C)(3)	67,388				RESEARCH
(654) UNIVERSITY OF ILLINOIS CHICAGO 28395 NETWORK PLACE, CHICAGO, IL 60612	37-6000511	GOV	1,453,268				RESEARCH
(655) HENRY FORD HEALTH SYSTEM 1 FORD PLACE, DETROIT, MI 48202	38-1357020	(C)(3)	302,500				RESEARCH
(656) LAWRENCE TECHNOLOGICAL UNIVERSITY 21000 WEST TEN MILE ROAD, SOUTHFIELD, MI 48075	38-1369604	(C)(3)	154,000				RESEARCH
(657) OAKLAND UNIVERSITY 2200 N. SQUIRREL ROAD, ROCHESTER, MI 48309	38-1714400	(C)(3)	23,040				RESEARCH
(658) CENTRAL MICHIGAN UNIVERSITY 251 FOUST HALL, MOUNT PLEASANT, MI 48859	38-6004447	GOV	33,694				RESEARCH
(659) MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR., HOUGHTON, MI 49931	38-6005955	GOV	430,988				RESEARCH
(660) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, MI 48824	38-6005984	GOV	366,713				RESEARCH
(661) UNIVERSITY OF MICHIGAN MEDICAL CENTER 1540 EAST MEDICAL CENTER DRIVE, ANN ARBOR, MI 48109	38-6006300	GOV	498,184				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
(662) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET, ANN ARBOR, MI 48109	38-6006309	(C)(3)	4,705,764				RESEARCH
(663) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI 48202	38-6028429	GOV	631,000				RESEARCH
(664) MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD., MILWAUKEE, WI 53226	39-0806261	(C)(3)	892,632				RESEARCH
(665) VERSITI WISCONSIN, INC. PO BOX 2178, MILWAUKEE, WI 53201	39-0807235	(C)(3)	200,000				RESEARCH
(666) CONCORDIA UNIVERSITY INC. 12800 NORTH LAKE SHORE DRIVE, MEQUON, WI 53097	39-0833608	(C)(3)	153,924				RESEARCH
(667) UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715	39-6006492	GOV	449,952				RESEARCH
(668) UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK STREET S.E., MINNEAPOLIS, MN 55455	41-6007513	GOV	1,026,158				RESEARCH
(669) MAYO CLINIC 200 FIRST ST. SW, ROCHESTER, MN 55905	41-6011702	(C)(3)	701,146				RESEARCH
(670) UNIVERSITY OF IOWA 2 GILMORE HALL, IOWA CITY, IA 52242	42-6004813	GOV	1,201,308				RESEARCH
(671) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S. EUCLID AVENUE CAMPUS BOX 8233, ST. LOUIS, MO 63110	43-0653611	(C)(3)	4,984,869				RESEARCH
(672) ST. LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD, ST. LOUIS, MO 63103	43-0654872	(C)(3)	528,215				RESEARCH
(673) UNIVERSITY OF MISSOURI 601 TURNER AVENUE, COLUMBIA, MO 65211	43-6003859	GOV	1,000,875				RESEARCH
(674) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	(C)(3)	200,000				RESEARCH
(675) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198	47-0049123	GOV	1,163,316				RESEARCH
(676) KANSAS UNIVERSITY ENDOWMENT ASSOCIATION 1891 CONSTANT AVE., LAWRENCE, KS 66047	48-0547734	(C)(3)	12,000				RESEARCH
(677) KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL, MANHATTAN, KS 66506	48-0771751	(C)(3)	300,000				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
(678) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. 3901 RAINBOW BOULEVARD, KANSAS CITY, KS 66160	48-1108830	(C)(3)	367,388				RESEARCH
(679) UNIVERSITY OF DELAWARE 210 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	GOV	266,082				RESEARCH
(680) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117, BALTIMORE, MD 21205	52-0595110	(C)(3)	6,178,155				RESEARCH
(681) CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010	52-1654453	(C)(3)	10,000				RESEARCH
(682) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT 06030	52-1725543	GOV	207,276				RESEARCH
(683) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503	52-2000823	(C)(3)	144,580				RESEARCH
(684) UNIVERSITY OF MARYLAND BALTIMORE COUNTY 1000 HILLTOP CIRCLE, BALTIMORE, MD 21250	52-6002033	GOV	454,212				RESEARCH
(685) CHILDREN'S NATIONAL MEDICAL CENTER AND CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN N.W., WASHINGTON, DC 20010	53-0196580	(C)(3)	67,388				RESEARCH
(686) GEORGE WASHINGTON UNIVERSITY 1922 F STREET NW 4TH FLOOR, WASHINGTON, DC 20052	53-0196584	(C)(3)	231,000				RESEARCH
(687) INOVA FAIRFAX HOSPITAL 3300 GALLOWS ROAD, FALLS CHURCH, VA 22042	54-0620889	(C)(3)	1,371,269				RESEARCH
(688) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, RICHMOND, VA 23298	54-6001758	GOV	399,633				RESEARCH
(689) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	GOV	1,142,152				RESEARCH
(690) VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 300 TURNER STREET NW, SUITE 4200, BLACKSBURG, VA 24061	54-6001805	GOV	303,128				RESEARCH
(691) EASTERN VIRGINIA MEDICAL SCHOOL 735 FAIRFAX AVENUE, NORFOLK, VA 23507	54-6055378	GOV	221,388				RESEARCH
(692) WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506	55-0665758	GOV	144,580				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
(693) MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DRIVE, HUNTINGTON, WV 25755	55-0683361	(C)(3)	300,000				RESEARCH
(694) CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE, INC. 3110 MACCORKLE AVE., SE ROOM 3281, CHARLESTON, WV 25304	55-0753754	(C)(3)	36,000				RESEARCH
(695) DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, DURHAM, NC 27705	56-0532129	(C)(3)	2,516,642				RESEARCH
(696) EAST CAROLINA UNIVERSITY 209 EAST 5TH STREET, MAIL STOP 211, GREENVILLE, NC 27858	56-6000403	GOV	147,292				RESEARCH
(697) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, SUITE 240, RALEIGH, NC 27695	56-6000756	GOV	312,292				RESEARCH
(698) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CHAPEL HILL, NC 27599	56-6001393	GOV	1,864,560				RESEARCH
(699) FURMAN UNIVERSITY 3300 POINSETT HIGHWAY, GREENVILLE, SC 29613	57-0314395	(C)(3)	2,613,135				RESEARCH
(700) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE, CHARLESTON, SC 29425	57-6000722	GOV	1,065,887				RESEARCH
(701) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414, COLUMBIA, SC 29208	57-6001153	GOV	300,000				RESEARCH
(702) MERCER UNIVERSITY 3001 MERCER UNIVERSITY DR, ATLANTA, GA 30341	58-0566167	(C)(3)	367,113				RESEARCH
(703) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR, ATLANTA, GA 30322	58-0566256	(C)(3)	1,749,336				RESEARCH
(704) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. 310 EAST CAMPUS RD, ATHENS, GA 30602	58-1353149	GOV	299,552				RESEARCH
(705) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. 1120 15TH STREET, AUGUSTA, GA 30912	58-1418202	(C)(3)	2,076,588				RESEARCH
(706) MOREHOUSE SCHOOL OF MEDICINE, INC 720 WESTVIEW DR., SW, ATLANTA, GA 30310	58-1438873	(C)(3)	52,500				RESEARCH
(707) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION, INC. 58 EDGEWOOD AVENUE NE., 3RD FLOOR, ATLANTA, GA 30302	58-1845423	(C)(3)	447,292				RESEARCH
(708) UNIVERSITY OF MIAMI 1531 BRESCIA AVENUE SUITE 124, CORAL GABLES, FL 33146	59-0624458	(C)(3)	739,059				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
(709) ALL CHILDREN'S RESEARCH INSTITUTE, INC. 501 6TH AVENUE SOUTH, ST. PETERSBURG, FL 33701	59-2481742	(C)(3)	24,000				RESEARCH
(710) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165, TAMPA, FL 33612	59-3102112	GOV	1,447,920				RESEARCH
(711) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	59-3337028	(C)(3)	74,792				RESEARCH
(712) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	GOV	1,072,999				RESEARCH
(713) FLORIDA INSTITUTE OF TECHNOLOGY, INC. 150 W. UNIVERSITY BLVD., MELBOURNE, FL 32901	59-6046500	(C)(3)	221,388				RESEARCH
(714) UNIVERSITY OF PIKEVILLE, INC. 147 SYCAMORE STREET, PIKEVILLE, KY 41501	61-0444788	(C)(3)	154,000				RESEARCH
(715) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. 300 E MARKET STREET, SUITE 300, LOUISVILLE, KY 40202	61-1029626	(C)(3)	1,034,318				RESEARCH
(716) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 500 SOUTH LIMESTONE, LEXINGTON, KY 40526	61-6033693	GOV	1,619,341				RESEARCH
(717) VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH, NASHVILLE, TN 37203	62-0476822	(C)(3)	675,500				RESEARCH
(718) UNIVERSITY OF MEMPHIS ADMINISTRATION BLDG, SUITE 315, MEMPHIS, TN 38152	62-0648618	GOV	2,500				RESEARCH
(719) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOV	587,810				RESEARCH
(720) AUBURN UNIVERSITY 540 DEVALD DRIVE, SUITE #200, AUBURN, AL 36832	63-6000724	GOV	101,082				RESEARCH
(721) UNIVERSITY OF ALABAMA BOX 870136, TUSCALOOSA, AL 35487	63-6001138	(C)(3)	300,000				RESEARCH
(722) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 1170, BIRMINGHAM, AL 35294	63-6005396	GOV	4,133,461				RESEARCH
(723) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS 39216	64-6008520	GOV	206,460				RESEARCH
(724) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET, MIAMI, FL 33199	65-0177616	(C)(3)	33,694				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
(725) UNIVERSITY OF ARKANSAS 1125 W. MAPLE ST., FAYETTEVILLE, AR 72701	71-6003252	GOV	152,739				RESEARCH
(726) UNIVERSITY OF ARKANSAS MEDICAL SCIENCES 4301 WEST MARKHAM, #812, LITTLE ROCK, AR 72205	71-6046242	GOV	67,388				RESEARCH
(727) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA 70112	72-0423889	(C)(3)	676,680				RESEARCH
(728) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY, NEW ORLEANS, LA 70121	72-0502505	(C)(3)	20,000				RESEARCH
(729) LSU HEALTH SCIENCES CENTER 1501 KINGS HWY. P. O.BOX 33932, SHREVEPORT, LA 71130	72-0702002	GOV	1,445,930				RESEARCH
(730) LOUISIANA STATE UNIVERSITY A&M COLLEGE 202 HIMES HALL, BATON ROUGE, LA 70803	72-6000848	(C)(3)	67,388				RESEARCH
(731) LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER 433 BOLIVAR ST., NEW ORLEANS, LA 70112	72-6087770	GOV	67,388				RESEARCH
(732) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET, OKLAHOMA CITY, OK 73104	73-0580274	(C)(3)	144,580				RESEARCH
(733) OKLAHOMA STATE UNIVERSITY 203 WHITEHURST, STILLWATER, OK 74078	73-1383996	GOV	154,000				RESEARCH
(734) UNIVERSITY OF OKLAHOMA, HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, OKLAHOMA CITY, OK 73104	73-1563627	GOV	839,355				RESEARCH
(735) WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN, HOUSTON, TX 77005	74-1109620	(C)(3)	532,388				RESEARCH
(736) BAYLOR UNIVERSITY ONE BEAR PLACE #97360, WACO, TX 76798	74-1159753	(C)(3)	230,538				RESEARCH
(737) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229	74-1586031	GOV	3,798,383				RESEARCH
(738) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	(C)(3)	761,760				RESEARCH
(739) UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE, SAN ANTONIO, TX 78249	74-1717115	GOV	67,388				RESEARCH
(740) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN, UCT 1006, HOUSTON, TX 77030	74-1761309	GOV	3,936,381				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
(741) TEXAS A&M ENGINEERING EXPERIMENT STATION 400 HARVEY MITCHELL PKWY, COLLEGE STATION, TX 77845	74-1974733	GOV	134,776				RESEARCH
(742) NATIONAL JEWISH HEALTH 1400 JACKSON STREET, DENVER, CO 80206	74-2044647	(C)(3)	155,824				RESEARCH
(743) UNIVERSITY OF ARIZONA P O BOX 210158B, TUCSON, AZ 85721	74-2652689	GOV	309,540				RESEARCH
(744) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PKWY, COLLEGE STATION, TX 77845	74-2907553	GOV	444,844				RESEARCH
(745) UNIVERSITY OF TEXAS AT AUSTIN 2304 WHITIS AVE, SUITE 426, AUSTIN, TX 78712	74-6000203	GOV	104,317				RESEARCH
(746) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY, COLLEGE STATION, TX 77845	74-6000541	GOV	67,388				RESEARCH
(747) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BOULEVARD, GALVESTON, TX 77555	74-6000949	GOV	249,408				RESEARCH
(748) M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD., HOUSTON, TX 77030	74-6001118		300,000				RESEARCH
(749) UNIVERSITY OF HOUSTON 4302 UNIVERSITY DRIVE, HOUSTON, TX 77204	74-6001399	GOV	765,000				RESEARCH
(750) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030	74-6053200	(C)(3)	382,564				RESEARCH
(751) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER 3601 4TH ST., LUBBOCK, TX 79430	75-2668014	GOV	365,776				RESEARCH
(752) UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE, ARLINGTON, TX 76019	75-6000121	GOV	67,388				RESEARCH
(753) TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE-, LUBBOCK, TX 79409	75-6002622	GOV	403,000				RESEARCH
(754) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD., DALLAS, TX 75390	75-6002868	GOV	3,406,185				RESEARCH
(755) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD., FORT WORTH, TX 76107	75-6064033	GOV	67,388				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
(756) PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVENUE, PALO ALTO, CA 94304	77-0207331	(C)(3)	1,144,580				RESEARCH
(757) LIVEWELL GREENVILLE 225 S. PLEASANTBURG DRIVE SUITE A7, GREENVILLE, SC 29607	81-1376760	(C)(3)	2,386,856				RESEARCH
(758) MONTANA STATE UNIVERSITY 328 MONTANA HALL, BOZEMAN, MT 59717	81-6010045	GOV	199,998				RESEARCH
(759) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461	83-0621846	(C)(3)	616,528				RESEARCH
(760) UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVENUE, LARAMIE, WY 82071	83-6000331	GOV	299,996				RESEARCH
(761) CRAIG HOSPITAL 3425 SOUTH CLARKSON ST, ENGLEWOOD, CO 80113	84-0404233	(C)(3)	231,000				RESEARCH
(762) DENVER RESEARCH INSTITUTE 3401 QUEBEC ST. SUITE 5000, DENVER, CO 80207	84-1392442	(C)(3)	300,000				RESEARCH
(763) UNIVERSITY OF COLORADO DENVER 13001 E. 17TH PLACE, RM W1124, AURORA, CO 80045	84-6000555	GOV	8,089,632				RESEARCH
(764) UNIVERSITY OF NEW MEXICO HSC HSC MSC09 5220, ALBUQUERQUE, NM 87131	85-6000642	GOV	21,990				RESEARCH
(765) MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD, SCOTTSDALE, AZ 85259	86-0800150	(C)(3)	493,309				RESEARCH
(766) METHODIST HOSPITAL RESEARCH INSTITUTE 7550 GREENBRIAR DR., HOUSTON, TX 77030	87-0721923	(C)(3)	298,856				RESEARCH
(767) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, ROOM 210, SALT LAKE CITY, UT 84112	87-6000525	GOV	490,118				RESEARCH
(768) UNIVERSITY OF NEVADA 1664 N. VIRGINIA ST. 204 ROSS HALL, RENO, NV 89557	88-6000024	GOV	67,388				RESEARCH
(769) SEATTLE CHILDREN'S HOSPITAL 1900 NINTH AVENUE, SEATTLE, WA 98101	91-0564748	(C)(3)	335,623				RESEARCH
(770) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472, SEATTLE, WA 98195	91-6001537	GOV	2,612,844				RESEARCH
(771) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD., PORTLAND, OR 97239	93-1176109	GOV	1,130,612				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
(772) LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY ST, REDWOOD CITY, CA 94063	94-1156365	(C)(3)	9,313,952				RESEARCH
(773) UNIVERSITY OF CALIFORNIA, BERKELEY 1608 FOURTH STREET, SUITE 220, BERKELEY, CA 94710	94-6002123	GOV	134,776				RESEARCH
(774) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	GOV	4,480,003				RESEARCH
(775) UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DRIVE, SUITE 300, DAVIS, CA 95618	94-6036494	GOV	1,525,315				RESEARCH
(776) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR, LOS ANGELES, CA 90089	95-1642394	(C)(3)	168,470				RESEARCH
(777) CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE, ORANGE, CA 92866	95-1643992	(C)(3)	384,582				RESEARCH
(778) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD, LOS ANGELES, CA 90048	95-1644600	(C)(3)	910,908				RESEARCH
(779) HUNTINGTON MEDICAL RESEARCH INSTITUTES 686 S. FAIR OAKS AVE., PASADENA, CA 91105	95-1757119	(C)(3)	318,000				RESEARCH
(780) LOMA LINDA UNIVERSITY 11219 ANDERSON ST, LOMA LINDA, CA 92354	95-1816009	(C)(3)	291,872				RESEARCH
(781) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	95-2160097	(C)(3)	139,960				RESEARCH
(782) UNIVERSITY OF CALIFORNIA IRVINE 324 ALDRICH HALL, IRVINE, CA 92697	95-2226406	GOV	910,500				RESEARCH
(783) HELUNA HEALTH 13300 CROSSROAD PKWY, CITY OF INDUSTRY, CA 91746	95-2557063	(C)(3)	229,331				RESEARCH
(784) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 500 EAST DUARTE ROAD, DUARTE, CA 91010	95-3432210	(C)(3)	1,286,064				RESEARCH
(785) UNIVERSITY OF CALIFORNIA, RIVERSIDE 245 UNIVERSITY OFFICE BUILDING, RIVERSIDE, CA 92521	95-6006142	GOV	10,000				RESEARCH
(786) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD, SUITE 700, LOS ANGELES, CA 90095	95-6006143	GOV	2,428,518				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
(787) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, DEPT 0934, LA JOLLA, CA 92093	95-6006144	GOV	5,992,716				RESEARCH
(788) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 3227 CHEADLE HALL, SANTA BARBARA, CA 93106	95-6006145	GOV	144,580				RESEARCH
(789) CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION 6300 STATE UNIVERSITY DRIVE STE 332, LONG BEACH, CA 90815	95-6106694	(C)(3)	750,000				RESEARCH
(790) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368, HONOLULU, HI 96822	99-6000354	GOV	161,564				RESEARCH
(791) JUST LEADERSHIP USA, INC 2266 5TH AVENUE, NEW YORK, NY 10037	90-1019268	(C)(3)	2,499,950				RESEARCH
(792) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD, SAN DIEGO, CA 92123	95-2039198	(C)(3)	2,071,000				RESEARCH
(793) OHIO STATE UNIVERSITY COLLEGE OF MEDICINE 370 WEST 9TH AVENUE, COLUMBUS, OH 43210	31-1145986	(C)(3)	67,388				RESEARCH
(794) DES MOINES UNIVERSITY-OSTEOPATHIC MEDICAL CENTER 8025 GRAND AVENUE, WEST DES MOINES, IA 50266	42-0730347	(C)(3)	299,608				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	14	5,558			
(8) HONORARIUM	31	40,000			
(9) LECTURE AWARD	14	21,953			
(10) TRAVEL AWARD	353	185,359			
(11) POSTER PRESENTATION AWARD	14	2,800			
(12) SCHOOL FITNESS PROGRAM	11	33,000			

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	PART I, LINE 2 - CONTINUED INSTITUTIONAL AWARD FOR UNDERGRADUATE STUDENT TRAINING THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS. THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE THE FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE. ELIGIBILITY FOR STRATEGIC AWARD PROGRAMS ELIGIBILITY IS DETERMINED BY THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE). MERIT AWARD THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT CREDENTIALS: -HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT). -HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. -IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING. -BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY. 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. STRATEGICALLY FOCUSED RESEARCH NETWORK AND HEALTH EQUITY RESEARCH NETWORK DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION. 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. 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. 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.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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. 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. 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). THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS ARE GIVEN BELOW. 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. 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). 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.) 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. TRANSFORMATIONAL PROJECT AWARD THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. 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.

Return Reference - Identifier	Explanation
	INNOVATIVE PROJECT AWARD A PROGRAM TO SUPPORT HIGHLY INNOVATIVE, HIGH-IMPACT PROJECTS THAT BUILD ON WORK IN PROGRESS THAT COULD ULTIMATELY LEAD TO CRITICAL DISCOVERIES OR MAJOR ADVANCEMENTS THAT WILL ACCELERATE THE FIELD OF CARDIOVASCULAR AND/OR CEREBROVASCULAR RESEARCH. THE CANDIDATE MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS MD, DO, DVM, PHARM.D, OR PHD IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION. AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARD THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT. INSTITUTIONAL ELIGIBILITY FOR AWARDS -ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE. -THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS COLLEGE. -TO BE ELIGIBLE TO APPLY FOR THIS AHA AWARD, THE APPLICANT'S INSTITUTION MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH OF FOUR OF THE LAST SEVEN YEARS. -FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.). -HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARM.D, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM). -ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION. -HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY. -OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY). PRINCIPAL INVESTIGATOR (PI) ELIGIBILITY -THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION. -THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200, WASHINGTON, DC 20005
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200, WASHINGTON, DC 20005
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 607, NEW ORLEANS, LA 70121
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	OCHSNER CLINIC FOUNDATION: HEMORRHAGIC STROKE INITIATIVE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

13-5613797

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☒ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

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

	Yes	No
1b	✓	

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2	✓	
---	---	--

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

--	--	--

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

4a		✓
4b	✓	
4c		✓

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

5a		✓
5b		✓

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

6a		✓
6b		✓

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7		✓
---	--	---

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8		✓
---	--	---

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
---	--	--

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	NANCY BROWN CEO	(i) 986,438	3,165,293	155,133	46,200	35,781	4,388,845	0
		(ii) 0	0	0	0	0	0	0
2	LESLIE UPTON CHIEF OPERATING OFFICER	(i) 570,499	597,082	0	80,037	18,292	1,265,910	0
		(ii) 0	0	0	0	0	0	0
3	MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	(i) 559,130	578,160	0	58,023	9,493	1,204,806	0
		(ii) 0	0	0	0	0	0	0
4	LARRY D CANNON CAO/CORP SECRETARY	(i) 543,129	566,597	9,563	65,317	18,292	1,202,898	0
		(ii) 0	0	0	0	0	0	0
5	JOHN MEINERS CHIEF OF MISSION ALIGNED BUSINESS	(i) 472,784	414,390	28,468	46,200	18,292	980,134	0
		(ii) 0	0	0	0	0	0	0
6	CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	(i) 373,293	253,575	0	52,904	24,431	704,203	0
		(ii) 0	0	0	0	0	0	0
7	EDUARDO SANCHEZ CHIEF MEDICAL OFFICER FOR PREVENTION	(i) 405,633	136,248	72,132	51,222	26,486	691,721	0
		(ii) 0	0	0	0	0	0	0
8	NICOLE AIELLO SAPIO EVP EASTERN STATES	(i) 401,598	192,076	5,892	56,563	18,286	674,415	0
		(ii) 0	0	0	0	0	0	0
9	KEVIN HARKER EVP MIDWEST	(i) 411,086	137,713	8,000	58,274	23,019	638,092	0
		(ii) 0	0	0	0	0	0	0
10	LAURA SOL CHIEF OF STAFF TO THE CEO	(i) 415,299	137,241	0	58,423	16,902	627,865	0
		(ii) 0	0	0	0	0	0	0
11	PAUL KALIL EVP MISSION ADVANCEMENT	(i) 395,243	141,440	6,947	56,404	24,500	624,534	0
		(ii) 0	0	0	0	0	0	0
12	MITCHELL ELKIND CHIEF CLINICAL SCIENCE OFFICER	(i) 396,177	109,811	0	21,342	26,486	553,816	0
		(ii) 0	0	0	0	0	0	0
13	ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	(i) 273,952	500	0	39,328	9,416	323,196	0
		(ii) 0	0	0	0	0	0	0
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	DOMESTIC FIRST CLASS TRAVEL IS LIMITED TO THE CEO, AND EXPENSES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER FOR REASONABLENESS. THE EXPENSES ARE NOT TREATED AS TAXABLE INCOME. DOMESTIC FIRST CLASS TRAVEL MAY BE PROVIDED TO OFFICERS AND BOARD MEMBERS ON AN EXCEPTION BASIS WHEN BUSINESS NEEDS DICTATE.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	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. DURING THE REPORTING PERIOD, ONE OFFICER AND FOUR BOARD OFFICERS REPORTED SPOUSAL OR COMPANION TRAVEL. ALL OF THE COMPENSATION REPORTED IN PART VII, SECTION A FOR BOARD OFFICERS REPRESENTS REIMBURSEMENT FOR SPOUSAL OR COMPANION TRAVEL.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	NANCY BROWN RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE ORGANIZATION MAKES MEMBERSHIP TO A LOCAL FITNESS CENTER AVAILABLE TO THE ORGANIZATION'S CEO, NANCY BROWN. THIS BENEFIT IS TREATED AS TAXABLE INCOME.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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, \$91,758 AND JOHN MEINERS, \$20,704. EDUARDO SANCHEZ VESTED IN THE RESTORATION RETIREMENT PLAN IN 2023 AND RECEIVED THE FOLLOWING AMOUNT: \$72,132.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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	✓	338	160,267	SELLING COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		12,732	SELLING COST
5 Clothing and household goods				
6 Cars and other vehicles	✓	147	145,381	SELLING COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	395	10,721,209	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	✓	775	395,985	SELLING COST
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>REC/TRAVEL</u>)	✓	4,378	5,003,550	SELLING COST
26 Other (<u>FOOD/DRINK</u>)	✓	3,897	2,453,640	SELLING COST
27 Other (<u>TANG PERS PROP</u>)	✓	4,732	2,146,674	SELLING COST
28 Other (<u>OTHER</u>)	✓	2,271	5,999,272	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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	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
SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION	OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS. IRA INTEREST A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 34 C)REVENUE REPORTED ON FORM 990, PART VIII \$5,162,770 D)METHOD OF DETERMINING VALUE; SALES PRICE OF UNDERLYING INVESTMENT PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS) A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 1,522 C)REVENUE REPORTED ON FORM 990, PART VIII \$443,684 D)METHOD OF DETERMINING VALUE; SALES PRICE MISCELLANEOUS A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 715 C)REVENUE REPORTED ON FORM 990, PART VIII \$392,818 D)METHOD OF DETERMINING VALUE; SALES PRICE
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY CARS (CHARITABLE ADULT RIDES & SERVICES). THE ASSOCIATION USES A THIRD PARTY, REDLANDS GROUP, LLC, TO SELL CERTAIN DONATED ILLIQUID ASSETS.

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.	OMB No. 1545-0047
	▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection
Name of the Organization AMERICAN HEART ASSOCIATION, INC.		Employer Identification Number 13-5613797

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	PUBLIC/CONSUMER EDUCATION CONTINUED -THE ASSOCIATION AND THE DEPARTMENT OF VETERANS AFFAIRS (VA) DEVELOPED THE VETERANS AFFAIRS LIPID OPTIMIZATION REIMAGINED QUALITY IMPROVEMENT (VALOR-QI) PROGRAM TO PROVIDE EDUCATIONAL RESOURCES, MONITORING AND HEALTH COACHING TO MORE THAN 30,000 VETERANS AT 50 VA MEDICAL CENTERS ACROSS THE COUNTRY WHO ARE LIVING WITH ATHEROSCLEROTIC CARDIOVASCULAR DISEASE. -IN A SURVEY OF ASIAN AMERICAN ADULTS CONDUCTED BY THE ASSOCIATION, 70% OF RESPONDENTS SAID THEY HESITATE TO PERFORM BYSTANDER CPR FOR FEAR OF HURTING THE INDIVIDUAL. TO BOOST CPR COMPETENCE AND CONFIDENCE IN ASIAN AMERICAN POPULATIONS, THE ASSOCIATION ANNOUNCED THE "TODAY YOU WERE READY" CAMPAIGN EMPHASIZING THE TWO STEPS TO SAVE A LIFE: 1) CALL 911 AND 2) PUSH HARD AND FAST IN THE CENTER OF THE CHEST AT A RHYTHM OF 100- 120 BEATS PER MINUTE. -THE HYPERTROPHIC CARDIOMYOPATHY (HCM) IN YOUTH AND STUDENT ATHLETES INITIATIVE ENGAGES STUDENTS AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES AND HISPANIC SERVING INSTITUTIONS TO HELP RAISE AWARENESS THAT HCM IS THE MOST COMMON CAUSE OF SUDDEN CARDIAC ARREST IN YOUNG ATHLETES, ESPECIALLY BLACK MALES. THE AIM IS TO ENCOURAGE THOSE AT RISK FOR HCM TO SEE A DOCTOR FOR TESTING. -THE AMERICAN STROKE ASSOCIATION, A DIVISION OF THE AMERICAN HEART ASSOCIATION, ANNOUNCED JUNTOS CONTRA EL DERRAME CEREBRAL, A SPANISH-LANGUAGE CAMPAIGN AIMED AT EDUCATING HISPANIC/LATINO AUDIENCES ON THE WARNING SIGNS OF STROKE USING THE ACRONYM R.A.P.I.D.O. -FIRST AID SHELVES ON YOUTUBE NOW FEATURES AMERICAN HEART ASSOCIATION CONTENT INCLUDING VIDEOS IN ENGLISH AND SPANISH ON HANDS-ONLY CPR, HEART ATTACKS, STROKE AND HOW TO HELP SOMEONE WHO OVERDOSES FROM OPIOID USE. -WITH A \$1 MILLION GIFT FROM CVS HEALTH FOUNDATION, THE ASSOCIATION KICKED OFF A PROGRAM IN MARGINALIZED COMMUNITIES OF HAMPTON ROADS, VIRGINIA, AND ORLANDO, FLORIDA, TO IMPROVE WOMEN'S ACCESS TO HYPERTENSION EDUCATION, MONITORING AND TREATMENT DURING PREGNANCY AND POSTPARTUM. -AS THE ASSOCIATION'S NATION OF LIFESAVERS™ MOVEMENT - LAUNCHED LAST YEAR WITH BUFFALO BILLS SAFETY DAMAR HAMLIN - GAINED MOMENTUM, 24 COMMUNITY CPR AND AED TRAINING EVENTS WERE HELD IN COLLABORATION WITH U.S. PROFESSIONAL SPORTS TEAMS AND ATHLETIC ASSOCIATIONS. -THE ASSOCIATION TEAMED UP WITH DAMAR HAMLIN'S CHASING M'S FOUNDATION, THE BRITISH HEART FOUNDATION AND THE NATIONAL FOOTBALL LEAGUE TO BRING CPR EDUCATION TO AUDIENCES OF THE NFL LONDON GAMES.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	SCIENCE AND TECHNOLOGY CONTINUED -TO ACCELERATE STRATEGIC INVESTMENT IN SCIENCE AND TECHNOLOGY AND SPUR INNOVATION, THE ASSOCIATION ANNOUNCED AHA VENTURES, AN UMBRELLA INVESTMENT UNIT WITHIN ITS MISSION-ALIGNED BUSINESS AREA. -THE ASSOCIATION ANNOUNCED A \$75 MILLION GO RED FOR WOMEN® VENTURE FUND TO INVEST IN COMPANIES THAT SERVE WOMEN'S HEALTH NEEDS ACROSS THEIR LIFESPAN. THE FUND IS SEEDED WITH \$40 MILLION FROM THE ASSOCIATION AND SUPPORTED BY A \$15 MILLION CORNERSTONE GIFT FROM PHILANTHROPIST SARAH ROSS SOTER. -THE ASSOCIATION FUNDED \$20 MILLION FOR A NEW HEALTH EQUITY RESEARCH NETWORK ON IMPROVING ACCESS TO CARE AND OTHER HEALTH INEQUITIES IN RURAL AMERICA. -MORE THAN 100 SCIENTISTS FROM ACROSS THE U.S. RECEIVED GRANTS TOTALING \$20 MILLION TO SUPPORT THEIR RESEARCH ON HEART DISEASE AND STROKE AS PART OF THE SECOND CENTURY OF SCIENCE INITIATIVE. -RESEARCHERS AT NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE, NEW YORK UNIVERSITY AND DUKE UNIVERSITY COLLABORATED TO ASSESS THE ASSOCIATION'S PREVENT™ RISK CALCULATOR, A NEW APP CLINICIANS USE TO HELP PEOPLE UNDERSTAND THEIR LIKELIHOOD OF DEVELOPING HEART DISEASE, STROKE OR HEART FAILURE BASED ON SPECIFIC HEALTH MEASURES. -THE ASSOCIATION, THE ALLIANCE OF BIOVERSITY AND CIAT WITH SUPPORT FROM THE ROCKEFELLER FOUNDATION AND OTHER FUNDERS LAUNCHED MARKERLAB®, THE FIRST PHASE OF THE PERIODIC TABLE OF FOOD INITIATIVE TO COLLECT DATA ON THE BIOMOLECULAR COMPOSITION OF FOODS CONSUMED GLOBALLY AND THEIR IMPACT ON HUMAN AND PLANETARY HEALTH. -THE ASSOCIATION AWARDED THE FIRST GRANTS TOTALING \$7.8 MILLION TO 19 RESEARCH PROJECTS NATIONWIDE AS PART OF ITS NEWLY NAMED HEALTH CARE BY FOOD™ INITIATIVE. LED BY EXPERTS IN FOOD AND NUTRITION, BEHAVIORAL SCIENCE, EPIDEMIOLOGY AND CARDIOVASCULAR HEALTH, THE RESEARCH PROJECTS WILL PILOT WAYS TO EQUITABLY INCREASE ENROLLMENT AND ENGAGEMENT IN FOOD IS MEDICINE INTERVENTIONS. -THE AMERICAN HEART ASSOCIATION CENTER FOR HEALTH TECHNOLOGY & INNOVATION AND MEDTECH INNOVATOR ESTABLISHED THE HEART AND BRAIN HEALTH ACCELERATOR TO IDENTIFY, EVALUATE AND MENTOR START-UP COMPANIES WITH NOVEL TECHNOLOGY FOR PREVENTING, DIAGNOSING AND TREATING HEART AND BRAIN-RELATED CONDITIONS. -THE ASSOCIATION'S LP(A) DISCOVERY PROJECT, SUPPORTED BY AN INVESTMENT OF \$2.7 MILLION FROM NOVARTIS, GOT UNDERWAY TO DETERMINE CLINICAL STANDARDS FOR TREATING PATIENTS WITH HIGH LP(A) LEVELS, WHICH IS A RISK FACTOR FOR ATHEROSCLEROSIS. -THE ASSOCIATION AWARDED \$2.1 MILLION IN GRANTS FOR SEVEN NEW RESEARCH PROJECTS EXPLORING "MIGRAINE AS A RISK FACTOR FOR STROKE AND CARDIOVASCULAR DISEASE." -THE RALPH L. SACCO SCHOLARSHIPS IN BRAIN HEALTH PROGRAM BEGAN ITS ANNUAL AWARDING OF TWO \$150,000 SCHOLARSHIPS TO EARLY CAREER TRAINEES PURSUING A TWO-YEAR RESEARCH OR PUBLIC HEALTH SERVICE PROJECT FOCUSED ON PREVENTION OF BRAIN DISEASE AND/OR MAINTENANCE OF BRAIN HEALTH. -WITH FUNDING FROM THE DORIS DUKE FOUNDATION, THE ASSOCIATION AWARDED FOUR NEW SCIENTIFIC RESEARCH GRANTS TO EVALUATE HOW RACE, CONSIDERED A SOCIAL RATHER THAN A BIOLOGICAL CONSTRUCT, AFFECTS HEALTH RISK PREDICTION AS A VARIABLE IN ALGORITHMS.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PROFESSIONAL EDUCATION CONTINUED -THE AMERICAN HEART ASSOCIATION CENTER FOR TELEHEALTH ANNOUNCED A NEW CERTIFICATION FOR HEALTH CARE PROFESSIONALS DESIGNED TO STANDARDIZE TRAINING AND INCREASE SKILLS AND COMPETENCIES IN TELEHEALTH STROKE CARE DELIVERY. THE CERTIFICATION IS SUPPORTED BY THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST AND AVAILABLE THROUGH THE ASSOCIATION'S PROFESSIONAL EDUCATION HUB™. -NEW GUIDELINES FROM THE ASSOCIATION AND THE AMERICAN COLLEGE OF CARDIOLOGY PROVIDE THE LATEST, EVIDENCE-BASED RECOMMENDATIONS FOR THE TREATMENT OF PATIENTS WITH HYPERTROPHIC CARDIOMYOPATHY AND PERIPHERAL ARTERY DISEASE. NEW GUIDELINES STRESS TIMELY DIAGNOSIS AND COORDINATED CARE FROM A MULTISPECIALTY TEAM TO HELP PREVENT AMPUTATION AND OTHER CARDIOVASCULAR COMPLICATIONS. -THE ASSOCIATION EXPANDED ITS POST-ACUTE CARE SUITE OF CERTIFICATION PROGRAMS TO INCLUDE SKILLED NURSING FACILITY STROKE REHABILITATION CERTIFICATION. MADE POSSIBLE BY THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST POST-ACUTE STROKE CARE FUNDING INITIATIVE, THE PROGRAM ESTABLISHES A FRAMEWORK FOR EVALUATING FACILITIES BASED ON THE ASSOCIATION'S SCIENTIFIC GUIDELINES FOR STROKE REHABILITATION PATIENTS. -THE ASSOCIATION IN COLLABORATION WITH THE DELOITTE HEALTH EQUITY INSTITUTE AND THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT FOUNDATION CREATED THE HEALTH EQUITY IN THE WORKFORCE EMPLOYER RESOURCE GUIDE WITH ACTIONABLE STRATEGIES, ECONOMIC INSIGHTS AND GUIDANCE ON MEASURING PROGRESS. -ABBOTT AWARDED \$3 MILLION TO SUPPORT THE ASSOCIATION'S HEART FAILURE EDUCATION INITIATIVE, TO INFORM GENERAL CARDIOLOGISTS ON TREATMENT OPTIONS BEYOND GUIDELINE-DIRECTED MEDICAL THERAPY FOR ELIGIBLE HEART FAILURE PATIENTS, AND TO UNDERSTAND AND AMPLIFY MODELS FOR REFERRAL TO BEST-IN-CLASS PATIENT CARE.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$59,204,377 INCLUDING GRANTS OF \$4,608,251)(REVENUE \$48,565,122) COMMUNITY SERVICES -THE ASSOCIATION AND DELTA DENTAL DEBUTED HEALTHY SMILES, HEALTHY HEARTS™ TO EDUCATE PATIENTS AND CLINICIANS ON THE CONNECTION BETWEEN HEART HEALTH AND ORAL HEALTH AND EXPAND PATIENTS' ACCESS TO EQUITABLE, INTEGRATED CARE. -TRUIST GRANTED \$3 MILLION TO SUPPORT THE ASSOCIATION'S HEARTCORPS PROGRAM, AIMED AT GROWING THE PIPELINE OF PUBLIC HEALTH WORKERS IN RURAL COMMUNITIES NATIONWIDE BY PLACING PROFESSIONALS AT HOST SITES TO PROVIDE RESOURCES AND CARE TO PATIENTS LIVING WITH HYPERTENSION, DIABETES, NUTRITION INSECURITY AND MORE. -MERCK, THROUGH ITS MERCK FOR MOTHERS INITIATIVE, AWARDED \$2 MILLION TO SUPPORT THE EXPANSION OF THE ASSOCIATION'S ADVANCING MATERNAL HEALTH EQUITY PROJECT TO IMPROVE POSTPARTUM SYSTEMS OF CARE RELATED TO CARDIOVASCULAR HEALTH AND EXPAND PROFESSIONAL EDUCATION AND TRAINING OPPORTUNITIES. -TO HELP STUDENTS MEET PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS, STAY HEALTHY AND PERFORM THEIR BEST IN THE CLASSROOM, THE ASSOCIATION FUNDED GRANTS TO 64 ELEMENTARY, MIDDLE AND HIGH SCHOOLS TO ENHANCE THEIR WELLNESS PROGRAMS. -ENGAGING INDIVIDUALS FROM DIVERSE POPULATIONS TO INFORM THE RESEARCH PROCESS WAS THE IMPETUS FOR THE HEALTH EQUITY RESEARCH NETWORK (HERN), CO-FUNDED BY THE ASSOCIATION AND THE ROBERT WOOD JOHNSON FOUNDATION. RESEARCH INSTITUTIONS AND COMMUNITY-BASED ORGANIZATIONS WILL FORM PARTNER HUBS RESPONSIBLE FOR RESEARCH QUESTION DEVELOPMENT, DESIGN, DATA COLLECTION, ANALYSES AND SHARING RESULTS IN RELATABLE WAYS WITH COMMUNITIES MOST AFFECTED BY HEALTH DISPARITIES. -THE ASSOCIATION CO-SPONSORED THE WORLD HEART FEDERATION'S FIRST WORLD CONGRESS ON RHEUMATIC HEART DISEASE, WHICH CONVENED RESEARCHERS, PRACTITIONERS, PATIENTS AND ADVOCATES TO ADDRESS DISEASE IMPACT IN LOW- TO MODERATE-INCOME COUNTRIES OF SUB-SAHARAN AFRICA, THE MIDDLE EAST AND THE WESTERN PACIFIC. -DURING THE 88TH ANNUAL SCIENTIFIC MEETING OF THE JAPANESE CIRCULATION SOCIETY, THE ASSOCIATION JOINED OTHER U.S. AND ASIA-PACIFIC CARDIOLOGY ASSOCIATIONS TO STRATEGIZE GLOBAL COLLABORATION TO IMPROVE CARDIOVASCULAR SYSTEMS OF CARE, ACCELERATE CLINICAL RESEARCH AND DEVELOP TOMORROW'S CARDIOVASCULAR LEADERS. -TO SUPPORT COMMUNITY-LED SOLUTIONS TO SOCIAL FACTORS NEGATIVELY IMPACTING HEALTH IN THE BAY AREA, THE ASSOCIATION ALLOCATED \$1.1 MILLION TO THE SIX NONPROFIT ENTERPRISES WITH CONTRIBUTIONS FROM KAISER PERMANENTE AND THE ANNE WOJCICKI FOUNDATION. WITH THIS CYCLE OF FUNDING, THE ASSOCIATION'S BERNARD J. TYSON IMPACT FUND HAS INVESTED A COLLECTIVE \$2.48 MILLION ACROSS THE BAY AREA. PUBLIC ADVOCACY -ASSOCIATION ADVOCACY SECURED, FUNDED OR DEFENDED MORE THAN 200 PUBLIC HEALTH POLICIES, INCLUDING 189 AT THE STATE AND COMMUNITY LEVELS. -HEALTH INSURANCE COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA) OR MEDICAID REACHED A RECORD 45 MILLION SIGNUPS, MAKING HEALTH CARE AVAILABLE TO MILLIONS OF PREVIOUSLY UNINSURED AND UNDER-INSURED INDIVIDUALS AND PROTECTING PATIENTS WITH PREEXISTING CONDITIONS FROM BEING DENIED COVERAGE. THIS MILESTONE FOLLOWS NEARLY 15 YEARS OF ASSOCIATION ADVOCACY TO UPHOLD THE ACA. -ASSOCIATION ADVOCACY LED TO 40 STATES, INCLUDING WASHINGTON, D.C. EXPANDING MEDICAID ELIGIBILITY TO INDIVIDUALS AND FAMILIES WITH LOW INCOMES, EXPONENTIALLY INCREASING HEALTH CARE ACCESS FOR MILLIONS OF PEOPLE. -MORE THAN 200 GRASSROOTS ADVOCATES MET ON CAPITOL HILL TO URGE LAWMAKERS TO SUPPORT THE ACCESS TO AEDS ACT AND THE CARDIOMYOPATHY HEALTH, EDUCATION, AWARENESS, RESEARCH AND TRAINING IN SCHOOLS (HEARTS) ACT. BOTH BILLS WOULD ENABLE SCHOOLS TO DEVELOP CARDIAC EMERGENCY RESPONSE PLANS, PURCHASE AEDS AND RELATED EQUIPMENT, AND PROVIDE CPR AND AED TRAINING TO STUDENTS AND STAFF. -THE ASSOCIATION JOINED NATIONAL ADVOCACY ORGANIZATIONS ON CAPITOL HILL FOR THE RALLY FOR MEDICAL RESEARCH, CALLING ON CONGRESSIONAL MEMBERS TO INCREASE FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH. -ADDRESSING THE SOCIAL AND ECONOMIC INJUSTICES THAT DEEPEN HEALTH DISPARITIES TOPPED THE AGENDA OF THE 2023 STATE OF BLACK HEALTH CONFERENCE IN SAN JUAN, PUERTO RICO. THE ASSOCIATION CO-SPONSORED THE EVENT. -POINT-OF-SALE MESSAGES WARNING OF THE DEADLY CONSEQUENCES OF SMOKING CIGARETTES WERE POSTED AT APPROXIMATELY 220,000 RETAIL STORES ACROSS THE NATION UNDER A FEDERAL COURT ORDER. THE SIGNS IMPLEMENT CORRECTIVE STATEMENTS TOBACCO COMPANIES WERE ORDERED TO MAKE IN 2006, WHEN A DISTRICT JUDGE RULED THAT THEY HAD DECEIVED THE PUBLIC ABOUT THE HEALTH HAZARDS OF SMOKING FOR 50 YEARS. -THE UNITED STATES DEPARTMENT OF AGRICULTURE RELEASED A FINAL RULE CAPPING ADDED SUGARS IN SCHOOL MEALS FOR THE FIRST TIME EVER - A MAJOR STRIDE IN HELPING CHILDREN ACHIEVE A MORE NUTRITIOUS DIET AND BETTER HEALTH. -CALIFORNIA GOVERNOR GAVIN NEWSOM SIGNED SENATE BILL 348 INTO LAW, MAKING HIS STATE THE FIRST TO ADOPT NEW FEDERAL NUTRITION GUIDELINES FOR REDUCING ADDED SALT AND SUGAR IN SCHOOL MEALS. THE ASSOCIATION WAS AMONG SEVERAL ORGANIZATIONS THAT SPONSORED THE BILL.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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 WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE. 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. 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.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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. 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. DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2023-24 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2023, AND APRIL OF 2024. KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND QUALIFICATIONS OF THE EMPLOYEE, MARKET COMPETITIVENESS, AND COMPENSATION REQUIREMENTS AND HISTORY OF THE EMPLOYEE. 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.
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 VII, SECTION A - BOARD OFFICER COMPENSATION	BOARD MEMBERS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION. BOARD MEMBERS OF THE ORGANIZATION OFTEN ATTEND AHA MISSION RELATED EVENTS AND CONFERENCES ACTING ON BEHALF OF AHA. IN LIMITED CIRCUMSTANCES, TRAVEL TO THESE EVENTS AND FUNCTIONS MAY BE PROVIDED FOR SPOUSES OR COMPANIONS OF BOARD OFFICERS OF THE ORGANIZATION. ANY REIMBURSEMENT OF SPOUSE OR COMPANION TRAVEL IS GENERALLY REPORTED AS REPORTABLE COMPENSATION TO THE BOARD OFFICER. ALL OF THE COMPENSATION REPORTED IN PART VII, SECTION A FOR BOARD OFFICERS REPRESENTS REIMBURSEMENT FOR SPOUSAL OR COMPANION TRAVEL.

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	CHANGE VALUE IN SPLIT INTEREST AGREEMENTS	7,352,727
	NET UNREALIZED GAINS BEN INT PERPETUAL TRUSTS	11,101,908
	OTHER	- 189
SCHEDULE F, PART I, LINE 3 -	THE AHA'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE AHA'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE AHA'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS.	
SCHEDULE F, PART IV, LINE 6 -	THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATIONAL AND TRAINING MATERIALS AND A LICENSE AGREEMENT WITH A SAUDI ARABIA (SA) ENTITY. ALTHOUGH SA IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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	455,429	118,216,042	AHA
(2) BRIGHTTORCH VENTURES, LLC. (86-2279878) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	3,335,123	5,566,047	AHA
(3)					
(4)					
(5)					
(6)					

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	☒	
b Gift, grant, or capital contribution to related organization(s)	☒	
c Gift, grant, or capital contribution from related organization(s)	☒	
d Loans or loan guarantees to or for related organization(s)		☒
e Loans or loan guarantees by related organization(s)		☒
f Dividends from related organization(s)		☒
g Sale of assets to related organization(s)		☒
h Purchase of assets from related organization(s)		☒
i Exchange of assets with related organization(s)		☒
j Lease of facilities, equipment, or other assets to related organization(s)		☒
k Lease of facilities, equipment, or other assets from related organization(s)		☒
l Performance of services or membership or fundraising solicitations for related organization(s)	☒	
m Performance of services or membership or fundraising solicitations by related organization(s)	☒	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		☒
o Sharing of paid employees with related organization(s)		☒
p Reimbursement paid to related organization(s) for expenses		☒
q Reimbursement paid by related organization(s) for expenses	☒	
r Other transfer of cash or property to related organization(s)	☒	
s 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
(1) HEALTHCARE QUALITY SYSTEMS (DUBAI)	R	499,094	COST
(2) HEALTHCARE QUALITY SYSTEMS (DUBAI)	A	17,146	COST
(3) HEALTHCARE QUALITY SYSTEMS (KSA)	R	890,709	COST
(4) PERPETUAL TRUSTS (42)	C	2,218,805	CASH
(5) CHARITABLE REMAINDER TRUSTS (6)	C	1,034,041	CASH
(6) (SEE STATEMENT)			

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

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

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

Schedule R (Form 990) 2023

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 SOLUTIONS	DE	AHA	RELATED	271,807	44,648,132		✓	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 (42) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(2) VARIOUS CHARITABLE RMDR TRUSTS (6) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(3) HEARTCENTRAL, INC. (46-4881302) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INACTIVE	DE	AHA	C CORPORATION	0	0	100.00	✓	
(4) HEALTHCARE QUALITY SYSTEMS PRINCE MOHAMMED BIN ABDULAZIZ RD, RIYADH, SA	TRAINING SOLUTIONS	SAUDI ARABIA	HEALTHCARE QUALITY AND RESEARCH SYSTEMS	C CORPORATION	1,281,073	1,156,599	100.00	✓	
(5) HEALTHCARE QUALITY SYSTEMS 2102-07, AL HABTOOR BUSINESS TOWER, MARINA-DUBAI, AE	TRAINING SOLUTIONS	UNITED ARAB EMIRATES	HEALTHCARE QUALITY AND RESEARCH SYSTEMS	C CORPORATION	1,008,025	1,213,979	100.00	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) RQI PARTNERS, LLC	A	52,911,530	ACCRUAL
(7) RQI PARTNERS, LLC	L	2,407,960	ACCRUAL
(8) RQI PARTNERS, LLC	M	49,551,201	ACCRUAL
(9) RQI PARTNERS, LLC	Q	1,205,824	ACCRUAL
(10) RQI PARTNERS, LLC	R	85,471	ACCRUAL

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

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