

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization AMERICAN HEART ASSOCIATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7272 GREENVILLE AVENUE
City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75231
D Employer identification number 13-5613797
E Telephone number (214) 373-6300
G Gross receipts \$ 1,258,725,072
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.HEART.ORG

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

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Summary statistics 7b Net unrelated business taxable income 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here Signature of officer: CYNTHIA ROBERTS, CFO Date: Type or print name and title

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

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

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2024, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

2024

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

AMERICAN HEART ASSOCIATION, INC.

EIN or SSN

13-5613797

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,070,192,712
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

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

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2024 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 3/4/2026 CFO
 Here Signature of officer or person Date Title, if applicable

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

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

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

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JEFFREY D. FRANK	<i>Jeffrey D Frank</i>	3/6/2026		P00287234
	Firm's name	Firm's EIN			86-1065772
	DELOITTE TAX LLP	Firm's address			111 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204
		Phone no.			(317) 464-8600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE AMERICAN HEART ASSOCIATION'S MISSION IS TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 337,912,110 including grants of \$ 14,691,547) (Revenue \$ 6,289,319)

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 2024-25 THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH.

CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ 214,658,131 including grants of \$ 185,128,806) (Revenue \$ 3,214,062)

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 \$6.1 BILLION IN RESEARCH, AS WE CONTINUE FUNDING SCIENTIFIC INNOVATION, SHAPING HEALTH POLICIES, INNOVATING SYSTEMS OF CARE AND TRANSFORMING COMMUNITIES.

RESEARCH SPENDING FOR FISCAL-YEAR 2024-25 WAS \$215 MILLION, OR 18%, AND RESEARCH AWARDS FOR THE YEAR TOTALED \$185 MILLION.

CONTINUED ON SCHEDULE O

4c (Code:) (Expenses \$ 176,851,966 including grants of \$ 7,023,213) (Revenue \$ 123,304,017)

PROFESSIONAL EDUCATION

RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICES ARE MOST USEFUL WHEN MADE AVAILABLE TO SCIENTISTS AND HEALTHCARE PROFESSIONALS. THE AMERICAN HEART ASSOCIATION 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 THE AMERICAN HEART ASSOCIATION'S ONLINE LEARNING PROGRAMS.

CONTINUED ON SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 66,771,584 including grants of \$ 5,068,999) (Revenue \$ 60,964,184)

4e Total program service expenses 796,193,791

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a: 4,169; 7d: 3), and Yes/No checkboxes. Questions cover employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
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?		✓
b	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?		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	✓	
12c		✓	
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?	✓	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	✓	
16b		✓	

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BROWN CEO	50.0 0.1			✓				4,472,946	0	90,617
(2) LESLIE UPTON CHIEF OPERATING OFFICER	50.0 0.1				✓			1,201,179	0	106,371
(3) LARRY D CANNON CAO/CORP SECRETARY	50.0 2.1			✓				1,178,877	0	91,921
(4) MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	50.0 0.0				✓			1,176,206	0	82,928
(5) JOHN MEINERS CHIEF OF MISSION ALIGNED BUSINESS	50.0 2.0				✓			887,067	0	66,859
(6) JEREMY BEAUCHAMP EVP SOUTHEAST	50.0 0.0					✓		711,021	0	97,608
(7) CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	50.0 0.0			✓				646,040	0	83,510
(8) PAUL KALIL EVP MISSION ADVANCEMENT	50.0 0.0					✓		640,928	0	87,108
(9) KATHLEEN ROGERS EVP WESTERN STATES	50.0 0.0					✓		634,752	0	86,227
(10) LAURA SOL CHIEF OF STAFF TO THE CEO	50.0 0.0					✓		638,426	0	80,776
(11) EDUARDO SANCHEZ CHIEF MEDICAL OFFICER FOR PREVENTION	50.0 0.0					✓		637,775	0	74,565
(12) MITCHELL ELKIND CHIEF CLINICAL SCIENCE OFFICER	50.0 0.0						✓	541,534	0	58,868
(13) RAYMOND VARA JR. IMMEDIATE PAST CHAIRPERSON	3.0 0.1	✓		✓				5,190	0	0
(14) KEITH CHURCHWELL PRESIDENT	7.0 0.0	✓		✓				3,983	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOSEPH WU ----- IMMEDIATE PAST PRESIDENT	7.0 ----- 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,127	0	0
(16) JAMES POSTL ----- BOARD MEMBER	1.0 ----- 0.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	826	0	0
(17) MARSHA JONES ----- CHAIRPERSON OF THE BOARD	4.0 ----- 0.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) LEE SHAPIRO ----- CHAIRPERSON-ELECT	4.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) LINDA GOODEN ----- TREASURER	3.0 ----- 0.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) STACEY ROSEN ----- PRESIDENT-ELECT	6.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) MICHELLE ALBERT ----- BOARD MEMBER	1.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) CHERYL ANDERSON ----- BOARD MEMBER	1.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) REGINA BENJAMIN ----- BOARD MEMBER	1.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) TOM GRECO ----- BOARD MEMBER	1.0 ----- 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								13,379,877	0	1,007,358
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								13,379,877	0	1,007,358

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 1,127

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC., 1935 GALLOWS RD., VIENNA, VA 22182	DIRECT MAIL MKTG	10,584,943
MOORE A SERIES, LLC, 4200 PARLIAMENT PLACE, LANHAM, MD 20706	MARKETING & ADVERTISING	9,629,095
VERITIV VISUAL, LLC, 3210 INNOVATIVE WAY, MESQUITE, TX 75149	PRINTING	7,382,167
IMPELSYS INC., 1115 BROADWAY, 12TH FLOOR, NEW YORK, NY 10010	TECHNOLOGY CONSULTING	7,268,871
FREEMAN AUDIO VISUAL INC., 14221 DALLAS PKWY, DALLAS, TX 75254	AUDIO & VIDEO SERVICES	6,711,211
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	298	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 960,249						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 296,543,840						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 7,053,453						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 377,326,150						
	g	Noncash contributions included in lines 1a-1f	1g \$ 25,565,299						
	h	Total. Add lines 1a-1f		681,883,692					
	Program Service Revenue				Business Code				
2a		GET W THE GUIDELINES REGISTRY	900099	26,214,074	26,214,074				
b		CONFERENCES & SEMINARS	611430	20,170,259	20,170,259				
c		EDITORIAL REVENUE	511120	6,586,500	6,586,500				
d		MEMBERSHIP DUES & SUBSCRIPTIONS	511120	6,836,960	6,836,960				
e		HOSPITAL ACCREDITATION	813920	5,475,435	5,475,435				
f		All other program service revenue . . .	900099	6,291,667	6,291,667	0	0		
g		Total. Add lines 2a-2f		71,574,895					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,180,982		(58,728)	34,239,710		
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties		82,913,661			82,913,661		
	6a	Gross rents	(i) Real (ii) Personal						
			6a	508,577					
			b	Less: rental expenses	6b 0				
			c	Rental income or (loss)	6c 508,577 0				
	d	Net rental income or (loss)		508,577			508,577		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other						
			7a	237,843,146	827,410				
			b	Less: cost or other basis and sales expenses	7b 140,960,073	979,188			
			c	Gain or (loss)	7c 96,883,073	(151,778)			
	d	Net gain or (loss)		96,731,295			96,731,295		
	8a	Gross income from fundraising events (not including \$ 296,543,840 of contributions reported on line 1c). See Part IV, line 18	8a	19,705,825					
			b	Less: direct expenses	8b 39,655,767				
			c	Net income or (loss) from fundraising events		(19,949,942)		(19,949,942)	
	9a	Gross income from gaming activities. See Part IV, line 19	9a	74,111					
			b	Less: direct expenses	9b 0				
			c	Net income or (loss) from gaming activities		74,111		74,111	
	10a	Gross sales of inventory, less returns and allowances	10a	120,926,547					
b			Less: cost of goods sold	10b 6,937,332					
c			Net income or (loss) from sales of inventory		113,989,215	113,989,215			
Miscellaneous Revenue				Business Code					
	11a	RQIP CONTROLLING INT/MISC INCOME	900099	8,207,472	8,207,472				
	b	OTHER REVENUE	900099	2,088,668		560,727	1,527,941		
	c	LOSS ON UNCOLLECTIBLE ACCOUNTS	900099	(4,219,637)			(4,219,637)		
	d	All other revenue	900099	2,209,723	0	0	2,209,723		
e	Total. Add lines 11a-11d		8,286,226						
12	Total revenue. See instructions		1,070,192,712	193,771,582	501,999	194,035,439			

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	209,716,526	209,716,526		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,899,726	1,899,726		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	296,313	296,313		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,204,636		10,204,636	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	627,689		627,689	
7	Other salaries and wages	360,674,170	256,732,602	48,072,721	55,868,847
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,048,051	24,194,671	4,569,889	5,283,491
9	Other employee benefits	44,084,451	30,713,768	6,920,746	6,449,937
10	Payroll taxes	26,328,105	17,999,537	4,479,774	3,848,794
11	Fees for services (nonemployees):				
a	Management				
b	Legal	2,110,589	951,053	1,109,846	49,690
c	Accounting	1,093,210		1,093,210	
d	Lobbying	2,428,918	2,428,918		
e	Professional fundraising services. See Part IV, line 17	104,119			104,119
f	Investment management fees	4,497,099		4,497,099	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	76,549,446	62,566,222	4,508,770	9,474,454
12	Advertising and promotion	23,679,809	23,679,809		
13	Office expenses	54,699,656	42,327,437	632,402	11,739,817
14	Information technology	33,737,716	24,696,050	4,047,275	4,994,391
15	Royalties	89,813	89,813		
16	Occupancy	13,842,316	10,243,190	1,337,763	2,261,363
17	Travel	20,062,935	13,120,542	3,005,486	3,936,907
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,142,910	30,771,623	1,836,039	2,535,248
20	Interest	16,990		16,990	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,128,338	18,506,563	646,408	1,975,367
23	Insurance	1,053,893	158,541	893,678	1,674
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>BANK, LOCKBOX, CREDIT CARD FEES</u>	11,830,976	5,905,805	2,915,995	3,009,176
b	<u>MEMBERSHIP DUES</u>	2,249,103	1,629,096	457,215	162,792
c	<u>BAD DEBT EXPENSE</u>	7,910,911	7,723,998	130,095	56,818
d	<u>UBI TAXES</u>	46,463	46,463	0	0
e	All other expenses	10,775,724	9,795,525	954,144	26,055
25	Total functional expenses. Add lines 1 through 24e	1,010,930,601	796,193,791	102,957,870	111,778,940
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	269,731,184	186,424,274	21,621,674	61,685,236

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	48,709,984	1	61,517,113
	2 Savings and temporary cash investments	158,335,043	2	91,630,071
	3 Pledges and grants receivable, net	304,302,875	3	327,455,931
	4 Accounts receivable, net	42,675,727	4	44,741,878
	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	6,786,989	8	5,310,669
	9 Prepaid expenses and deferred charges	16,637,615	9	34,646,247
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 196,103,309		
	b Less: accumulated depreciation	10b 119,670,547	68,074,306	10c 76,432,762
	11 Investments—publicly traded securities	863,529,467	11	933,864,739
	12 Investments—other securities. See Part IV, line 11	134,565,917	12	142,102,782
	13 Investments—program-related. See Part IV, line 11	12,675,854	13	17,581,697
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	270,571,161	15	274,561,440
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,926,864,938	16	2,009,845,329	
Liabilities	17 Accounts payable and accrued expenses	97,460,225	17	96,613,333
	18 Grants payable	400,978,415	18	401,496,327
	19 Deferred revenue	25,235,654	19	33,227,913
	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	58,362,989	25	52,656,630
	26 Total liabilities. Add lines 17 through 25	582,037,283	26	583,994,203
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	601,889,307	27	608,112,905
	28 Net assets with donor restrictions	742,938,348	28	817,738,221
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,344,827,655	32	1,425,851,126
33 Total liabilities and net assets/fund balances	1,926,864,938	33	2,009,845,329	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,070,192,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,010,930,601
3	Revenue less expenses. Subtract line 2 from line 1	3	59,262,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,344,827,655
5	Net unrealized gains (losses) on investments	5	6,005,175
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	15,756,185
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,425,851,126

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MINDY GROSSMAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) ROBERT HARRINGTON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) DONALD LLOYD-JONES ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) KATIE MILLER-SMITH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) MANESH PATEL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) CHERYL PEGUS ----- BOARD MEMBER	1.0 ----- 0.1	✓						0	0	0
(31) VICENTE REYNAL ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) MARCELLA ROBERTS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) JORGE SAUCEDO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) BERTRAM SCOTT ----- BOARD MEMBER	1.0 ----- 0.1	✓						0	0	0
(35) SVATI SHAH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) BOB SWAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) 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

2024

**Open to Public
Inspection**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	544,678,260	611,104,582	652,051,175	682,957,098	684,501,015	3,175,292,130
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	544,678,260	611,104,582	652,051,175	682,957,098	684,501,015	3,175,292,130
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						3,175,292,130

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	544,678,260	611,104,582	652,051,175	682,957,098	684,501,015	3,175,292,130
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,567,748	77,686,160	96,996,005	107,686,006	117,661,948	471,597,867
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.)	5,506,044	2,621,777	1,173,572	2,143,617	3,737,664	15,182,674
11 Total support. Add lines 7 through 10						3,662,072,671
12 Gross receipts from related activities, etc. (see instructions)					12	890,560,782
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	86.71 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.42 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2024. 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—2023. 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

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

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

Part VI

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

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) CHANGE IN SPLIT INT AGREEMENTS	1,833,792	1,206,435	312,297	807,170	2,209,723	6,369,417
	(2) MISC REVENUE	3,672,252	1,415,342	861,275	1,336,447	1,527,941	8,813,257
	Total	5,506,044	2,621,777	1,173,572	2,143,617	3,737,664	15,182,674

Schedule B (Form 990)

(Rev. January 2025) 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

Table with 2 columns: Name of the organization (AMERICAN HEART ASSOCIATION, INC.) and 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 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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
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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	----- ----- -----	\$ 23,316,340	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 14,342,629	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

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

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

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

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

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

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 13-5613797
---	---

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?	✓		1,211,052
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?	✓		32,455
f Grants to other organizations for lobbying purposes?	✓		3,084,786
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		2,757,345
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		295,115
i Other activities?	✓		1,123,119
j Total. Add lines 1c through 1i			8,503,872
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
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>IN SUPPORT OF ITS MISSION TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES, 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 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 WORK TO ENSURE HEALTH AND HOPE FOR EVERYONE EVERYWHERE.</p> <p>THE ASSOCIATION ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE FIGHT AGAINST STROKE AND CARDIOVASCULAR DISEASE, THE LEADING CAUSE OF DEATH IN THE UNITED STATES. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY PRIORITIES ARE IN THE FOLLOWING AREAS:</p> <p>HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE ASSOCIATION IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, TRANSLATIONAL, POPULATION HEALTH AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS LOCAL HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION AND ECONOMICS. THE ASSOCIATION ADVOCATES FOR SUSTAINING AND INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.</p> <p>IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AMERICAN HEART ASSOCIATION PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR EVERYONE EVERYWHERE. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT, INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, AND ADDRESSING TOBACCO CONTROL AND PREVENTION. THE ASSOCIATION ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.</p> <p>SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE ASSOCIATION PROMOTES PUBLIC POLICIES AIMED AT SAFE, EVIDENCE-BASED AND HIGH VALUE CARE FOR CARDIOVASCULAR DISEASE IMPROVING HEALTH CARE QUALITY AND OUTCOMES FOR EVERYONE EVERYWHERE TO IMPROVE OUTCOMES AND PROMOTE HEALTH CARE QUALITY, THE ASSOCIATION ADVANCES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPS DISEASE REGISTRIES, ENCOURAGES VALUE BASED HEALTH CARE PAYMENT MODELS, SUPPORTS DELIVERY SYSTEM REFORMS AND IMPROVED CARE COORDINATION, AND DRIVE INNOVATION IN THE APPLICATION OF HEALTH INFORMATION TECHNOLOGY.</p> <p>ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE: THE ASSOCIATION ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	86,955,925	80,849,396	76,168,901	85,977,857	69,497,022
b Contributions	3,012,155	894,192	206,617	577,543	538,748
c Net investment earnings, gains, and losses	10,014,172	8,388,679	7,185,076	(7,925,632)	18,221,398
d Grants or scholarships					
e Other expenditures for facilities and programs	3,303,644	3,176,342	2,711,198	2,460,867	2,279,311
f Administrative expenses					
g End of year balance	96,678,608	86,955,925	80,849,396	76,168,901	85,977,857

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 56.87 %
- c** Term endowment 43.13 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,431,937		4,431,937
b Buildings	2,088,908	35,959,251	26,375,074	11,673,085
c Leasehold improvements		1,654,136	1,265,014	389,122
d Equipment		149,722,505	90,438,791	59,283,714
e Other		2,246,572	1,591,668	654,904
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				76,432,762

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	114,977,458	END OF YEAR MARKET VALUE
(B) REAL ESTATE FUND	27,125,324	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	142,102,782	

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	176,450,516
(2) SPLIT INTEREST AGREEMENTS	75,305,690
(3) OTHER ASSETS	2,368,551
(4) POOLED INCOME FUND A/R	18,557
(5) OPERATING LEASE RIGHT OF USE	20,418,126
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	274,561,440

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	9,024,003
(3) CHARITABLE GIFT ANNUITIES	9,118,551
(4) SUPPLEMENTAL RETIREMENT PLAN	11,502,688
(5) CAPITAL LEASE OBLIGATIONS	463,014
(6) OTHER PAYABLES	129,841
(7) OPERATING LEASE OBLIGATIONS	22,418,533
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	52,656,630

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2025 AND 2024. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

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

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		1,463,555
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		58,571,178
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		107,535,251
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		2,388,857
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		19,205,999
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		320,887
(7) SOUTH AMERICA	0	0	INVESTMENTS		2,884,310
(8) SOUTH ASIA	0	0	INVESTMENTS		3,298,665
(9) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,905,724
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	43,781
(11) EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	791,708
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	421,349
(13) MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	184,795
(14) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	40,980
(15) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	9,445
(16) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL AND TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	340,736
(17) SEE PART I SUPPLEMENTAL INFORMATION					
3a Subtotal	4	8			199,407,220
b Total from continuation sheets to Part I	0	0			296,313
c Totals (add lines 3a and 3b)	4	8			199,703,533

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)			EUROPE (INCLUDING ICELAND AND GREENLAND)	STROKE PREVENTION SUPPORT	20,000	BANK TRANSFER			
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	NONCOMMUNICABLE DISEASE PREVENTION AND CARE	25,000	BANK TRANSFER			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RHEUMATIC HEART DISEASE SUPPORT	177,211	BANK TRANSFER			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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	1,500	WIRE TRANSFER			
(2) RESEARCH- ABSTRACT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	5	2,800	WIRE TRANSFER			
(3) RESEARCH- ABSTRACT AWARD	SOUTH AMERICA	1	750	WIRE TRANSFER			
(4) CAREGIVER AWARD	SOUTH ASIA	3	882	WIRE TRANSFER			
(5) LECTURE AWARD	EAST ASIA AND THE PACIFIC	1	1,500	WIRE TRANSFER			
(6) LECTURE AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	3,500	WIRE TRANSFER			
(7) LECTURE AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	4	6,500	WIRE TRANSFER			
(8) RESEARCH - INVESTIGATOR AWARD	EAST ASIA AND THE PACIFIC	9	10,250	WIRE TRANSFER			
(9) RESEARCH - INVESTIGATOR AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	10	8,000	WIRE TRANSFER			
(10) RESEARCH - INVESTIGATOR AWARD	MIDDLE EAST AND NORTH AFRICA	1	500	WIRE TRANSFER			
(11) RESEARCH - INVESTIGATOR AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	6	5,500	WIRE TRANSFER			
(12) RESEARCH - INVESTIGATOR AWARD	SOUTH ASIA	1	1,000	WIRE TRANSFER			
(13) TRAVEL AWARD	EAST ASIA AND THE PACIFIC	15	12,736	WIRE TRANSFER			
(14) TRAVEL AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	6	4,500	WIRE TRANSFER			
(15) TRAVEL AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	6	5,184	WIRE TRANSFER			
(16) TRAVEL AWARD	SOUTH ASIA	3	3,000	WIRE TRANSFER			
(17) ACHIEVEMENT AWARD	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	3,000	WIRE TRANSFER			
(18) (SEE STATEMENT)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>WITH RESPECT TO RESEARCH GRANTS MADE BY THE AMERICAN HEART ASSOCIATION (AHA) TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT.</p> <p>WITH RESPECT TO TRAVEL GRANTS MADE BY THE AHA TO FOREIGN INDIVIDUALS, SELECTED AHA FUNDED INVESTIGATORS FROM LOW AND MIDDLE INCOME COUNTRIES ARE AWARDED GRANT FUNDS TO REIMBURSE THE ACTUAL EXPENSES INCURRED, UP TO A CERTAIN THRESHOLD, TO ATTEND THE AHA SCIENTIFIC SESSIONS CONFERENCE AND THE WORLD CONGRESS OF CARDIOLOGY CONFERENCE.</p> <p>WITH RESPECT TO GRANTS MADE BY THE AHA TO FOREIGN ORGANIZATIONS, THE AHA'S POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION OF FOREIGN ORGANIZATION RECIPIENTS. THIS PROCESS IS COMPRISED OF OBTAINING THE RECIPIENT ORGANIZATION'S MISSION STATEMENT, FINANCIAL RESULTS, ORGANIZATIONAL DOCUMENTS, SUCH AS BYLAWS AND ARTICLES OF INCORPORATION, AND RENDERING AN OPINION AS TO WHETHER OR NOT THE ORGANIZATION WOULD QUALIFY AS A 501(C)(3) PUBLIC CHARITY IN THE UNITED STATES. RESULTS OF GRANT INITIATIVES ARE MADE AVAILABLE TO THE AHA BY THE RECIPIENT ORGANIZATION.</p>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL RUSSIA AND NEIGHBORING STATES - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL</p>
SCHEDULE F, PART V - SUPPLEMENTAL INFORMATION	<p>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.</p> <p>SCHEDULE F, PART IV, LINE 6 THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION AND TRAINING MATERIALS IN SAUDI ARABIA. ALTHOUGH SAUDI ARABIA IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.</p>

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		25,986
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		244,011
(19) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		500
(20) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		18,184
(21) SOUTH AMERICA	0	0	GRANTMAKING		2,750
(22) SOUTH ASIA	0	0	GRANTMAKING		4,882

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(18) ACHIEVEMENT AWARD	NORTH AMERICA (CANADA & MEXICO ONLY)	1	1,000	WIRE TRANSFER			
(19) ACHIEVEMENT AWARD	SOUTH AMERICA	2	2,000	WIRE TRANSFER			

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CARS (CHARITABLE ADULT RIDES & SERVICES), 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123	AUTO DONATIONS	✓		147,403	29,450	117,953
2 INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEMKTG		✓	242,817	74,669	168,148
3						
4						
5						
6						
7						
8						
9						
10						
Total				390,220	104,119	286,101

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHICAGO HEART WALK (event type)	NEW YORK CITY HEART WALK (event type)	5733 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	10,362,622	4,423,925	288,466,881	303,253,428
	2 Less: Contributions	10,362,622	4,423,925	268,761,056	283,547,603
	3 Gross income (line 1 minus line 2)	0	0	19,705,825	19,705,825
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	33,134	102,416	2,145,763	2,281,313
	6 Rent/facility costs	142,396	159,896	17,470,331	17,772,623
	7 Food and beverages	2,927	10,489	6,571,552	6,584,968
	8 Entertainment	4,700	380	1,788,823	1,793,903
	9 Other direct expenses	126	4,499	8,588,374	8,592,999
	10 Direct expense summary. Add lines 4 through 9 in column (d)				37,025,806
11 Net income summary. Subtract line 10 from line 3, column (d)				(17,319,981)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			74,111
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				0	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				74,111	

9 Enter the state(s) in which the organization conducts gaming activities: CA, FL, GA, LA, AK, MS, OR, SD, TX

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

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

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

b If "Yes," explain: _____

Part IV

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 9 DOTS COMMUNITY LEARNING CENTER 990 W 190TH ST, SUITE 530, TORRANCE, CA, 90502	45-2834070	(C)(3)	100,000				(SEE STATEMENT)
(2) ACCESS COMMUNITY HEALTH 600 WEST FULTON, SUITE 300, CHICAGO, IL, 60661	36-3317058	(C)(3)	20,000				COMMUNITY HEALTH
(3) ACCESS EAST, INC. PO BOX 6028, GREENVILLE, NC, 27835	56-1949493	(C)(3)	12,500				(SEE STATEMENT)
(4) ACTIVATESA 1512 S FLORES ST, SAN ANTONIO, TX, 78204	86-1599046	(C)(3)	40,000				(SEE STATEMENT)
(5) ADAIR COUNTY MEMORIAL HOSPITAL 609 SE KENT STREET, GREENFIELD, IA, 50849	42-1477291	(C)(3)	7,000				STROKE PROGRAMS
(6) (SEE STATEMENT)	03-0473181	(C)(3)	28,500				NUTRITION SECURITY
(7) (SEE STATEMENT)	95-3760201	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(8) AFFINIA HEALTHCARE 1717 BIDDLE STREET, SAINT LOUIS, MO, 63106	43-0817642	(C)(3)	30,000				(SEE STATEMENT)
(9) AFFORDABLE CHILDCARE TODAY PO BOX 301074, AUSTIN, TX, 78703	99-3613748		40,000				(SEE STATEMENT)
(10) ALABAMA ARISE PO BOX 1188, MONTGOMERY, AL, 36107	63-1186365	(C)(3)	150,000				(SEE STATEMENT)
(11) ALASKA BLACK CAUCUS P.O. BOX 200048, ANCHORAGE, AK, 99520	92-0065953	(C)(3)	10,000				NUTRITION SECURITY
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 787

3 Enter total number of other organizations listed in the line 1 table 46

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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) ALBION 12 FOUNDATION 3555 ROSECRANS STREET, SUITE 114, SAN DIEGO, CA, 92110	47-4630618	(C)(3)	7,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(13) ALEXIAN BROTHERS MEDICAL 800 BLESTERFIELD ROAD, ELK GROVE VILLAGE, IL, 60007	36-2596381	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(14) ALLINA HEALTH SYSTEM 2925 CHICAGO AVENUE, MINNEAPOLIS, MN, 55407	36-3261413	(C)(3)	40,000				AORTIC STENOSIS INITIATIVE
(15) ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE, GRAND FORKS, ND, 58201	45-0368330	(C)(3)	32,000				OUTPATIENT TELEHEALTH INITIATIVE
(16) ALVA HEALTH, INC. 325 N SAINT PAUL STREET, SUITE 2040, DALLAS, TX, 75201	82-1495753		12,000				STROKE DETECTION STUDY
(17) AMERICAN ACADEMY OF SLEEP MEDICINE 2510 NORTH FRONTAGE ROAD, DARIEN, IL, 60561	41-1596569	(C)(3)	14,500				SLEEP INITIATIVE
(18) AMERICAN COLLEGE OF PHYSICIANS INC 500 DELAWARE AVENUE, WILMINGTON, DE, 19801	23-1520302	(C)(3)	100,000				CV KIDNEY METABOLIC HEALTH
(19) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL CITY DRIVE, STE 900, ARLINGTON, VA, 22202	13-1623888	(C)(3)	200,000				CV KIDNEY METABOLIC HEALTH
(20) AMERICAN INDIAN HEALTH AND FAMILY SERVICES PO BOX 810, DEARBORN, MI, 48121	38-3081615	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(21) AMITY MEDICAL GROUP 6010 EAST W.T. HARRIS BLVD, CHARLOTTE, NC, 28215	47-1195624	(C)(3)	12,500				HEALTH EQUITY INITIATIVES
(22) APPLETON AREA HEALTH 30 S BEHL ST, APPLETON, MN, 56208	41-0966278	(C)(3)	10,000				STROKE PROGRAMS
(23) ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES 1400 W MARKHAM, LITTLE ROCK, AR, 72201	71-0492205	(C)(3)	30,000				CHILDHOOD OBESITY PREVENTION
(24) ARKANSAS HUNGER RELIEF ALLIANCE 1400 W MARKHAM STREET STE 304, LITTLE ROCK, AR, 72201	30-0254995	(C)(3)	150,000				CHILDHOOD OBESITY PREVENTION
(25) BEVERLY HILLS DENTIST 300 S. BEVERLY DRIVE, STE 303, BEVERLY HILLS, CA, 90212	55-0791144		10,000				HEALTHY SMILES HEALTHY HEARTS
(26) ARNOT HEALTH 600 IVY ST, SUITE 102, ELMIRA, NY, 14905	45-3800308	(C)(3)	6,000				BLOOD PRESSURE AND DIABETES CONTROL
(27) ASCENSION HEALTH P.O BOX 204242, DALLAS, TX, 75320	31-1662309	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY 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
(28) ASCENSION SETON 1500 RED RIVER ST, AUSTIN, TX, 78701	74-1109643	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(29) ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100, OAKLAND, CA, 94607	94-2235908	(C)(3)	10,000				HEALTHY SMILES HEALTHY HEARTS
(30) ASPIRUS ST. LUKE'S HOSPITAL 2200 WESTWOOD DRIVE, WAUSAU, WI, 54401	41-0714079	(C)(3)	10,000				STROKE PROGRAMS
(31) ATLANTA TRACK CLUB, INC 201 ARMOUR DRIVE NE, ATLANTA, GA, 30324	58-1367422	(C)(3)	20,000				CARDIAC ARREST IN YOUTH SPORTS
(32) AUDUBON COUNTY MEMORIAL HOSPITAL 515 PACIFIC AVE, AUDUBON, IA, 50025	42-6037854	GOV	30,000				STROKE PROGRAMS
(33) AVANTARA REDFIELD 3450 OAKTON STREET, SKOKIE, IL, 60076	83-4606665		10,000				STROKE PROGRAMS
(34) AVENUE 360 HEALTH AND WELLNESS 2150 W 18TH STREET STE 300, HOUSTON, TX, 77008	76-0549240	(C)(3)	27,250				RACIAL DISPARITIES IN HBP CONTROL
(35) AVERA MCKENNAN HOSPITAL 1325 SOUTH CLIFF AVENUE, SIOUX FALLS, SD, 57105	46-0224743	(C)(3)	40,000				STROKE PROGRAMS
(36) AVERA PRINCE OF PEACE RETIREMENT COMMUNITY 4513 S. PRINCE OF PEACE PLACE, SIOUX FALLS, SD, 57103	46-0224743	(C)(3)	10,000				STROKE PROGRAMS
(37) BAPTIST HEALTHCARE SYSTEM INC 1740 NICHOLASVILLE RD, LEXINGTON, KY, 40503	61-0444707	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(38) BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N. HUMPHREYS BLVD, MEMPHIS, TN, 38120	58-1544781	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(39) BARTZ ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE, LANCASTER, CA, 93553	27-3261289	(C)(3)	80,000				OUTPATIENT TELEHEALTH INITIATIVE
(40) BAY AREA COMMUNITY HEALTH 40910 FREMOND BLVD, FREMONT, CA, 94538	23-7255435	(C)(3)	20,000				LP(A) DISCOVERY PROJECT
(41) BAYHEALTH MEDICAL CENTER 640 SOUTH STATE ROAD, DOVER, DE, 19901	51-0064318	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY PROJECT
(42) BAYLOR HEART AND VASCULAR CENTER LLP 621 NORTH HALL STREET STE 150, DALLAS, TX, 75226	75-2834135		30,000				AORTIC STENOSIS INITIATIVE
(43) BAYLOR SCOTT & WHITE MEDICAL CENTER 2401 SOUTH 31ST STREET, TEMPLE, TX, 76508	74-1166904	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE

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(44) BAYLOR SCOTT & WHITE THE HEART HOSPITAL 1100 ALLIED DRIVE, PLANO, TX, 75093	41-2101361	(C)(3)	20,000				AORTIC STENOSIS INITIATIVE
(45) BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT AVE, HOUSTON, TX, 77031	27-0653014	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(46) BETTY JEAN KERR PEOPLES HEALTH CENTER 5701 DALMAR BLVD, SAINT LOUIS, MO, 63112	43-1036785	(C)(3)	15,000				COMMUNITY CARE CENTER SUPPORT
(47) BIOMEDICAL RESEARCH AND EDUCATION FOUNDATION 3601 S. 6TH AVE., BLDG. 77 MC (11-151), TUCSON, AZ, 85723	86-0622181	(C)(3)	10,000				HEALTHY SMILES HEALTHY HEARTS
(48) BISHOP NOLL INSTITUTE 1519 HOFFMAN STREET, HAMMOND, IN, 46327	35-1007097		5,450				AED PLACEMENT PROGRAM
(49) BITTERROOT HEALTH-DALY HOSPITAL 1200 WESTWOOD DR., HAMILTON, MT, 59840	36-3766000	(C)(3)	10,000				STROKE PROGRAMS
(50) BOAT PEOPLE SOS 6107 OAKBROOK PARKWAY, NORCROSS, GA, 30093	30-0737900	(C)(3)	13,000				COMMUNITY HEALTH CENTER SUPPORT
(51) BOWDLE HOSPITAL PO BOX 556, BOWDLE, SD, 57428	46-0369929	(C)(3)	17,000				STROKE PROGRAMS
(52) BOYS AND GIRLS CLUB OF THE GULF COAST PO BOX 2804, GULFPORT, MS, 39503	64-0539145	(C)(3)	7,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(53) BOYS AND GIRLS CLUBS OF JACKSON COUNTY 5343 JEFFERSON STREET, MOSS POINT, MS, 39562	58-2016844	(C)(3)	10,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(54) BOYS CLUB OF WAKE COUNTY, INC. 701 N. RALEIGH BLVD, RALEIGH, NC, 27610	56-0863051	(C)(3)	8,000				NUTRITION SECURITY
(55) BRIGHAM AND WOMENS PHYSICIAN ORG. 75 FRANCIS STREET, BOSTON, MA, 02115	04-3466314	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(56) BRIGHTSIDE PRODUCE 120 ARUNDEL ST, SAINT PAUL, MN, 55102	84-2923952	(C)(3)	75,000				REDUCING FOOD INSECURITY
(57) BRILLIANT DETROIT 5675 LARKINS ST., DETROIT, MI, 48210	47-3446334	(C)(3)	15,000				HEALTH EQUITY INITIATIVES
(58) BUCHANAN COUNTY HEALTH CENTER 1600 1ST ST E, INDEPENDENCE, IA, 50644	42-0727498	(C)(3)	17,000				STROKE PROGRAMS
(59) BUFFALO CENTER FOR HEALTH EQUITY 257 W GENESEE ST, SUITE 160, BUFFALO, NY, 14202	85-0868589	(C)(3)	7,525				BLOOD PRESSURE CONTROL INITIATIVE
(60) BUFFALO GO GREEN INC 45 PEMBROOKE AVE, BUFFALO, NY, 14215	46-5083541	(C)(3)	12,890				BLOOD PRESSURE CONTROL INITIATIVE
(61) BUFFALO PRENATAL PERINATAL NETWORK, INC 703 WASHINGTON ST, BUFFALO, NY, 14203	16-1302764	(C)(3)	12,718				BLOOD PRESSURE CONTROL INITIATIVE

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(62) BURGESS HEALTH CENTER 1600 DIAMOND STREET, ONAWA, IA, 51040	42-0859940	(C)(3)	10,000				STROKE PROGRAMS
(63) C 4EVER GREEN PO BOX 875, MONTEZUMA CREEK, UT, 84534	92-2865784	(C)(3)	75,000				YOUTH APPRENTICESHIP PROGRAM
(64) CACHE COMMUNITY FOOD PANTRY 359 S MAIN, LOGAN, UT, 84321	87-0512889	(C)(3)	11,250				NUTRITION SECURITY
(65) CAHABA MEDICAL CARE FOUNDATION 405 BELCHER STREET, CENTERVILLE, AL, 35042	27-3605364	(C)(3)	7,500				COMMUNITY HEALTH PROGRAMS
(66) CAMINO COMMUNITY DEVELOPMENT CORP 133 STETSON DRIVE, CHARLOTTE, NC, 28262	56-2015959	(C)(3)	10,000				NUTRITION SECURITY
(67) CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200, WASHINGTON, DC, 20005	52-1969967	(C)(3)	62,500				ANTI-TOBACCO ADVOCACY
(68) CAPE FEAR CLINIC INC 1605 DOCTORS CIRCLE, WILMINGTON, NC, 28401	56-1984630	(C)(3)	9,375				COMMUNITY HEALTH PROGRAMS
(69) CAPITAL AREA HEALTH NETWORK 2809 NORTH AVENUE, RICHMOND, VA, 23222	54-1884190	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(70) CARE RING, INC. 601 EAST 5TH STREET STE 140, CHARLOTTE, NC, 28202	56-0621073	(C)(3)	33,400				BLOOD PRESSURE CONTROL INITIATIVE
(71) CARESTL HEALTH 5471 DR. MARTIN LUTHER KING DR., ST LOUIS, MO, 63112	43-0917230	(C)(3)	30,000				COMMUNITY HEALTH CENTER SUPPORT
(72) CULTURETRUST GREATER PHILADELPHIA 1315 WALNUT STREET, SUITE 320, PHILADELPHIA, PA, 19107	46-3109411	(C)(3)	5,250				HEALTH EQUITY INITIATIVES
(73) CARTERET HEALTH CARE 3500 ARENDELL STREET, MOREHEAD, NC, 28557	56-0952955	(C)(3)	32,000				OUTPATIENT TELEHEALTH INITIATIVE
(74) CASA DE SALUD 3200 CHOUTEAU AVE, SAINT LOUIS, MO, 63103	27-0732049	(C)(3)	30,000				COMMUNITY HEALTH
(75) CASS HEALTH 1501 EAST 10TH STREET, ATLANTIC, IA, 50022	42-0921296		7,000				STROKE PREVENTION PROGRAMS
(76) CEDAR CREST NURSING AND REHABILITATION CENTER 797 EAST FREMONT AVE, SUNNYVALE, CA, 94087	33-0937409		7,110				NUTRITION SECURITY
(77) CEDAR RIDGE VILLAGE SENIOR LIVING 8950 COACHLIGHT DR., WEST DES MOINES, IA, 50266	82-5327208		10,000				STROKE PREVENTION PROGRAMS
(78) CEMPA COMMUNITY CARE 1000 EAST 3RD STREET, SUITE 202, CHATTANOOGA, TN, 37403	62-1325543	(C)(3)	10,000				HIGH BLOOD PRESSURE CONTROL INITIATIVE

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(79) CENTER FOR FAMILY HEALTH 505 N. JACKSON ST., JACKSON, MI, 49201	38-3251354	(C)(3)	6,600				HIGH BLOOD PRESSURE CONTROL INITIATIVE
(80) CENTER FOR HUMAN SERVICES 2000 W BRIGGSMORE AVENUE, SUITE I, MODESTO, CA, 95350	94-1725620	(C)(3)	6,500				NUTRITION SECURITY
(81) CENTER FOR THE PREVENTION OF CHILD MALTREATMENT 414 E CLARK STREET, VERMILLION, SD, 57069	46-6000364		28,000				CHILD MALTREATMENT PREVENTION
(82) CENTRAL FLORIDA REGIONAL TRANSPORTATION 455 NORTH GARLAND AVENUE, ORLANDO, FL, 32801	59-2982959	GOV	35,600				DEFIBRILLATOR UNITS
(83) CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD, HARRISBURG, PA, 17109	23-2202250	(C)(3)	14,081				NUTRITION SECURITY
(84) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE, AUSTIN, TX, 78744	74-2217350	(C)(3)	15,000				COLD STORAGE FOOD PANTRIES
(85) CHAMPION HOUSE OF CARE PROJECT ONE 5907 BARRINGTON DRIVE, CHARLOTTE, NC, 28215	83-3048170	(C)(3)	6,500				NUTRITION SECURITY
(86) CHARITABLE PHARMACY OF CENTRAL OHIO 200 E LIVINGSTON AVENUE, COLUMBUS, OH, 43215	27-0147099	(C)(3)	12,499				BLOOD PRESSURE CONTROL INITIATIVE
(87) CHARLOTTE COMMUNITY HEALTH CLINIC, INC 8401 MEDICAL PLAZA DR STE 300, CHARLOTTE, NC, 28262	56-2274174	(C)(3)	12,500				HEALTH EQUITY INITIATIVES
(88) CHARLOTTE GAYMERS NETWORK, INC. 7201 LEAVES LANE, CHARLOTTE, NC, 28213	87-2591704	(C)(3)	6,000				TOBACCO FREE POLICY IMPLEMENTATION
(89) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY 5039 AIRPORT CENTER PARKWAY, CHARLOTTE, NC, 28208	56-0529945	GOV	20,000				HEMORRHAGIC STROKE INITIATIVE
(90) CHEYENNE REGIONAL MEDICAL CENTER 214 E. 23RD ST., CHEYENNE, WY, 82001	83-6000194	(C)(3)	22,908				COMMUNITY HEALTH
(91) CHI HEALTH CLINIC 12809 WEST DODGE ROAD, OMAHA, NE, 68154	47-0765154	(C)(3)	19,000				BLOOD PRESSURE CONTROL INITIATIVE
(92) CHI HEALTH MERCY COUNCIL BLUFFS 800 MERCY DRIVE, COUNCIL BLUFFS, IA, 51503	47-0484764	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(93) CHI ST ALEXIUS HEALTH DICKINSON 2500 FAIRWAY STREET, DICKINSON, ND, 58601	45-0226429	(C)(3)	12,000				BLOOD PRESSURE CONTROL INITIATIVE
(94) CHI ST LUKES HEALTH THE WOODLANDS 6624 FANNIN ST 1100, HOUSTON, TX, 77030	76-0536234	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE

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(95) CHICAGO FAMILY HEALTH CENTER 9119 S. EXCHANGE AVE, CHICAGO, IL, 60622	36-2893854	(C)(3)	10,000				HYPERTENSION EDUCATION
(96) CHILDREN FIRST PA 990 SPRING GARDEN ST, SUITE 200, PHILADELPHIA, PA, 19123	23-2137461	(C)(3)	49,273				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(97) CHILDRENS HOSPITAL OF PITTSBURGH 4401 PENN AVENUE, PITTSBURGH, PA, 15224	25-1865744	(C)(3)	25,000				HEART CAMP
(98) CINCINNATI RECREATION COMMISSION FOUNDATION 805 CENTRAL AVE, SUITE 800, CINCINNATI, OH, 45202	31-1574475	(C)(3)	20,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(99) CITY OF SUNDOWN LIBRARY 201 E FIFTH ST, SUNDOWN, TX, 79372	75-6000683	GOV	21,463				COMMUNITY HEALTH
(100) CLARINDA REGIONAL HEALTH CENTER 220 ESSIE DAVISON DRIVE, CLARINDA, IA, 51632	42-6005819	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(101) CLAYTON COUNTY PARKS AND RECREATION 2300 WALT STEPHENS RD, JONESBORO, GA, 30236	58-6000802	GOV	11,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(102) CLEAN AIR COUNCIL 1600 ARCH STREET, FIRST FLOOR, PHILADELPHIA, PA, 19103	23-1683461	(C)(3)	154,000				VOICES FOR HEALTHY KIDS
(103) COALITION TO TRANSFORM PO BOX 34364, WASHINGTON, DC, 20043	45-2604332	(C)(3)	22,000				HEART FAILURE CARE
(104) COLORADO PREVENTION CENTER 2115 N. SCRANTON ST., SUITE 2040, AURORA, CO, 80045	84-1122993	(C)(3)	20,000				LP(A) DISCOVERY PROJECT
(105) COMBINED ARMS 2929 MCKINNEY ST, HOUSTON, TX, 77003	47-5648923	(C)(3)	8,000				NUTRITION SECURITY
(106) COMMITTEE FOR A HEALTHIER SANTA CRUZ 333 W SAN CARLOS ST, SUITE 600, SAN JOSE, CA, 95110	99-4273734		20,000				SUGARY BEVERAGE TAX SUPPORT
(107) COMMON GOOD IOWA 505 5TH AVENUE, SUITE 404, DES MOINES, IA, 50309	86-1518320	(C)(3)	47,922				CHILDHOOD OBESITY
(108) COMMONPOINT QUEENS 58-20 LITTLE NECK PARKWAY, LITTLE NECK, NY, 11362	11-3071518	(C)(3)	7,135				NUTRITION SUPPORT
(109) COMMUNICARE HEALTH CENTERS 431 WOLFE RD., SAN ANTONIO, TX, 78216	74-1724391	(C)(3)	28,000				HEALTH EQUITY INITIATIVES
(110) COMMUNITIES IN SCHOOLS OF LOS ANGELES CAA, 2000 AVENUE OF THE STARS, LOS ANGELES, CA, 90067	26-0404220	(C)(3)	75,000				EDUCATIONAL SUPPORT

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(111) COMMUNITY ACTION PROGRAM OF EVANSVILLE 401 SOUTHEAST 6TH STREET STE 001, EVANSVILLE, IN, 47713	35-1176665	(C)(3)	15,000				NUTRITION SECURITY
(112) COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVE., COLUMBUS, OH, 43206	51-0476886	(C)(3)	10,764				BLOOD PRESSURE CONTROL INITIATIVE
(113) COMMUNITY FAMILY CENTERS 7524 AVENUE E, HOUSTON, TX, 77012	74-1691632	(C)(3)	23,184				BLOOD PRESSURE CONTROL INITIATIVE
(114) COMMUNITY HEALTH NFP 2611 W CHICAGO AVE, CHICAGO, IL, 60622	36-3831793	(C)(3)	10,000				BLOOD PRESSURE CONTROL INITIATIVE
(115) COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W. FORT STREET, DETROIT, MI, 48209	38-3094394	(C)(3)	12,500				HEALTH EQUITY INITIATIVES
(116) COMMUNITY HEALTH CENTER OF BUFFALO INC 34 BENWOOD AVENUE, BUFFALO, NY, 14214	16-1566929	(C)(3)	20,000				BLOOD PRESSURE CONTROL INITIATIVE
(117) COMMUNITY JUSTICE PROJECT 3000 BISCAYNE COULEVARD, MIAMI, FL, 33137	47-2777185	(C)(3)	75,000				VOICES FOR HEALTHY KIDS
(118) COMMUNITY MEMORIAL HOSPITAL IOWA 909 W. 1ST STREET, SUMNER, IA, 50674	42-0670596	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(119) COMMUNITY MEMORIAL HOSPITAL 809 JACKSON STREET, BURKE, SD, 57523	46-0219795	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(120) COMMUNITY OF CARING FOUNDATION 166 E BENNETT AVE, CRIPPLE CREEK, CO, 80813	84-1481309	(C)(3)	8,000				BLOOD PRESSURE CONTROL INITIATIVE
(121) COMMUNITY YOUTH CENTER OF SAN FRANCISCO 1038 POST STREET, SAN FRANCISCO, CA, 94109	94-1728818	(C)(3)	9,200				CARDIAC EMERGENCY RESPONSE PLAN
(122) COMPASSIONATE CARE MEDICAL CLINIC 1660 S STAPLES ST, CORPUS CHRISTI, TX, 78404	93-1558508	(C)(3)	10,000				BLOOD PRESSURE CONTROL INITIATIVE
(123) CONNEXTCARE 61 DELANO STREET, PULASKI, NY, 13142	23-7036393	(C)(3)	6,000				DIABETES CONTROL
(124) COOK COUNTY HEALTH AND HOSPITAL SYSTEM 1900 W POLK STREET,, CHICAGO, IL, 60612	36-6006541	GOV	10,000				COMMUNITY HEALTH
(125) COOS HEAD FOOD CO-OP 353 S 2ND STREET, COOS BAY, OR, 97420	93-0594327		18,000				NUTRITION SECURITY
(126) COPPER RIDGE NURSING REHAB CENTER LLC 3251 NETTIE STREET, BUTTE, MT, 59701	82-3721910		10,000				STROKE PREVENTION PROGRAMS
(127) COPPER RIVER BASIN RESOURCE COUNCIL PO BOX 395, GLENNALLEN, AK, 99588	93-2701267	(C)(3)	6,000				NUTRITION SECURITY

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(128) COR INC 227 SANDY SPRINGS PLACE, SUITE D445, ATLANTA, GA, 30328	32-0600603	(C)(3)	15,000				NUTRITION SECURITY
(129) COREWELL HEALTH FOUNDATION WEST MICHIGAN 100 MICHIGAN ST NE MC004, GRAND RAPIDS, MI, 49503	38-2752328	(C)(3)	20,000				HEALTH EQUITY INITIATIVES
(130) HEALTH EMERGENCY LIFELINE PROGRAMS 1726 HOWARD STREET, DETROIT, MI, 48216	38-2719621	(C)(3)	7,000				HEALTH EQUITY INITIATIVES
(131) CORNERSTONE COMMUNITY DEVELOPMENT CORP P.O. BOX 152551, DALLAS, TX, 75315	75-2623357	(C)(3)	16,000				SNAP SUPPORT PROGRAM
(132) CORNING COMMUNITY COLLEGE 1 ACADEMIC DRIVE, CORNING, NY, 14830	16-0820515		10,000				AED AND CPR CERTIFICATIONS
(133) JONES COUNTY 418 HWY 58, UNIT A, TRENTON, NC, 28585	56-6000312	GOV	25,000				CPS READINESS AND CV HEALTH
(134) REEVES COUNTY 315 SOUTH OAK STREET, PECOS, TX, 79772	74-6001870	GOV	23,228				BLOOD PRESSURE CONTROL INITIATIVE
(135) COUNTY OF SANDERS SCHOOL DISTRICT 9 411 B STREET, DIXON, MT, 59831	81-6000921	GOV	6,250				NUTRITION SECURITY
(136) COURAGE KENNY REHABILITATION INSTITUTE 2925 CHICAGO AVENUE, MINNEAPOLIS, MN, 55407	36-3261413	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(137) CRAWFORD COUNTY MEMORIAL HOSPITAL 100 MEDICAL PARKWAY, DENISON, IA, 51442	42-6037896	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(138) DALLAS COUNTY HOSPITAL 610 10TH STREET, PERRY, IA, 50220	42-6037739	GOV	7,000				STROKE PREVENTION PROGRAMS
(139) DAMIAN FAMILY CARE CENTERS 89-56 162ND STREET, JAMAICA, NY, 11432	22-3433831	(C)(3)	6,000				COMMUNITY HEALTH
(140) DAVIS COUNTY HOSPITAL 509 N. MADISON ST, BLOOMFIELD, IA, 52537	42-6006219	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(141) DEACONESS HOSPITAL INC 600 MARY STREET, EVANSVILLE, IN, 47747	35-0593390	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(142) DECATUR COUNTY HOSPITAL 1405 NW CHURCH STREET, LEON, IA, 50144	42-6007849	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(143) DEKALB COUNTY PUBLIC LIBRARY 3560 KENSINGTON ROAD, DECATUR, GA, 30032	58-6000948	GOV	5,250				HEALTH EQUITY INITIATIVES
(144) DELAWARE VALLEY COMMUNITY HEALTH INC 1412 FAIRMONT AVENUE, 2ND FLOOR, PHILADELPHIA, PA, 19130	23-2077750	(C)(3)	30,500				COMMUNITY HEALTH

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(145) DENTAL BLISS 151 ROSA HELM WAY, FRANKLIN, TN, 37067	46-3157536		10,000				HEALTHY SMILES HEALTHY HEARTS
(146) DENTIST AT WESTCHASE PO BOX 920050, DALLAS, TX, 75392	83-1669741		10,000				HEALTHY SMILES HEALTHY HEARTS
(147) DETROIT ASSOCIATION OF BLACK ORGANIZATIONS 12048 GRAND RIVER AVENUE, DETROIT, MI, 48204	47-3081843	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(148) DETROIT CHANGE INITIATIVE 2937 E. GRAND BLVD, DETROIT, MI, 48202	81-5264149	(C)(3)	32,500				HEALTH EQUITY INITIATIVES
(149) DETROIT GREENWAYS COALITION PO BOX 32013, DETROIT, MI, 48232	46-4885673	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(150) DIABETES YOU CAN WIN FOUNDATION 279 WEST CROGAN STREET, LAWRENCEVILLE, GA, 30056	81-4881677	(C)(3)	5,500				HEALTH EQUITY INITIATIVES
(151) DIATECH DIABETES, INC. 460 S HIGHLAND ST, MEMPHIS, TN, 38111	84-1890342		50,000				BUSINESS ACCELERATOR PROGRAM
(152) DICKINSON PUBLIC SCHOOLS 444 4TH STREET W, DICKINSON, ND, 58601	45-6001585	GOV	5,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(153) DISTRICT CLINIC HOLDINGS, INC. 1515 N. FLAGLER DRIVE, SUITE 101, WEST PALM BEACH, FL, 33401	45-5591655	GOV	10,000				DIABETES CONTROL
(154) DOUGLAS COUNTY COMMUNITY FOUNDATION 900 MASSACHUSETTS STREET, SUITE 406, LAWRENCE, KS, 66044	48-1209687	(C)(3)	16,000				TRIBAL HEALTH SUMMIT
(155) DOULA LAB 6400 W. MAIN ST., SUITE 1D, BELLEVILLE, IL, 62223	23-6970499		22,000				BLOOD PRESSURE MONITORS
(156) DOWNTOWN ACTION TO SAVE HOUSING 1980 112TH AVE NE SUITE 210, BELLEVUE, WA, 98004	94-3155152	(C)(3)	44,000				NUTRITION SECURITY
(157) DREAM OF WILD HEALTH 1308 EAST FRANKLIN AVENUE, MINNEAPOLIS, MN, 55404	41-1632662	(C)(3)	50,000				INDIGENOUS FOOD ACCESS
(158) DUKE UNIVERSITY HEALTH SYSTEM INC PO BOX 751274, CHARLOTTE, NC, 28275	56-2070036	(C)(3)	20,000				LP(A) DISCOVERY PROJECT
(159) D'YOUVILLE UNIVERSITY 320 PORTER AVENUE, BUFFALO, NY, 14201	16-0743989	(C)(3)	15,000				HYPERTENSION AND HEALTH EQUITY
(160) EARLY LEARNING COALITION OF NORTHWEST FLORIDA 4636 E HWY 90, SUITE P, MARIANNA, FL, 32446	02-0751749	(C)(3)	41,869				EARLY CARE AND EDUCATION ACCESS
(161) EAST CAROLINA COUNCIL, BSA P.O. BOX 1698, KINSTON, NC, 28503	56-0543221	(C)(3)	6,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(162) EAST HILL MEDICAL CENTER 144 GENESEE STREET, AUBURN, NY, 13021	16-0983042	(C)(3)	6,000				DIABETES CONTROL

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(163) EAST SANTA CRUZ COUNTY COMMUNITY FOOD 772 HARSHAW AVE, PATAGONIA, AZ, 85624	86-0765764	(C)(3)	8,000				NUTRITION SECURITY
(164) ECU HEALTH MEDICAL CENTER PO BOX 8447, GREENVILLE, NC, 27835	56-0585243	(C)(3)	59,375				DIABETES CONTROL
(165) EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR, RANCHO MIRAGE, CA, 92270	95-6130458	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(166) EL CENTRO DE CORAZON 412 TELEPHONE RD., HOUSTON, TX, 77023	76-0442781	(C)(3)	7,250				NUTRITION SECURITY
(167) EL CENTRO DE SERVICIOS SOCIALES 2800 PEARL AVE, LORAIN, OH, 44055	34-1165756	(C)(3)	6,027				CARDIAC EMERGENCY RESPONSE PROGRAM
(168) EL CENTRO DEL BARRIO 3750 COMMERCIAL AVE, SAN ANTONIO, TX, 78221	74-1787031	(C)(3)	10,000				BLOOD PRESSURE CONTROL INITIATIVE
(169) EL CENTRO FAMILY HEALTH PO BOX 158, ESPANOLA, NM, 87533	85-0244588	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(170) EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER 106 MILITARY TRAIL, JUPITER, FL, 33458	01-0870672	(C)(3)	7,500				COMMUNITY HEALTH EDUCATION
(171) ELIZABETH'S HELPING HANDS HOMECARE 10321 TUFORD DRIVE APT 2, CREVE COEUR, MO, 63146	45-4406173		15,000				BLOOD PRESSURE CONTROL INITIATIVE
(172) ENCOMPASS HEALTH REHABILITATION HOSPITAL 4700 W. 69TH STREET, SIOUX FALLS, SD, 57108	63-0860407		10,000				STROKE PREVENTION PROGRAMS
(173) ENCOMPASS HEALTH REHABILITATION HOSPITAL 2450 CORAL COURT, CORALVILLE, IA, 52241	83-1261306		10,000				STROKE PREVENTION PROGRAMS
(174) ENDEAVOR HEALTH 1301 CENTRAL STREET, EVANSTON, IL, 60201	36-2167060	(C)(3)	20,000				AORTIC STENOSIS INITIATIVE
(175) ENGLEWOOD HOSPITAL & MEDICAL CENTER 350 ENGLE STREET, ENGLEWOOD, NJ, 07631	22-1487173	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(176) EQUIPPED SOLUTIONS LLC 10021 ANTIUM WAY, OWINGS MILLS, MD, 21117	92-1195909		8,500				HEALTH EQUITY INITIATIVES
(177) EQUITAS HEALTH, INC. 1105 SCHROCK RD SUITE 400, COLUMBUS, OH, 43229	31-1126780	(C)(3)	22,000				HYPERTENSION AND HEALTH EQUITY
(178) ERIE COUNTY MEDICAL CENTER CORPORATION 462 GRIDER STREET, BUFFALO, NY, 14215	83-0382654	GOV	40,000				HYPERTENSION AND HEALTH EQUITY
(179) ERLANGER PREMIER COMMUNITY HEALTH CENTER 251 N. LYLERLY STREET, SUITE 300, CHATTANOOGA, TN, 37404	62-6000101	(C)(3)	10,000				BLOOD PRESSURE CONTROL INITIATIVE

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(180) ESKENAZI HEALTH 720 ESKENAZI AVENUE, INDIANAPOLIS, IN, 46202	46-0566523	(C)(3)	13,000				COMMUNITY HEALTH
(181) ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE, STE 100, CHICAGO, IL, 60608	32-0115907	(C)(3)	10,000				HYPERTENSION AND DIABETES PROGRAM
(182) ESSENTIAL HEALTH AND WELLNESS CLINIC 5842 GOODMAN ROAD, SUITE 1, HORN LAKE, MS, 38637	85-1623197		10,000				ADVANCING MATERNAL HEALTH
(183) EVERY DAY IS A MIRACLE 2068 MATTHEWS AVENUE, SUITE 3, BRONX, NY, 10462	27-4262907	(C)(3)	5,577				FREEZER/REFRIGERATOR
(184) EVERY TEXAN 7020 EASY WIND DRIVE STE 200, AUSTIN, TX, 78752	74-2898197	(C)(3)	75,000				VOICES FOR HEALTHY KIDS
(185) FAIR HAVEN COMMUNITY HEALTH CLINIC INC 374 GRAND AVENUE, NEW HAVEN, CT, 06513	06-0883545	(C)(3)	10,000				DIABETES CONTROL
(186) FAIRVIEW HEALTH SERVICE 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN, 55454	41-0991680	(C)(3)	70,000				AORTIC STENOSIS INITIATIVE
(187) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVENUE, ST LOUIS, MO, 63111	23-7076112	(C)(3)	30,000				COMMUNITY IMPACT GRANT
(188) FAMILY HEALTH NETWORK OF CNY INC 85 SOUTH WEST STREET, HOMER, NY, 13077	16-1133983	(C)(3)	6,000				DIABETES CONTROL
(189) FAMILY PRACTICE AND COUNSELING NETWORK 4700 WISSAHICKON AVENUE, SUITE 118, PHILADELPHIA, PA, 19144	23-1727133	(C)(3)	20,000				COMMUNITY CV EDUCATION AND OUTREACH
(190) FARM LINK HAWAII, INC P.O. BOX 384, WAIALUA, HI, 96791	88-3077553		15,000				NUTRITION SECURITY
(191) FCS URBAN MINISTRIES INC 1297 MCDONOUGH BLVD SE, ATLANTA, GA, 30315	58-1330830	(C)(3)	35,000				YOUTH COMMUNITY HEALTH PROGRAMS
(192) FEAST OF JUSTICE 3101 TYSON AVE, PHILADELPHIA, PA, 19149	26-0392596	(C)(3)	10,750				HEALTH EQUITY INITIATIVES
(193) FINLEY HEALTH FOUNDATION 350 N GRANDVIEW AVENUE, DUBUQUE, IA, 52001	42-1286953	(C)(3)	30,000				STROKE PREVENTION PROGRAMS
(194) FIRST SAMUEL MISSIONARY BAPTIST CHURCH 1402 N. BELLEVIEW PLACE, INDIANAPOLIS, IN, 46222	35-1853259	(C)(3)	13,000				COMMUNITY CV EDUCATION AND OUTREACH
(195) FONTANA REGIONAL LIBRARY 149 SILVER FARM RD, FRANKLIN, NC, 28734	56-6001950	(C)(3)	7,500				AEDS FOR LIBRARY

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(196) FOOD ACCESS PROJECT 351 W. HUBBARD ST., STE. 709, CHICAGO, IL, 60654	86-2508030	(C)(3)	75,000				NUTRITION SECURITY
(197) FOOD FOR THOUGHT OUTREACH, INC. 132 MARKET STREET, SANTA ROSA BEACH, FL, 32459	80-0734040	(C)(3)	6,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(198) FOOD PANTRY NETWORK OF LICKING COUNTY 1035 BRICE STREET, NEWARK, OH, 43055	31-1028761	(C)(3)	5,500				NUTRITION SUPPORT
(199) THE FOOD TRUST 1617 JFK BLVD STE 900, PHILADELPHIA, PA, 19103	23-2678383	(C)(3)	135,000				NUTRITION SECURITY
(200) FOR THE STRUGGLE, INC. PO BOX 16072, CHARLOTTE, NC, 28216	83-4652690	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(201) FORME MEDICAL CENTER AND URGENT CARE 7-11 SOUTH BROADWAY, WHITE PLAINS, NY, 10601	13-4068415		6,000				COMMUNITY HEALTH
(202) FORT DEFIANCE INDIAN HOSPITAL BOARD, INC PO BOX 649, FORT DEFIANCE, AZ, 86504	86-0817397	(C)(3)	10,000				ADVANCING MATERNAL HEALTH
(203) FOUNDATION FOR A HEALTHY NORTH DAKOTA 220 E ROSSER AVE, SUITE 2762, BISMARCK, ND, 58501	88-2890969	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(204) AMERICAN ASSOCIATION OF SINGLE PARENTS 14801 LINCOLN AVE, DOLTON, IL, 60419	36-4423357	(C)(3)	7,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(205) FRESNO METRO MINISTRY 3845 N CLARK ST SUITE 101, FRESNO, CA, 93726	94-2181848	(C)(3)	6,000				NUTRITION SECURITY
(206) FRIENDS OF TAMPA RECREATION, INC PO BOX 173192, TAMPA, FL, 33672	59-2920852	(C)(3)	72,000				CPR AND AED ACCESS
(207) FRIENDS OF THE COUNTY PARKS & RECREATION P.O. BOX 271911, TAMPA, FL, 33688	59-3088915	(C)(3)	51,000				PURCHASE OF AEDS
(208) FRIENDS REHABILITATION PROGRAM 704 WEST GIRARD AVE, PHILADELPHIA, PA, 19123	23-6398764	(C)(3)	40,000				WORKFORCE DEVELOPMENT PROGRAM
(209) FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101, MENOMONEE FALLS, WI, 53051	39-2014409	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(210) FRONTLINE MISSION 2001 E PALMER-WASSILA HWY, WASILLA, AK, 99654	30-0450068	(C)(3)	6,000				NUTRITION SECURITY
(211) GEEARS THE GEORGIA EARLY EDUCATION ALLIANCE 3400 PEACHTREE RD NE SUITE 921, ATLANTA, GA, 30326	46-4250104	(C)(3)	199,122				CHILDHOOD OBESITY
(212) GENDER HEALTH CENTER 3823 V STREET, SACRAMENTO, CA, 95817	26-3839452	(C)(3)	6,500				NUTRITION SECURITY

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(213) GENESIS HEALTH SYSTEM PO BOX 3487, DAVENPORT, IA, 52808	42-1418847	(C)(3)	60,000				STROKE PREVENTION PROGRAMS
(214) GENESIS MEDICAL CENTER, DEWITT 1118 11TH STREET, DEWITT, IA, 52742	42-1418847	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(215) GENESIS HOPE PO BOX 7495, DETROIT, MI, 48207	26-3632021	(C)(3)	7,500				HEALTH EQUITY INITIATIVES
(216) GEORGIA YOUTH FOOTBALL CONFERENCE 1328 SARGENT AVE SE, ATLANTA, GA, 30316	13-4352915	(C)(3)	5,500				AED & CPR CERTIFICATION
(217) GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE, ATLANTA, GA, 30303	26-3695851	(C)(3)	31,186				VOICES FOR HEALTHY KIDS
(218) GIRL SCOUTS OF GREATER CHICAGO AND NORTHWEST INDIANA 20 S CLARK, SUITE 200, CHICAGO, IL, 60603	36-3871241	(C)(3)	10,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(219) GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE, INDIANAPOLIS, IN, 46241	35-1483868	(C)(3)	26,083				FOOD BANK SUPPORT
(220) GLENCOE REGIONAL HEALTH SERVICES 1805 HENNEPIN AVENUE NORTH, GLENCOE, MN, 55336	41-1949230	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(221) GOOD SAMARITAN HOSPITAL FOUNDATION 115 WEST 32ND STREET, KEARNEY, NE, 68847	47-0659443	(C)(3)	17,000				HYPERTENSION GRANT
(222) GOOD SAMARITAN SOCIETY - LE MARS 1140 LINCOLN ST. NE, LE MARS, IA, 51031	45-0228055	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(223) GREATER ALABAMA COUNCIL, BOY SCOUTS OF AMERICA 516 LIBERTY PARKWAY, BIRMINGHAM, AL, 35242	63-0302107	(C)(3)	10,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(224) GREATER PHILADELPHIA HEALTH ACTION, INC 1401 S 31ST STREET, PHILADELPHIA, PA, 19146	23-7082074	(C)(3)	20,000				COMMUNITY HEALTH
(225) GREATER REGIONAL MEDICAL CENTER 1700 WEST TOWNLINE ST, CRESTON, IA, 50801	42-6037626	(C)(3)	22,000				STROKE PREVENTION PROGRAMS
(226) GROVE PARK FOUNDATION 1566 DONALD LEE HOLLOWELL PKWY, SUITE 10, ATLANTA, GA, 30318	82-1913260	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(227) GROW NORTH TEXAS PO BOX 7103, DALLAS, TX, 75209	20-8043130	(C)(3)	11,000				SNAP INCENTIVE
(228) GUNDERSEN PALMER LUTHERAN HOSPITAL 112 JEFFERSON STREET, WEST UNION, IA, 52175	42-1320763	(C)(3)	20,000				STROKE PREVENTION PROGRAMS

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(229) GUNDERSEN ST. ELIZABETH HOSPITAL OF WABASHA 1200 GRANT BLVD WEST, WABASHA, MN, 55981	41-0693877	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(230) GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN STREET, GUTTENBERG, IA, 52052	42-6038728	GOV	20,000				STROKE PREVENTION PROGRAMS
(231) HAPPYVILLE COMMUNITY FARM PO BOX 50113, IDAHO FALLS, ID, 83405	92-1950782	(C)(3)	11,000				NUTRITION SECURITY
(232) HARMONY UTICA RIDGE 3450 OAKTON ST., SKOKIE, IL, 60076	92-1369951		10,000				STROKE PREVENTION PROGRAMS
(233) HARRISON COUNTY HEALTH DEPARTMENT 1700 BETHANY AVENUE, BETHANY, MO, 64424	43-1264541	GOV	6,500				COMMUNITY HEART HUBS
(234) HARTFORD HEALTHCARE CORPORATION 80 SEYMOUR STREET, HARTFORD, CT, 6102	22-2672834	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(235) HARVEST HOPE FOOD BANK PO BOX 451, COLUMBIA, SC, 29202	57-0725560	(C)(3)	38,861				NUTRITION SECURITY
(236) HAWARDEN REGIONAL HEALTHCARE 1111 11TH STREET, HAWARDEN, IA, 51023	42-6005851	(C)(3)	7,000				MISSION LIFELINE
(237) HCA HOUSTON HEALTHCARE CLEAR LAKE 500 MEDICAL CENTER BLVD, ATTN: CFO, WEBSTER, TX, 77598	62-1801360		30,000				HEMORRHAGIC STROKE INITIATIVE
(238) HEALTH AND HOMES ST. LOUIS 9191 W. FLORISSANT, ST LOUIS, MO, 63136	37-1861094	(C)(3)	30,000				BLOOD PRESSURE SCREENING
(239) HEALTH NET OF WEST MICHIGAN 1550 LEONARD ST NE, GRAND RAPIDS, MI, 49505	38-3609504	(C)(3)	13,000				HEALTH EQUITY INITIATIVES
(240) HEALTHMPOWERS INC. 3000 NORTHWOODS PKWY, NE SUITE 240, NORCROSS, GA, 30071	58-2524601	(C)(3)	50,000				FITNESS KITS AND EDUCATION
(241) HEALTHPOINT 955 POWELL AVE. S.W., RENTON, WA, 98057	91-0884412	(C)(3)	10,800				BLOOD PRESSURE CONTROL INITIATIVE
(242) HEALTHY MOTHERS, HEALTHY BABIES 245 N. KUKUI STREET SUITE 102A, HONOLULU, HI, 96817	99-0299264	(C)(3)	15,000				MATERNAL HEALTH AND NUTRITION
(243) HEALTHY START COALITION OF HILLSBOROUGH COUNTY 2806 NORTH ARMENIA AVENUE, TAMPA, FL, 33607	59-3127943	(C)(3)	10,000				MATERNAL AND CHILD HEALTH
(244) HEALTHY START COALITION OF PINELLAS COUNTY 4000 GATEWAY CENTRE DRIVE, PINELLAS PARK, FL, 33782	59-3109517	(C)(3)	10,000				MATERNAL AND CHILD HEALTH
(245) HEALTHY START OF NORTH CENTRAL FLORIDA 1785 NW 80TH BLVD., GAINSVILLE, FL, 32606	59-3118984	(C)(3)	10,742				BLOOD PRESSURE EDUCATION MATERIALS

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(246) HEART OF OHIO FAMILY HEALTH CENTERS 5000 E MAIN STREET, COLUMBUS, OH, 43213	38-3765547	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(247) HEARTHSTONE, A MINISTRY OF WESLEYLIFE, 1742 MAIN STREET, PELLA, IA, 50219	27-0992962	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(248) HEBNI NUTRITION CONSULTANTS, INC. 2009 WEST CENTRAL BLVD, ORLANDO, FL, 32808	59-3258397	(C)(3)	110,000				MOBILE MARKET
(249) HEGG HEALTH CENTER 1202 21ST AVENUE, ROCK VALLEY, IA, 51247	42-0932564	(C)(3)	17,000				STROKE PREVENTION PROGRAMS
(250) HELPING HANDS ENDING HUNGER INC. 2014 S. LONG HOLLOW RD., TRION, GA, 30753	81-3382807	(C)(3)	71,200				NUTRITION SECURITY
(251) HELUNA HEALTH 13300 CROSSROADS PARKWAY, CITY OF INDUSTRY, CA, 91746	95-2557063	(C)(3)	5,000				MATERNAL HEALTH
(252) HENNEPIN COUNTY MEDICAL CENTER 701 PARK AVENUE, MINNEAPOLIS, MN, 55415	42-1707837	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(253) HENRY COUNTY HEALTH CENTER, INC. 407 S WHITE STREET, MT. PLEASANT, IA, 52641	86-2701018	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(254) HI-DESERT MEMORIAL HEALTH CARE DISTRICT 58375 29 PALMS HWY., YUCCA VALLEY, CA, 92284	45-2777252	GOV	6,000				BLOOD PRESSURE CONTROL INITIATIVE
(255) HILLCREST HOME INC 915 WEST 1ST STREET, SUMNER, IA, 50674	42-0892136	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(256) HMH HOSPITALS CORPORATION PO BOX 95000, PHILADELPHIA, PA, 19195	22-1487576	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(257) HOPE CLUBHOUSE OF SOUTHWEST FL, INC 3602 BROADWAY AVENUE, FORT MYERS, FL, 33901	30-0437443	(C)(3)	110,000				EMPLOYMENT SUPPORT
(258) HOPE IN THE VILLE PO BOX 410295, ST. LOUIS, MO, 63141	27-1764833	(C)(3)	10,094				FRESH FOOD ACCESS
(259) HUI NO KE OLA PONO, INC 95 MANHALANI STREET ROOM 21, WAILUKU, HI, 96793	99-0287193	(C)(3)	10,000				NUTRITION SECURITY
(260) HUNGER FREE OKLAHOMA 907 S DETROIT SUITE 600, TULSA, OK, 74120	73-1554474	(C)(3)	50,000				CHILDHOOD NUTRITION IN SCHOOLS
(261) HURON REGIONAL MEDICAL CENTER, INC 172 FOURTH STREET SOUTH EAST, HURON, SD, 57350	46-0345312	(C)(3)	7,000				STROKE PREVENTION PROGRAMS

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(262) HYPERTROPHIC CARDIOMYOPATHY MEDICAL 3739 NATIONAL DRIVE, SUITE 202, RALEIGH, NC, 27612	87-2235662	(C)(3)	120,000				CLINICAL STUDIES SUPPORT
(263) IBN SINA FOUNDATION, INC 11226 SOUTH WILCREST DRIVE, HOUSTON, TX, 77099	76-0698464	(C)(3)	20,000				HIGH BLOOD PRESSURE EQUITY INITIATIVE
(264) IDAHO HUNGER RELIEF TASK FORCE, INC. PO BOX 15692, BOISE, ID, 83715	81-3084559	(C)(3)	10,000				NUTRITION SECURITY
(265) IDAHO STATE UNIVERSITY FOUNDATION INC 921 S. 8TH AVENUE, STOP 8050, POCATELLO, ID, 83209	82-6013543	(C)(3)	6,000				NUTRITION SECURITY
(266) IDAHO VOICES FOR CHILDREN FOUNDATION PO BOX 2842, BOISE, ID, 83701	82-0478703	(C)(3)	60,000				VOICES FOR HEALTHY KIDS
(267) IMAGINE SCHOOLS AT SOUTH LAKE 2750 HARTWOOD MARSH RD, CLERMONT, FL, 34711	16-1720173	(C)(3)	9,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(268) IMPACTSTATS 5553 HIDDEN PINES CT., BUFFALO, NY, 14221	93-1552932	(C)(3)	45,000				VFHK POLICY EQUITY EXPLORATION RESEARCH
(269) IN HER SHOES, INCORPORATED 10 CASHEL CT, VILLA RICA, GA, 30180	30-0963759	(C)(3)	50,000				FOOD ACCESS IN FOOD DESERTS
(270) INDEPENDENCE VILLAGE OF WAUKEE 1645 SE HOLIDAY CREST CIRCLE, WAUKEE, IA, 50263	42-1250096	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(271) INDIANA COALITION FOR HUMAN SERVICES 5719 LAWTON LOOP EAST DRIVE, SUITE 202 C, INDIANAPOLIS, IN, 46216	35-2064383	(C)(3)	25,000				VOICES FOR HEALTHY KIDS
(272) INSTITUTE FOR POPULATION HEALTH, INC. 19830 JAMES COUZENS FWY, DETROIT, MI, 48235	35-2445761	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(273) INSTITUTO DEL DESARROLLO DE LA JUVENTUD 501 AVENIDA ROBERTO H. TODD, SAN JUAN, PR, 00907	66-0804193	(C)(3)	200,000				INNOVATIVE POLICY ISSUES
(274) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE STE 120, RALEIGH, NC, 27603	56-1753180	(C)(3)	10,000				COMMUNITY HEALTH NUTRITION CLASSES
(275) INTERNATIONAL HOUSE 1611 E 7TH STREET, CHARLOTTE, NC, 28204	58-1440413	(C)(3)	15,000				HEALTH EQUITY INITIATIVES
(276) IOWA HEART FOUNDATION 5880 UNIVERSITY AVE., STE 101, WEST DES MOINES, IA, 50266	42-1372472	(C)(3)	22,908				COMMUNITY HEALTH PROGRAMS
(277) IOWA SPECIALTY HOSPITAL - BELMOND 403 FIRST STREET SOUTHEAST, BELMOND, IA, 50421	42-6006483	(C)(3)	7,000				STROKE PREVENTION PROGRAMS

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(278) IOWA SPECIALTY HOSPITAL - CLARION 1316 S MAIN STREET, CLARION, IA, 50525	42-6006268	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(279) JACKSON COUNTY REGIONAL 601 HOSPITAL DRIVE, MAQUOKETA, IA, 52060	42-6037868	(C)(3)	27,000				STROKE PREVENTION PROGRAMS
(280) JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE, SAN DIEGO, CA, 92121	20-4374795	(C)(3)	30,000				NUTRITION SECURITY
(281) JEFF DAVIS COUNTY PO BOX 605, FT DAVIS, TX, 79734	74-6003190	GOV	11,500				COMMUNITY HEALTH EDUCATION
(282) JEFFERSON COMMUNITY HEALTH CENTER INC 2200 H STREET, FAIRBURY, NE, 68352	47-0468078	(C)(3)	7,000				BLOOD PRESSURE INITIATIVE
(283) JEFFERSON COUNTY HEALTH CENTER 2000 SOUTH MAIN STREET, FAIRFIELD, IA, 52556	42-6005842	GOV	10,000				STROKE PREVENTION PROGRAMS
(284) JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET, BUFFALO, NY, 14213	42-1571876	(C)(3)	20,000				BLOOD PRESSURE CONTROL INITIATIVE
(285) JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33, NEPTUNE, NJ, 7753	22-1487576	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(286) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD, 21211	52-0595110	(C)(3)	204,000				OUTPATIENT TELEHEALTH INITIATIVE
(287) JONES REGIONAL MEDICAL CENTER 1795 HIGHWAY 64 EAST, ANAMOSA, IA, 52205	42-1487967	(C)(3)	32,908				STROKE PREVENTION PROGRAMS
(288) JPS HEALTH NETWORK 1500 SOUTH MAIN STREET, FORT WORTH, TX, 76104	75-6000439	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(289) JUBILEE COMMUNITY CHURCH 4231 N. GRAND BLVD, ST. LOUIS, MO, 63107	43-1802480	(C)(3)	9,200				CARDIAC EMERGENCY RESPONSE PROGRAM
(290) KAHL HOME 6701 JERSEY RIDGE ROAD, DAVENPORT, IA, 52807	42-0760833	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(291) KAISER FOUNDATION HOSPITAL ONE KAISER PLAZA 17L, OAKLAND, CA, 94612	94-1105628	(C)(3)	50,000				ATHEROSCLEROTIC CV DISEASE INITIATIVE
(292) KALEIDA HEALTH 900 HERTEL AVE, BUFFALO, NY, 14216	16-1533232	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(293) KANSAS BREASTFEEDING COALITION 3005 CHERRY HILL, MANHATTAN, KS, 66503	26-4042868	(C)(3)	45,000				POLICY EQUITY EXPLORATION RESEARCH
(294) KEARNEY FAMILY YMCA 4500 6TH AVE, KEARNEY, NE, 68845	47-0720055	(C)(3)	6,500				BLOOD PRESSURE CONTROL INITIATIVE

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(295) KENNYBROOK VILLAGE 200 SW BROOKSIDE DR., GRIMES, IA, 50111	27-1768120		10,000				STROKE PREVENTION PROGRAMS
(296) KENTUCKY YOUTH ADVOCATES 10200 LINN STATION RD, STE 310, LOUISVILLE, KY, 40223	61-0929390	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(297) KEOKUK COUNTY HEALTH CENTER 23019 HIGHWAY 149, SIGOURNEY, IA, 52591	42-6037647	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(298) KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE, SAINT PAUL, MN, 55104	41-0693924	(C)(3)	18,600				NUTRITION SECURITY
(299) KOREAN COMMUNITY SERVICES OF METROPOLITAN NY 203-05 32ND AVE., BAYSIDE, NY, 11361	23-7348989	(C)(3)	15,000				PROHIBIT SALE OF MENTHOL CIGARETTES
(300) LAKE VIEW COMMUNITY SCHOOL 545 WEST DAYTON STREET ROOM 200, MADISON, WI, 53703	39-6003202	GOV	5,500				NUTRITION SECURITY
(301) LATINO BEHAVIORAL HEALTH SERVICES 3269 S MAIN ST STE 230, SOUTH SALT LAKE, UT, 84115	46-5038499	(C)(3)	75,000				MENTAL HEALTH SUPPORT
(302) LATINO COMMUNITY FUND 50 HURT PLAZA SE, SUITE 1175, ATLANTA, GA, 30303	82-0911954	(C)(3)	6,250				CARDIAC EMERGENCY RESPONSE PROGRAM
(303) LAWNSDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE, CHICAGO, IL, 60623	36-3308953	(C)(3)	20,000				HYPERTENSION INITIATIVES
(304) LEGACY COMMUNITY HEALTH SERVICES, INC 2929 ALLEN PARKWAY SUITE 1300, HOUSTON, TX, 77019	76-0009637	(C)(3)	20,000				HIGH BLOOD PRESSURE PROGRAMS
(305) LELAND STANFORD UNIVERSITY 485 BROADWAY MAILCODE 8838, REDWOOD CITY, CA, 94063	94-1156365	(C)(3)	20,000				AMYLOIDOSIS SCIENCE PROJECT
(306) LEWIS COUNTY COMMUNITY HEALTH 2690 NE KRESKY AVE, CHEHALIS, WA, 98532	42-1599749	(C)(3)	15,000				NUTRITION SECURITY
(307) LIBERTY RESOURCES INC 1045 JAMES STREET, SYRACUSE, NY, 13203	16-1129675	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(308) LIFEPAATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET, YORK, PA, 17405	23-6444734	(C)(3)	8,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(309) LONE STAR CIRCLE OF CARE 2423 WILLIAMS DRIVE, SUITE 107, GEORGETOWN, TX, 78628	74-3001674	(C)(3)	7,500				BLOOD PRESSURE CUFFS
(310) LONE STAR COLLEGE SYSTEM 5000 RESEARCH FOREST DRIVE, THE WOODLANDS, TX, 77381	74-1734884	(C)(3)	8,000				NUTRITION SECURITY

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(311) LONE STAR FAMILY HEALTH CENTER 605 S. CONROE MEDICAL DRIVE, CONROE, TX, 77304	30-0038860	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(312) LONE TREE HEALTH CARE CENTER, INC. 501 EAST PIONEER ROAD, LONE TREE, IA, 52755	42-1011188		10,000				STROKE PREVENTION PROGRAMS
(313) LOWER LIGHTS CHRISTIAN HEALTH CENTERS IN 1160 WEST BROAD STREET, COLUMBUS, OH, 43222	31-1810355	(C)(3)	20,000				BLOOD PRESSURE CONTROL INITIATIVE
(314) LUCAS COUNTY HEALTH CENTER 1200 NORTH 7TH STREET, CHARLTON, IA, 50049	42-6039708	GOV	10,000				STROKE PREVENTION PROGRAMS
(315) LUMBEE LAND DEVELOPMENT, INC. 6984 NC HWY 711, PEMBROKE, NC, 28372	56-2259380	(C)(3)	11,801				COMMUNITY HEALTH EDUCATION
(316) LUTHER MANOR 3131 HILLCREST ROAD, DUBUQUE, IA, 52001	42-0713635	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(317) MADELIA HEALTH HOSPITAL 121 DREW AVE SE, MADELIA, MN, 56081	41-0758512	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(318) MAHASKA COUNTY HOSPITAL 1229 C AVE E, OSKALOOSA, IA, 52577	42-6038099	GOV	7,000				STROKE PREVENTION PROGRAMS
(319) MANSFIELD MISSION CENTER 78 REGENCY PARKWAY, MANSFIELD, TX, 76063	36-4753862	(C)(3)	5,800				REFRIGERATION EQUIPMENT
(320) MARION PUBLIC HEALTH 181 SOUTH MAIN STREET, MARION, OH, 43302	31-6400076	GOV	25,000				BLOOD PRESSURE CONTROL INITIATIVE
(321) MARTHA REID ELEMENTARY SCHOOL 500 COUNTRY CLUB DRIVE, ARLINGTON, TX, 76002	75-6002005	GOV	7,000				PLAYGROUND EQUIPMENT
(322) MARY GREELEY MEDICAL CENTER 1111 DUFF AVENUE, AMES, IA, 50010	42-1347891	GOV	30,000				STROKE PREVENTION PROGRAMS
(323) MARY GREELEY MEDICAL CENTER 1111 DUFF AVE, AMES, IA, 50010	42-1347891	GOV	22,908				COMMUNITY HEALTH EDUCATION
(324) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA, 02114	04-2697983	(C)(3)	20,000				LP(A) DISCOVERY PROJECT
(325) MATERNITY CARE COALITION 2000 HAMILTON STREET STE 205, PHILADELPHIA, PA, 19130	23-2200410	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(326) MAVEN PROJECT P.O.B 156781, SAN FRANCISCO, CA, 94115	46-5370676	(C)(3)	200,000				TELEMEDICINE FOR UNDERSERVED POPULATIONS
(327) MAYO CLINIC 200 FIRST STREET SOUTHWEST, ROCHESTER, MN, 55905	41-6011702	(C)(3)	10,500				LP(A) DISCOVERY PROJECT
(328) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD, JACKSONVILLE, FL, 32224	59-3337028	(C)(3)	20,000				AL-AMYLOIDOSIS IMPLEMENTATION

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(329) MECKLENBURG COUNTY SHERIFF'S OFFICE 700 E. 4TH STREET, CHARLOTTE, NC, 28202	56-6000319	GOV	125,000				AED PURCHASES
(330) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVENUE, CHARLESTON, SC, 29425	57-6000722	GOV	20,000				HEART FAILURE EDUCATION INITIATIVE
(331) MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE, WATERLOO, IA, 50703	42-1201138	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(332) MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER ROAD STE 1900, HOUSTON, TX, 77024	74-1152597	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(333) MERCY HEALTH ST VINCENT MEDICAL CENTER 2213 CHERRY STREET, TOLEDO, OH, 43608	34-4428250	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(334) MERCY HOSPITAL IOWA CITY, IA 500 EAST MARKET STREET, IOWA CITY, IA, 52245	42-0680391	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(335) MERCY HOSPITAL LINCOLN 1000 E CHERRY STREET, TROY, MO, 63379	47-2219204	(C)(3)	12,500				GET WITH THE GUIDELINES INITIATIVE
(336) MERCY HOSPITAL WASHINGTON 901 E 5TH STREET, WASHINGTON, MO, 63090	43-0653493	(C)(3)	12,500				GET WITH THE GUIDELINES INITIATIVE
(337) MERCY MEDICAL CENTER CEDAR RAPIDS 701 10TH ST SE, CEDAR RAPIDS, IA, 52403	42-0698295	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(338) MERCYONE CENTERVILLE MEDICAL CENTER 1 SAINT JOSEPH'S DRIVE, CENTERVILLE, IA, 52544	42-0680308	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(339) MERCYONE DES MOINES MEDICAL CENTER 1111 6TH AVENUE, DES MOINES, IA, 50314	42-0680448	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(340) MERCYONE DUBUQUE FOUNDATION 250 MERCY DRIVE, DUBUQUE, IA, 57001	26-2227941	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(341) MERCYONE DUBUQUE MEDICAL CENTER 250 MERCY DRIVE, DUBUQUE, IA, 52001	42-1437483	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(342) MERCYONE NORTH IOWA MEDICAL CENTER 1000 4TH STREET SW, MASON CITY, IA, 50401	31-1373080	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(343) MERCYONE SIOUXLAND MEDICAL CENTER 801 5TH STREET, SIOUX CITY, IA, 51101	31-1373080	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(344) MERCYONE WATERLOO MEDICAL CENTER PO BOX 6260, WATERLOO, IA, 50704	42-1264647	(C)(3)	31,000				STROKE PREVENTION PROGRAMS

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(345) MESSIAH BAPTIST CHURCH OF GRAND RAPIDS 513 HENRY STREET SE, GRAND RAPIDS, MI, 49503	38-2137581	(C)(3)	5,100				CARDIAC EMERGENCY RESPONSE PROGRAM
(346) METHODIST FREMONT HEALTH 450 E 23RD STREET, FREMONT, NE, 68025	83-1362276	(C)(3)	10,000				STROKE REHAB CERTIFICATION
(347) METHODIST HOSPITAL OF RICHARDSON MEDICAL 2831 EAST PRESIDENT GEORGE BUSH HWY, RICHARDSON, TX, 75265	26-4193362	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(348) METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN STREET, HOUSTON, TX, 77030	87-0721923	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(349) METHODIST HOSPITALS OF DALLAS PO BOX 655999, DALLAS, TX, 75265	75-0800661	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(350) METHODIST JENNIE EDMUNDSON 933 EAST PIERCE STREET, COUNCIL BLUFFS, IA, 51503	42-0680355	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(351) METH-WICK COMMUNITY, INC 1224 13TH STREET NW, CEDAR RAPIDS, IA, 52405	42-0838541	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(352) METRO ATLANTA MINISTERIAL ALLIANCE 8007 CLASSIC DR., JONESBORO, GA, 30236	85-3576950	(C)(3)	6,500				NUTRITION SECURITY
(353) MIDLANDS LIVING CENTER LLC 2452 NORTH BROADWAY, COUNCIL BLUFFS, IA, 51503	47-0924532		10,000				STROKE PREVENTION PROGRAMS
(354) MID-OHIO FOOD COLLECTIVE 3960 BROOKHAM DRIVE, GROVE CITY, OH, 43123	31-0865343	(C)(3)	10,764				BLOOD PRESSURE CONTROL INITIATIVE
(355) MIDTOWN COVENANT CHURCH 2125 19TH STREET, SUITE 110, SACRAMENTO, CA, 95818	86-2104480	(C)(3)	6,588				CARDIAC EMERGENCY RESPONSE PROGRAM
(356) MISSOURI BAPTIST MEDICAL CENTER PO BOX 958361, SAINT LOUIS, MO, 63195	43-0652656	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(357) MISSOURI BAPTIST SULLIVAN HOSPITAL 751 SAPPINGTON RD, SULLIVAN, MO, 63080	43-1459495	(C)(3)	12,500				GET WITH THE GUIDELINES INITIATIVE
(358) MISSOURI WORKERS CENTER PO BOX 63002, ST. LOUIS, MO, 63163	86-3339847	(C)(3)	60,000				VOICES FOR HEALTHY KIDS
(359) MOBRIDGE REGIONAL HOSPITAL 1401 10TH AVENUE WEST, MOBRIDGE, SD, 57601	46-0255944	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(360) MOMSRISING EDUCATION FUND 12011 BEL-RED ROAD, SUITE 100B, BELLEVUE, WA, 98005	45-2499952	(C)(3)	100,000				EARLY CARE AND EDUCATION ACCESS
(361) MONTGOMERY COUNTY MEMORIAL HOSPITAL 2301 EASTERN AEVNUE, RED OAK, IA, 51566	42-1102673	GOV	12,000				STROKE PREVENTION PROGRAMS

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(362) MONTGOMERY INDEPENDENT SCHOOL DISTRICT 20774 EVA STREET, MONTGOMERY, TX, 77356	74-6001750	GOV	7,500				NUTRITION SECURITY
(363) MONUMENT HEALTH CUSTER HOSPITAL PO BOX 860013, MINNEAPOLIS, MN, 55486	46-0360899	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(364) MONUMENT HEALTH LEAD-DEADWOOD HOSPITAL PO BOX 860013, MINNEAPOLIS, MN, 55486	46-0360899	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(365) MONUMENT HEALTH RAPID CITY HOSPITAL 353 FAIRMONT BLVD, RAPID CITY, SD, 57701	46-0319070	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(366) MONUMENT HEALTH STURGIS HOSPITAL PO BOX 860013, MINNEAPOLIS, MN, 55486	46-0360899	(C)(3)	17,000				BLOOD PRESSURE CONTROL INITIATIVE
(367) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 3100 EASTON SQUARE PLACE, COLUMBUS, OH, 43219	31-1113966	(C)(3)	14,884				BLOOD PRESSURE CONTROL INITIATIVE
(368) MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET 5TH FLOOR, PHILADELPHIA, PA, 19107	26-0307123	(C)(3)	75,000				YOUTH RESTORATIVE JUSTICE PROGRAM
(369) MS BLACK WOMEN'S ROUNDTABLE 308 E. PEARL STREET, SUITE 200, JACKSON, MS, 39201	83-1193631	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(370) MULTICARE HEALTH SYSTEM 1500 S. LAKE PARK AVE, HOBART, IN, 46342	91-1352172	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(371) MYRTUE MEDICAL CENTER 1213 GARFIELD AVENUE, HARLAN, IA, 51537	42-6037826	(C)(3)	25,000				STROKE PREVENTION PROGRAMS
(372) NATIONAL CENTER FOR URBAN SOLUTIONS TEC 2780 AIRPORT DRIVE, STE 333, COLUMBUS, OH, 43219	85-2989509	(C)(3)	50,000				WORKFORCE PREPARATION PROGRAMS
(373) NATIONAL RURAL HEALTH ASSOCIATION 406 WEST 34TH STREET, SUITE 408/409, KANSAS CITY, MO, 64111	01-0363873	(C)(3)	22,084				RURAL HEALTH INITIATIVE
(374) NATIVE AMERICAN COMMUNITY CLINIC 1213 EAST FRANKLIN AVENUE, MINNEAPOLIS, MN, 55404	03-0445789	(C)(3)	19,575				PHYSICAL ACTIVITY PROGRAM
(375) NATIVES OF ONE WIND INDIGENOUS ALLIANCE PO BOX 143, MEDFORD, OR, 97501	26-1810916	(C)(3)	10,000				FOOD VOUCHERS
(376) NEBRASKA APPLESEED PO BOX 83613, LINCOLN, NE, 68501	47-0798343	(C)(3)	25,000				SNAP ACCESS
(377) NEBRASKA MEDICAL CENTER 988148 NEBRASKA MEDICAL CENTER, OMAHA, NE, 68198	91-1858433	(C)(3)	70,000				ATHEROSCLEROTIC CV DISEASE INITIATIVE

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(378) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE, BUFFALO, NY, 14207	16-1294447	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL DISPARITIES
(379) NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVENUE NORTH, MINNEAPOLIS, MN, 55412	41-1235064	(C)(3)	64,000				OUTPATIENT TELEHEALTH INITIATIVE
(380) NEIGHBORHOOD LEGAL SERVICES MICHIGAN 7310 WOODWARD AVE., SUITE 301, DETROIT, MI, 48202	38-1818068	(C)(3)	12,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(381) NEW CALVARY BAPTIST CHURCH 3975 CONCORD, DETROIT, MI, 48207	38-6007666	(C)(3)	7,000				BLOOD PRESSURE CONTROL INITIATIVE
(382) NEW YORK CITY HEALTH AND HOSPITALS CORP 50 WATER STREET 3RD FLOOR, NEW YORK, NY, 10004	13-2655001	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(383) NEWALDAYA LIFESCAPES 7511 UNIVERSITY AVENUE, CEDAR FALLS, IA, 50613	42-0794364	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(384) NEXTOP, INC, 2929 MCKINNEY ST, HOUSTON, TX, 77003	47-1429344	(C)(3)	50,000				VETERAN EMPLOYMENT PROGRAM
(385) NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 422 E DOUGLAS ST., O'NEILL, NE, 68763	03-0418895	GOV	22,908				COMMUNITY HEALTH EDUCATION
(386) NORTH MEMORIAL HEALTH CARE 3300 OAKDALE AVENUE NORTH, ROBBINSDALE, MN, 55422	41-0729979	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(387) NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE, PLANO, TX, 75075	75-1785357	(C)(3)	50,000				FRESH FOOD ACCESS
(388) NORTH10, PHILADELPHIA 3890 N. 10TH ST., PHILADELPHIA, PA, 19140	20-5105110	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(389) NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY, SAN FERNANDO, CA, 91340	23-7120632	(C)(3)	8,000				HYPERTENSION INITIATIVES
(390) NORTHERN PINES MEDICAL CENTER PO BOX 850127, MINNEAPOLIS, MN, 55485	41-0841441	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(391) NORTHWEST NEIGHBORHOOD PLANNING 3101 N. CLIFTON STREET, INDIANAPOLIS, IN, 46208	23-7166949	(C)(3)	9,750				COMMUNITY HEALTH EDUCATION
(392) NORTHWESTERN MEMORIAL HOSPITAL 251 E HURON, CHICAGO, IL, 60611	37-0960170	(C)(3)	20,000				RECURRING PERICARDITIS INITIATIVE
(393) NOURISH AND BLOOM MARKETS 300 TRILITH PKWY STE 250, FAYETTEVILLE, GA, 30214	93-3199093		40,000				NUTRITION SECURITY
(394) NOURISH CALIFORNIA 1736 FRANKLIN ST., SUITE 550, OAKLAND, CA, 94612	94-3163142	(C)(3)	60,000				SNAP ACCESS

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(395) NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE, NEW YORK, NY, 10016	13-5562308	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(396) OAK ORCHARD HEALTH 300 WEST AVE, BROCKPORT, NY, 14420	16-1020913	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(397) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 607, NEW ORLEANS, LA, 70121	72-0502505	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(398) OHIO HISPANIC COALITION 1535 BETHEL ROAD, COLUMBUS, OH, 43220	31-1477946	(C)(3)	10,304				BLOOD PRESSURE CONTROL INITIATIVE
(399) OHIO HEALTH FOUNDATION 3430 OHIO HEALTH PKWY, COLUMBUS, OH, 43202	23-7446919	(C)(3)	30,000				HIGH BLOOD PRESSURE CONTROL DISPARITIES
(400) OKLAHOMA PARTNERSHIP FOR SCHOOL READINES 2915 N CLASSEN BLVD, SUITE 400, OKLAHOMA CITY, OK, 73106	30-0213815	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(401) OLALLA CENTER 321 SE 3RD STREET, TOLEDO, OR, 97391	93-0698327	(C)(3)	7,500				FOOD VOUCHERS
(402) OMNI FAMILY HEALTH 4900 CALIFORNIA AVENUE SUITE 400B, BAKERSFIELD, CA, 93309	95-3218000	(C)(3)	9,000				BLOOD PRESSURE CONTROL INITIATIVE
(403) ON WITH LIFE, INC 715 SW ANKENY RD, ANKENY, IA, 50023	42-1308032	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(404) OPEN ARMS PERINATAL SERVICES 2524 16TH AVE S, #207, SEATTLE, WA, 98144	91-1868021	(C)(3)	32,925				MATERNAL HEALTH HYPERTENSION PROGRAM
(405) OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN STREET, OSSINING, NY, 10565	13-2813103	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(406) OPEN SOURCE WELLNESS 6921 SNOWDON AVE, EL CERRITO, CA, 94530	81-3440555	(C)(3)	100,000				COMMUNITY HEALTH EDUCATION
(407) OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD, ST LOUIS, MO, 63132	43-1241854	(C)(3)	28,000				NUTRITION SECURITY
(408) ORANGE CITY AREA HEALTH SYSTEM 1000 LINCOLN CIRCLE SOUTHEAST, ORANGE CITY, IA, 51041	42-6038405	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(409) OREGON HEALTH AND SCIENCE UNIVERSITY PO BOX 3003, PORTLAND, OR, 97208	93-1176109	GOV	20,000				LP(A) DISCOVERY PROJECT
(410) OUR HOUSE INC. 173 BOULEVARD NE, ATLANTA, GA, 30312	58-1743333	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(411) OUR LADY OF THE LAKE HOSPITAL INC. 4200 ESSEN LANE, BATON ROUGE, LA, 70809	72-0423651	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY PROJECT
(412) OUTCARE HEALTH, INC 2278 W 29TH ST, LOS ANGELES, CA, 90018	81-2791484	(C)(3)	62,500				HEALTH EQUITY INITIATIVES

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(413) PACKARD HEALTH, INC 5200 VENTURE DRIVE, ANN ARBORN, MI, 48108	38-2269817	(C)(3)	24,174				PHYSICAL FITNESS INITIATIVE
(414) PAN AMERICAN SANITARY BUREAU 525 23RD STREET NORTHWEST, WASHINGTON, DC, 20037	52-1804954	GOV	63,000				OBESITY AND NONCOMMUNICABLE DISEASE PREVENTION
(415) PARK PRIDE, INC PO BOX 4936, ATLANTA, GA, 30302	58-1883895	(C)(3)	31,000				AED EXPANSION PROGRAM
(416) PARKVIEW MANOR 516 13TH STREET, WELLMAN, IA, 52356	45-2817320		10,000				STROKE PREVENTION PROGRAMS
(417) PAR-RECYCLE WORKS 2024 W. HUNTING PARK AVE, PHILADELPHIA, PA, 19140	47-2545218	(C)(3)	75,000				ECONOMIC EMPOWERMENT PROGRAMS
(418) PARTNERS IN CARE 5616 BRAINERD RD. SUITE 108, CHATTANOOGA, TN, 37411	81-2619801		10,000				BLOOD PRESSURE CONTROL INITIATIVE
(419) PARTNERS IN DEVELOPMENT 2040 BACHELOT STREET, HONOLULU, HI, 96817	94-3271325	(C)(3)	6,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(420) PATCHWORK CITY FARMS 493 ATWOOD STREET SW, ATLANTA, GA, 30310	27-3785841		6,170				NUTRITION SECURITY
(421) PEMBINA COUNTY MEMORIAL HOSPITAL ASSOC 301 MOUNTAIN STREET EAST, CAVALIER, ND, 58220	45-6013474	(C)(3)	25,000				BLOOD PRESSURE CONTROL INITIATIVE
(422) PENINSULA COMMUNITY HEALTH SERVICES P O BOX 960, BREMERTON, WA, 98337	94-3079770	(C)(3)	10,000				DIABETES PROGRAM
(423) PIEDMONT ATHENS REGIONAL MEDICAL CENTER PO BOX 117496, ATLANTA, GA, 30368	58-2179986	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(424) PIONEER MEDICAL CENTER PO BOX 32063, BILLINGS, MT, 59107	47-5437700	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(425) PIPESTONE COUNTY MEDICAL CENTER 916 4TH AVENUE SOUTHWEST, PIPESTONE, MN, 56164	41-1392082	GOV	10,000				STROKE PREVENTION PROGRAMS
(426) PLATTE HEALTH CENTER AVERA PO BOX 200, PLATTE, SD, 57369	46-0239781	(C)(3)	17,000				STROKE PREVENTION PROGRAMS
(427) POCAHONTAS COMMUNITY HOSPITAL 606 NW 7TH STREET, POCAHONTAS, IA, 50574	42-0932838	GOV	7,000				STROKE PREVENTION PROGRAMS
(428) POPE FRANCIS CENTER 438 SAINT ANTOINE ST, DETROIT, MI, 48226	81-2516039	(C)(3)	8,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(429) PORTICO HEALTHNET 2925 CHICAGO AVENUE SOUTH, MINNEAPOLIS, MN, 55407	41-1814659	(C)(3)	100,000				COMMUNITY HEALTH EDUCATION
(430) PRAIRIE VISTA VILLAGE 2785 1ST AVE SOUTH, ALTOONA, IA, 50009	46-1279280		10,000				STROKE PREVENTION PROGRAMS

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(431) PRIMITIVE WORLD PRODUCTIONS LLC 6368 GERMANTOWN AVE, PHILADELPHIA, PA, 19144	45-0517710		12,500				HEALTH EQUITY INITIATIVES
(432) PRINCETON CITY SCHOOLS 3900 COTTINGHAM DRIVE, CINCINNATI, OH, 45241	31-6006941	GOV	30,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(433) PROJECT ANGEL HEART 4950 WASHINGTON ST., DENVER, CO, 80216	84-1199481	(C)(3)	25,000				MATERNAL HEALTH PROGRAMS
(434) PROJECT MILK MISSION 1257 ROMAYNE DR, AKRON, OH, 44313	85-1400742	(C)(3)	50,000				MATERNAL HEALTH PROGRAMS
(435) PROJECT SLEEP PO BOX 292522, LOS ANGELES, CA, 90029	46-3665317	(C)(3)	7,500				CV HEALTH AND SLEEP INITIATIVE
(436) PROMEDICA HEALTH SYSTEM 100 MADISON AVE, TOLEDO, OH, 43604	34-1517671	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(437) PROMISE COMMUNITY HEALTH CENTER 33 4TH ST NW, SIOUX CENTER, IA, 51250	20-5896415	(C)(3)	16,000				OUTPATIENT TELEHEALTH INITIATIVE
(438) PROUNITAS INC 1801 MAIN ST., SUITE 1300, HOUSTON, TX, 77002	47-1573396	(C)(3)	75,000				STUDENT MENTAL HEALTH ACCESS
(439) PROVIDENCE MONTANA HEALTH FOUNDATION P.O. BOX 4587, MISSOULA, MT, 59806	23-7056976	(C)(3)	7,500				STROKE CERTIFICATION
(440) PUBLIC HEALTH MANAGEMENT CORPORATION 1500 MARKET ST., CENTRE SQUARE EAST - 17, PHILADELPHIA, PA, 19102	23-7221025	(C)(3)	30,500				BLOOD PRESSURE QUALITY IMPROVEMENT
(441) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE, SUITE 1100, WEST LAFAYETTE, IN, 47906	35-6002041	GOV	77,000				HEALTH EQUITY INITIATIVES
(442) PURPOSE POINT COMMUNITY RESOURCE CENTER 2800 NORTH CHAMBERLAIN AVENUE, CHATTANOOGA, TN, 37422	26-3152803	(C)(3)	20,000				HYPERTENSION AND NUTRITION SECURITY
(443) QUINN CHAPEL AME CHURCH 723 N 8TH ST, FORT SMITH, AK, 72901	03-0611562	(C)(3)	8,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(444) RAMSEY VILLAGE 200 PORTER DR, STE 215, SAN RAMON, CA, 94583	27-3389662		10,000				STROKE PREVENTION PROGRAMS
(445) RANDOLPH COUNTY CARING COMMUNITY PARTNER COMMUNITY PARTNERSHIP, MOBERLY, MO, 65270	52-2199775	(C)(3)	27,800				CARDIAC EMERGENCY RESPONSE PROGRAM
(446) RASA LEGAL 180E 2100S, SUITE 206, SALT LAKE CITY, UT, 84115	87-2992893		60,000				CRIMINAL RECORD EXPUNGEMENT PROGRAM
(447) OTTUMWA REGIONAL HEALTH CENTER 1001 PENNSYLVANIA AVENUE, OTTUMWA, IA, 52501	27-2200283	GOV	30,000				STROKE PREVENTION PROGRAMS

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(448) RECTOR AND VISITORS OF THE UNIV. OF VIRGINIA 1001 N EMMET ST, CHARLOTTESVILLE, VA, 22903	54-6001796	GOV	20,000				RECURRENT PERICARDITIS INITIATIVE
(449) REDEEM DETROIT 11111 WHITTIER, DETROIT, MI, 48224	27-2106167	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(450) REGIONAL HEALTH SERVICES OF HOWARD 235 8TH AVENUE WEST, CRESCO, IA, 52136	42-1021780	(C)(3)	15,000				STROKE PREVENTION PROGRAMS
(451) REGIONS HOSPITAL 8170 33RD AVENUE SOUTH, MINNEAPOLIS, MN, 55440	41-0956618	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(452) RELIGIOUS COMMUNITY SERVICES 919 GEORGE STREET, NEW BERN, NC, 28560	58-1553367	(C)(3)	14,000				NUTRITION SECURITY
(453) RENOWN REGIONAL MEDICAL CENTER 1155 MILL STREET MAIL STOP J-11, RENO, NV, 89502	88-0213754	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(454) RESTORATIVE FARMS 607 N. BUCKNER BLVD., DALLAS, TX, 75218	84-3267808	(C)(3)	62,000				FRESH FOOD POP UP MARKETS
(455) RETAAZA, LLC 3423 PIEDMONT ROAD NE, #244, ATLANTA, GA, 30305	87-2092726		35,000				FRESH FOOD ACCESS
(456) RIDGEDALE LOCAL SCHOOLS 3103 HILLMAN FORD RD., MORRAL, OH, 43337	31-6402622	GOV	5,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(457) RINGGOLD COUNTY HOSPITAL 504 N CLEVELAND ST, MOUNT AYR, IA, 50854	42-6037738	GOV	10,000				STROKE PREVENTION PROGRAMS
(458) RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE, DAVENPORT, IA, 52802	36-3147342	(C)(3)	22,908				COMMUNITY HEALTH EDUCATION
(459) RIVER STREET EDUCATION 220 N. SYCAMORE ST., PETERSBURG, VA, 23803	83-3070451	(C)(3)	24,350				COMMUNITY HEALTH EDUCATION
(460) RIVERSIDE MEDICAL CENTER 350 N WALL STREET, KANKAKEE, IL, 60901	36-2414944	(C)(3)	19,400				AORTIC STENOSIS INITIATIVE
(461) RUTGERS THE STATE UNIVERSITY NEW JERSEY RUTGERS COOPERATIVE EXTENSION, PISCATAWAY, NJ, 8854	22-6001086	GOV	10,000				HEALTHY SMILES HEALTHY HEARTS
(462) SADDLE PEAK DENTAL 108 N. 11TH AVENUE, SUITE 3, BOZEMAN, MT, 59718	45-4304328		10,000				HEALTHY SMILES HEALTHY HEARTS
(463) SAHUARITA FOOD BANK PO BOX 548, MARANA, AZ, 85653	47-1654162	(C)(3)	20,000				NUTRITION SECURITY
(464) SAINT CLOUD HOSPITAL 1406 6TH AVENUE NORTH, SAINT CLOUD, MN, 56303	41-0695596	(C)(3)	10,000				STROKE PREVENTION PROGRAMS

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(465) SAINT LUKES HOSPITAL OF KANSAS CITY 4401 WORNALL ROAD, KANSAS CITY, MO, 64111	44-0545297	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(466) SALUD SIN FRONTERAS, INC. 106 WEST MAIN STREET, SUITE B, WALLACE, NC, 28466	87-3885522	(C)(3)	12,500				AED PROGRAM
(467) SAM HOUSTON UNIVERSITY FOUNDATION SHSU BOX 2537, HUNTSVILLE, TX, 77341	46-0666551	(C)(3)	12,500				NUTRITION SECURITY
(468) SO ALL MAY EAT, INC. 325 N. MICHIGAN STREET, TOLEDO, OH, 43604	20-4765519	(C)(3)	100,000				HEALTHY FOOD ACCESS
(469) SAN JOSE CLINIC 2615 FANNIN STREET, HOUSTON, TX, 77002	76-0373703	(C)(3)	20,000				DISPARITIES IN HIGH BLOOD PRESSURE CONTROL
(470) SANCTUARY FARM PHILA 1909 N. 24TH STREET, PHILADELPHIA, PA, 19121	82-0901546	(C)(3)	13,500				HEALTH EQUITY INITIATIVES
(471) SANFORD CANTON-INWOOD MEDICAL CENTER 440 NORTH HIAWATHA DRIVE, CANTON, SD, 57013	46-0388596	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(472) SANFORD CHAMBERLAIN MEDICAL CENTER 300 S BRYON BLVD, CHAMBERLAIN, SD, 57325	46-0388596	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(473) SANFORD CLEAR LAKE MEDICAL 701 3RD AVENUE S, CLEAR LAKE, SD, 57226	46-0388596	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(474) SANFORD MEDICAL CENTER PO BOX 5039, SIOUX FALLS, SD, 57117	46-0227855	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(475) SANFORD MEDICAL CENTER THIEF RIVER FALLS 3001 SANFORD PKWY, THIEF RIVER FALLS, MN, 56701	45-0409348	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(476) SANFORD SHELDON MEDICAL CENTER 118 NORTH 7TH AVE, SHELDON, IA, 51201	46-0388596	(C)(3)	31,000				STROKE PREVENTION PROGRAMS
(477) SANFORD VERMILLION MEDICAL 20 SOUTH PLUM STREET, VERMILLION, SD, 57069	46-0388596	(C)(3)	17,000				STROKE PREVENTION PROGRAMS
(478) SANFORD WEBSTER MEDICAL CENTER 1401 W. 1ST ST., WEBSTER, SD, 57274	46-0388596	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(479) SOUTHERN ARIZONA VA HEALTH CARE SYSTEM 3601 SOUTH 6TH AVENUE, TUCSON, AZ, 85723	86-0096757	GOV	10,000				HEALTHY SMILES HEALTHY HEARTS
(480) SCENIC BLUFFS COMMUNITY HEALTH CENTER 238 FRONT STREET, CASHTON, WI, 54619	39-1760445	(C)(3)	10,000				HEALTHY SMILES HEALTHY HEARTS

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(481) SEATTLE COMMUNITY FRIDGE 7705 15TH AV NE, SEATTLE, WA, 98115	81-5404809	(C)(3)	11,000				NUTRITION SECURITY
(482) SECURITY MEASURES LLC 2151 CUMBERLAND PKWY SE, SUITE 1525, ATLANTA, GA, 30339	88-2754783		7,500				CPR TRAINING
(483) SEVEN HILLS NEIGHBORHOOD HOUSES 901 FINDLAY ST, CINCINNATI, OH, 45214	31-0648619	(C)(3)	10,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(484) SHALOM HEALTH CARE CENTER 3400 LAFAYETTE ROAD STE 200, INDIANAPOLIS, IN, 46222	06-1645027	(C)(3)	10,950				COMMUNITY HEALTH EDUCATION
(485) SHARE THE HARVEST FARM, INC PO BOX 181, EAST HAMPTON, NY, 11937	27-2305641	(C)(3)	20,000				NUTRITION SECURITY
(486) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA, 92123	95-6077327	(C)(3)	40,000				DIABETES QUALITY COLLECTIVE
(487) SHENANDOAH MEDICAL CENTER 300 PERSHING AVENUE, SHENANDOAH, IA, 51601	42-1101835	(C)(3)	17,000				STROKE PREVENTION PROGRAMS
(488) SHEPHERD'S GATE 1660 PORTOLA AVENUE, LIVERMORE, CA, 94551	94-2902803	(C)(3)	8,000				NUTRITION SECURITY
(489) SIMEON RESOURCE AND DEVELOPEMENT CENTER FOR MEN 1201 20TH ST, ORLANDO, FL, 32805	05-0534253	(C)(3)	150,000				ECONOMIC STABILITY AND ACCESS TO CARE
(490) SIOUX CENTER HEALTH 1101 9TH STREET SOUTHEAST, SIOUX CENER, IA, 51250	42-0796764	(C)(3)	7,000				STROKE PREVENTION PROGRAMS
(491) SMYRNA-LAVERGNE FOOD BANK 1809 MEMORIAL BLVD, MURFREESBORO, TN, 37129	58-1565567	(C)(3)	10,000				FOOD PANTRY SUPPORT
(492) SOCIAL CREATURES INC. 83 POWERS ST, 2ND FLOOR, BROOKLYN, NY, 11211	85-1248669	(C)(3)	70,000				LONELINESS AND ISOLATION SOLUTIONS
(493) SOLON RETIREMENT VILLAGE 523 E. 5TH STREET, SOLON, IA, 52333	42-1012594	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(494) SOUTH ATLANTA CIVIC LEAGUE 1459 JONESBORO ROAD SE, ATLANTA, GA, 30315	58-1982660	(C)(3)	25,000				HEALTH EQUITY INITIATIVES
(495) SOUTH CENTRAL NE AREA AGENCY ON AGING 620 E 25TH STREET, KEARNEY, NE, 68847	47-0559329	(C)(3)	13,000				BLOOD PRESSURE CUFFS
(496) SOUTH SEATTLE WOMEN'S HEALTH FOUNDATION 4704 S. MEAD ST., SEATTLE, WA, 98118	47-3348689	(C)(3)	20,590				BLOOD PRESSURE MGT. MATERNAL HEALTH
(497) SOUTHEAST ALABAMA RURAL HEALTH ASSOCIATE 1414 ELBA HIGHWAY, TROY, AL, 36079	63-1178135	(C)(3)	7,500				COMMUNITY RURAL HEALTH
(498) SOUTHEAST DISTRICT HEALTH DEPARTMENT 2511 SCHNEIDER AVE, AUBURN, NE, 68305	22-3858842	GOV	14,000				COMMUNITY HEALTH EDUCATION

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(499) SOUTHEAST IOWA REGIONAL MEDICAL CENTER 1221 SOUTH GEAR AVENUE, WEST BURLINGTON, IA, 52655	42-0680407	(C)(3)	12,000				STROKE PREVENTION PROGRAMS
(500) SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4243 4TH AVENUE SOUTH, MINNEAPOLIS, MN, 55409	23-7113799	(C)(3)	16,000				OUTPATIENT TELEHEALTH INITIATIVE
(501) SOUTHWEST COMMUNITY HEALTH CENTER, INC. 46 ALBION STREET, BRIDGEPORT, CT, 06605	06-1023013	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(502) SOUTHWEST WOMEN'S LAW CENTER 128 QUINCY NE, ALBUQUERQUE, NM, 87108	20-2884027	(C)(3)	29,453				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(503) SPECTRUM HEALTH SERVICES, INC 5201 HAVERFORD AVE, PHILADELPHIA, PA, 19139	23-1686225	(C)(3)	20,000				COMMUNITY HEALTH EDUCATION
(504) SPENCER MUNICIPAL HOSPITAL 1200 1ST AVE E, SPENCER, IA, 51301	42-6005883	GOV	12,000				STROKE PREVENTION PROGRAMS
(505) SPIRIT MOUNTAIN BREWING & ROASTING LLC P.O. BOX 1266, WINTERHAVEN, CA, 92283	81-0859155		20,000				HEALTHY FOOD OPTIONS FOR RURAL AREAS
(506) SPRING BRANCH COMMUNITY HEALTH CENTER 800 WEST SAM HOUSTON PARKWAY S, STE. 200, HOUSTON, TX, 77042	30-0198705	(C)(3)	30,000				HIGH BLOOD PRESSURE CONTROL DISPARITIES
(507) SSM HEALTH 12800 CORPORATE HILL DR, ST. LOUIS, MS, 63131	46-6029223	(C)(3)	49,500				GET WITH THE GUIDELINES INITIATIVE
(508) SSM HEALTH ST LOUIS 12800 CORPORATE HILL DRIVE, ST LOUIS, MO, 63131	43-1343281	(C)(3)	21,000				GET WITH THE GUIDELINES INITIATIVE
(509) SSM HEALTH ST. JOSEPH HOSPITAL - ST. CHARLES 12800 CORPORATE HILL DRIVE, ST. LOUIS, MO, 63131	43-1343281	(C)(3)	21,000				GET WITH THE GUIDELINES INITIATIVE
(510) ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY, 41017	61-0445850	(C)(3)	50,000				ATHEROSCLEROTIC CV DISEASE LIPID MGT.
(511) ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY, 41017	61-0445850	(C)(3)	10,000				OUTPATIENT QUALITY REGISTRY PROJECT
(512) ST LOUIS CHILDRENS HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST STE 160, ST. LOUIS, MO, 63110	43-1626863	(C)(3)	30,000				COMMUNITY HEALTH EDUCATION
(513) ST LUKE HEALTH CARE FOUNDATION 810 1ST AVENUE NE, CEDAR RAPIDS, IA, 52402	42-1106819	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(514) ST MICHAELS HOSPITAL, INC 410 WEST 16TH AVENUE, TYNDELL, SD, 57066	46-0225414	(C)(3)	17,000				STROKE PREVENTION PROGRAMS

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(515) ST. ANTHONY REGIONAL HOSPITAL AND NURSING HOME 311 SOUTH CLARK STREET, CARROLL, IA, 51401	42-0733472	(C)(3)	22,000				STROKE PREVENTION PROGRAMS
(516) ST. JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE, SYRACUSE, NY, 13203	27-3899821	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(517) ST. LUKES EPISCOPAL-PRESBYTERIAN HOSPITAL 232 S WOODS MILLS ROAD, CHESTERFIELD, MO, 63017	43-0652680	(C)(3)	15,000				BLOOD PRESSURE KIOSKS
(518) ST. VINCENT DE PAUL CHARITABLE PHARMACY 1146 BANK ST, CINCINNATI, OH, 45214	30-0272954	(C)(3)	50,000				OUTPATIENT TELEHEALTH INITIATIVE
(519) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC5554, STANFORD, CA, 94305	94-6174066	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(520) STATE OF DELAWARE 417 FEDERAL STREET, DOVER, DE, 19901	51-6000279	GOV	18,500				STROKE SYSTEMS OF CARE INITIATIVE
(521) STATE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA, 52242	42-6004813	GOV	20,000				STROKE PREVENTION PROGRAMS
(522) STE.GENEVIEVE COUNTY MEMORIAL HOSPITAL 800 STE. GENEVIEVE DRIV, STE GENEVIEVE, MO, 63670	43-0915730	GOV	25,100				PARISH NURSE PROGRAM
(523) STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVE, DUBUQUE, IA, 52001	51-0141775	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(524) SUSTAIN CHARLOTTE PO BOX 18201, CHARLOTTE, NC, 28205	01-0975452	(C)(3)	50,000				HEALTH EQUITY INITIATIVES
(525) SYRACUSE COMMUNITY HEALTH CENTER 819 S SALINA STREET, SYRACUSE, NY, 13202	16-1080039	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(526) TANICORP, LLC 71 BROWN AVE SE, ATLANTA, GA, 30315	38-3837353		23,000				COMMUNITY HEALTH EDUCATION
(527) TARRANT AREA FOOD BANK 2525 CULLEN ST., FORT WORTH, TX, 76107	75-1822473	(C)(3)	73,000				SCHOOL LEARNING SPONSORSHIP
(528) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY STREET, HOUSTON, TX, 77017	76-0377101	(C)(3)	7,000				HEALTHY FOR LIFE (HEALTH EDUCATION)
(529) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY STREET, HOUSTON, TX, 77017	76-0377101	(C)(3)	15,000				NUTRITION SECURITY
(530) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BROADWAY STREET, HOUSTON, TX, 77017	76-0377101	(C)(3)	22,804				BLOOD PRESSURE CONTROL INITIATIVE
(531) TENNESSEE JUSTICE CENTER PO BOX 100187, NASHVILLE, TN, 37210	62-1630417	(C)(3)	147,924				HEALTHY SCHOOL MEALS

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(532) TENNESSEE MATERNAL FETAL MEDICINE, PLC 201 23RD AVE N, NASHVILLE, TN, 37203	20-5169798		10,000				MATERNAL HEALTH
(533) TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD SUITE 300, ARLINGTON, TX, 76011	75-2022128	(C)(3)	40,000				SNAP SUPPORT
(534) THE BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET, BWH RESEARCH, BOSTON, MA, 02215	04-2312909	(C)(3)	35,000				RECURRING PERICARDITIS INITIATIVE
(535) THE CHAUTAUQUA CENTER 75 EAST THIRD STREET, DUNKIRK, NY, 14048	27-3512018	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(536) THE CHILDREN'S MOVEMENT OF FLORIDA 3250 SW 3RD AVE., MIAMI, FL, 33129	31-1626706	(C)(3)	170,000				EARLY CARE AND EDUCATION ACCESS
(537) THE CHILDREN'S MOVEMENT OF FLORIDA 3250 SW 3RD AVE., MIAMI, FL, 33129	31-1626706	(C)(3)	50,000				VFHK POLICY EXPLORATION RESEARCH
(538) THE CHURCH OF THE NATIONS 810 E. 9TH AVE., ANCHORAGE, AK, 99501	26-1753174	(C)(3)	6,000				NUTRITION SECURITY
(539) THE DESTINY PROGRAM CORPORATION 47 BOULDER FLATS ROAD, LANDER, WY, 82520	47-3589536	(C)(3)	22,908				COMMUNITY HEALTH EDUCATION
(540) THE FOOD BASKET INC. 40 HOLOMUA ST., HILO, HI, 96720	26-0349475	(C)(3)	10,000				FRESH FOOD ACCESS
(541) THE FOOD POLICY COUNCIL OF SAN ANTONIO 503 E CHESTNUT, SAN ANTONIO, TX, 78202	38-3898759	(C)(3)	40,000				HEALTH EQUITY INITIATIVES
(542) THE GENERAL HOSPITAL CORPORATION PO BOX 3589, BOSTON, MA, 02241	04-2697983	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(543) THE HIGHLAND HAVEN 4310 NE MARTIN LURTHER KING BLVD., PORTLAND, OR, 97211	93-1307857	(C)(3)	5,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(544) THE HYPERSOMNIA FOUNDATION 4514 CHAMBLEE DUNWOODY RD. #229, ATLANTA, GA, 30338	46-4162735	(C)(3)	7,500				HEALTH & SLEEP INITIATIVE
(545) THE LUTHERAN HOMES SOCIETY 2421 LUTHERAN DRIVE, MUSCATINE, IA, 52761	42-0698201	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(546) THE OHIO STATE UNIVERSITY 1050 CARMACK RD, COLUMBUS, OH, 43210	31-6025986	GOV	36,944				HIGH BLOOD PRESSURE CONTROL DISPARITIES
(547) THE RESOURCE HUB 10209 MORNING LIGHT DRIVE, AVON, IN, 46123	82-3568744	(C)(3)	10,000				NUTRITION SECURITY
(548) THE SALVATION ARMY 12271 E PALMER WASILLA HWY, PALMER, AK, 99645	94-1156347	(C)(3)	6,000				NUTRITION SECURITY

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(549) THE SALVATION ARMY GILLETTE 209 STOCKTRAIL AVE, GILLETTE, WY, 82716	94-1156347	(C)(3)	22,908				COMMUNITY HEALTH EDUCATION
(550) THE SALVATION ARMY-SHERIDAN 150 S. TSCHIRGI ST., SHERIDAN, WY, 82801	94-1156347	(C)(3)	18,908				COMMUNITY HEALTH EDUCATION
(551) THE SANNEH FOUNDATION 1276 UNIVERSITY AVE W., ST. PAUL, MN, 55104	56-2332269	(C)(3)	20,050				CARDIAC EMERGENCY RESPONSE PROGRAM
(552) THE URBAN CLINIC OF ATLANTA 777 CLEVELAND AVE SW, ATLANTA, GA, 30315	81-3845426	(C)(3)	25,000				RACIAL DISPARITIES IN HIGH BLOOD PRESSURE CONTROL
(553) THE WOMENS HOME 607 WESTHEIMER ROAD, HOUSTON, TX, 77006	74-1467811	(C)(3)	37,291				BLOOD PRESSURE CONTROL INITIATIVE
(554) THINK TENNESSEE 414 UNION ST, SUITE 1900, NASHVILLE, TN, 37219	81-2821568	(C)(3)	28,000				VFHK PAID FAMILY AND MEDICAL LEAVE SUPPORT
(555) TMH PHYSICIAN ASSOCIATES PO BOX 4719, HOUSTON, TX, 77210	30-0520570	(C)(3)	20,000				RECURRING PERCARDITIS INITIATIVE
(556) TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200, WASHINGTON, DC, 20005	52-1974904	(C)(4)	62,500				TOBACCO FREE KIDS SPONSORSHIP
(557) TOLEDO NEIGHBORS PROGRAM PO BOX 1461, TOLEDO, WA, 98591	88-0909117	(C)(3)	10,000				NUTRITION SECURITY
(558) TOMAGWA MINISTRIES, INC 455 SCHOOL STREET, STE 30, TOMBALL, TX, 77375	76-0280324	(C)(3)	10,000				MATERNAL HEALTH PROGRAMS
(559) TREASURE COAST HEALTH COUNCIL INC. 600 SANDTREE DRIVE, SUITE 101, PALM BEACH GARDENS, FL, 33403	59-2242689	(C)(3)	12,000				FACILITATE FOCUS GROUPS ON HEALTH NEEDS
(560) TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 & 34, CAMBRIDGE, NE, 69022	47-6028103	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(561) TRI-COUNTY COMMUNITY HEALTH FUND 282 W ASTOR, CP:VO;;E, WA, 99114	43-1992627	(C)(3)	9,100				NUTRITION SECURITY
(562) TRIHEALTH INC. 625 EDEN PARK DR, CINCINNATI, OH, 45202	31-1438846	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(563) TRINITY HEALTH FOUNDATION 2701 17TH STREET, ROCK ISLAND, IL, 61201	36-3321751	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(564) TRINITY HOMES 305 8TH AVENUE NE, MINOT, ND, 58703	45-0404412	(C)(3)	15,000				STROKE PREVENTION PROGRAMS
(565) TRINITY MUSCATINE FOUNDATION 1518 MULBERRY AVENUE, MUSCATINE, IA, 52761	42-1525031	(C)(3)	12,000				STROKE PREVENTION PROGRAMS
(566) TWELVE BASKETS FOOD PANTRY 4023 PORTAGE ST, KALAMAZOO, MI, 49001	47-2789634	(C)(3)	20,000				HEALTH EQUITY INITIATIVES
(567) UGROW INC 3707 2ND AVENUE, COLUMBUS, GA, 31904	82-2615530	(C)(3)	15,000				NUTRITION SECURITY

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(568) UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW, WASHINGTON, DC, 20001	13-1624241	(C)(3)	50,000				CONFERENCE SPONSORSHIP
(569) UNITY POINT HEALTH SAINT LUKE'S 2720 STONE PARK BLVD, SIOUX CITY, IA, 51104	42-1019872	(C)(3)	30,000				STROKE PREVENTION PROGRAMS
(570) UNITYPOINT HEALTH DES-MOINES FOUNDATION 1415 WOODLAND AVENUE STE E-200, DES MOINES, IA, 50309	42-1467682	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(571) UNITYPOINT HEALTH TRINITY 2701 17TH STREET, ROCK ISLAND, IL, 61201	36-2739299	(C)(3)	10,000				AORTIC STENOSIS INITIATIVE
(572) UNIVERSAL COMMUNITY HEALTH CENTER 2801 S SAN PEDRO STREET, LOS ANGELES, CA, 90011	27-0600887	(C)(3)	6,000				HYPERTENSION INITIATIVE
(573) EAST JEFFERSON GENERAL HOSPITAL 4200 HOUMA BLVD, METAIRIE, LA, 70006	72-0692834	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(574) UNIVERSITY HOSPITALS OF CLEVELAND 11100 EUCLID AVENUE, CLEVELAND, OH, 44106	34-1567805	(C)(3)	128,000				OUTPATIENT TELEHEALTH INITIATIVE
(575) UNIVERSITY MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS, 39216	64-6008520	GOV	32,000				OUTPATIENT TELEHEALTH INITIATIVE
(576) UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY STE 200, IRVINE, CA, 92697	95-2226406	GOV	20,000				RECURRING PERICARDITIS INITIATIVE
(577) UNIVERSITY OF CALIFORNIA LOS ANGELES BOX 951379, RM. A2-237, LOS ANGELES, CA, 90095	95-6006143	GOV	30,000				AORTIC STENOSIS INITIATIVE
(578) UNIVERSITY OF CALIFORNIA SAN DIEGO 200 W. ARBOR DR., LA JOLLA, CA, 92093	95-6006144	GOV	60,000				ATHEROSCLEROTIC CV DISEASE LIPID MGT. INITIATIVE
(579) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVENUE, CHICAGO, IL, 60637	36-3488183	(C)(3)	20,000				HEART FAILURE EDUCATION INITIATIVE
(580) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, SUITE 530, CINCINNATI, OH, 45221	31-6000989	GOV	28,013				CULINARY & NUTRITION EFFICACY STUDY
(581) UNIVERSITY OF HOUSTON SYSTEM COUGAR CUPBOARD 4455 UNIVERSITY DR., HOUSTON, TX, 77004	74-6001399	GOV	12,000				NUTRITION SECURITY
(582) UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 4000 CAMBRIDGE STREET, KANSAS CITY, KS, 66160	48-1202402	GOV	30,000				HEMORRHAGIC STROKE INITIATIVE

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(583) UNIVERSITY OF NORTH CAROLINA HOSPITALS 101 MANNING DRIVE, CHAPEL HILL, NC, 27514	56-1118388	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(584) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 1500 MARKET STREET 26TH FLOOR WEST TOWER, PHILADELPHIA, PA, 19102	23-1352685	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(585) UNIVERSITY OF PITTSBURGH 3600 FORBES AVENUE, SUITE 400A, PITTSBURGH, PA, 15261	25-0965591	(C)(3)	10,000				COMMUNITY IMPACT ACTIVITIES
(586) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER P.O. BOX 1898, SAN ANTONIO, TX, 78297	74-1586031	GOV	26,000				BLOOD PRESSURE CONTROL INITIATIVE
(587) UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS 600 HIGHLAND AVENUE, MADISON, WI, 53792	39-1835630	(C)(3)	10,000				HEMORRHAGIC STROKE INITIATIVE
(588) UNKITAWA P.O. BOX 127, KENT, WA, 98035	83-2398323	(C)(3)	6,000				NUTRITION SECURITY
(589) URBAN AFFAIRS COALITION 1650 ARCH STREET, SUITE 2701, PHILADELPHIA, PA, 19103	23-7046393	(C)(3)	7,250				HEALTH EQUITY INITIATIVES
(590) URBAN HARVEST INC 1911 W. 34TH STREET, HOUSTON, TX, 77018	76-0501430	(C)(3)	80,000				NUTRITION SECURITY
(591) UT PHYSICIANS 6410 FANNIN ST., SUITE 1500, HOUSTON, TX, 77030	76-0459500	(C)(3)	20,000				HIGH BLOOD PRESSURE CONTROL DISPARITIES
(592) UTAH WOMEN IN TRADES PO BOX 543, WEST JORDAN, UT, 84084	27-3712092	(C)(3)	50,000				EMPLOYMENT SUPPORT
(593) UTMB 301 UNIVERSITY BLVD, GALVESTON, TX, 77555	74-6000949	GOV	10,000				AORTIC STENOSIS INITIATIVE
(594) UTOPIA WASHINGTON 841 CENTRAL AVE N SUITE C-106, KENT, WA, 98030	61-1668192	(C)(3)	14,086				FOOD ACCESS NETWORK
(595) VALLEY BAPTIST MEDICAL CENTER HARLINGEN 2101 PEASE STREET, HARLINGEN, TX, 78550	45-2697707	(C)(3)	30,000				HEMORRHAGIC STROKE INITIATIVE
(596) VAN BUREN COUNTY HOSPITAL 304 FRANKLIN STREET, KEOSAUQUA, IA, 52565	42-6037829	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(597) VETERANS MEMORIAL HOSPITAL 40 FIRST AVENUE SOUTHEAST, WAUKTON, IA, 52172	42-1030129	GOV	15,000				STROKE PREVENTION PROGRAMS
(598) VIA CARE COMMUNITY HEALTH CENTER 3601 FIRST STREET, LOS ANGELES, CA, 90063	80-0699156	(C)(3)	33,500				OUTPATIENT TELEHEALTH INITIATIVE
(599) VOICES AGAINST VIOLENCE 302 2ND AVE. S., TWIN FALLS, ID, 83301	82-0372006	(C)(3)	10,000				NUTRITION SECURITY

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(600) VOICES FOR UTAH CHILDREN 747 EAST SOUTH TEMPLE, SUITE 100, SALT LAKE CITY, UT, 84102	87-0428873	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(601) VOICES FOR VIRGINIA'S CHILDREN 2405 WESTWOOD AVE, SUITE F, RICHMOND, VA, 23230	54-1726265	(C)(3)	100,000				HEALTHY SCHOOL MEALS
(602) VOLUNTEERS IN MEDICINE, CHATTANOOGA INC. 5705 MARLIN ROAD, SUITE 1400, CHATTANOOGA, TN, 37414	71-0959332	(C)(3)	10,000				HYPERTENSION INITIATIVE
(603) VOTE NO ON AMENDMENT F 136 HERITAGE DRIVE, YANKTON, SD, 57078	99-4904519		50,000				OPPOSE MEDICAID WORK REQUIREMENTS
(604) WAIANAE COAST COMPREHENSIVE HEALTH CENTER 86-260 FARRINGTON HIGHWAY, WAIANAE, HI, 96792	99-0148164	(C)(3)	16,000				OUTPATIENT TELEHEALTH INITIATIVE
(605) WAKE UP NARCOLEPSY PO BOX 60293, WORCESTER, MA, 01606	26-3768711	(C)(3)	7,500				CV HEALTH AND SLEEP INITIATIVE
(606) WAKEMED 3000 NEW BERN AVE, RALEIGH, NC, 27610	56-6017737	(C)(3)	40,000				DIABETES QUALITY COLLECTIVE
(607) WAKONDA HERITAGE MANOR 515 OHIO STREET, WAKONDA, SD, 57073	46-0347728	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(608) WELLSPAN MEDICAL GROUP 45 MONUMENT ROAD, YORK, PA, 17403	23-2730785	(C)(3)	15,000				AORTIC STENOSIS INITIATIVE
(609) WELLSTAR FOUNDATION 793 SAWYER ROAD, MARIETTA, GA, 30062	58-1627413	(C)(3)	100,000				ATHEROSCLEROTIC CV DISEASE INITIATIVE
(610) WEST BOULEVARD NEIGHBORHOOD COALITION 2091 ROMARE BEARDEN DRIVE, CHARLOTTE, NC, 28266	30-0401238	(C)(3)	30,000				HEALTH EQUITY INITIATIVES
(611) WEST HOUSTON ASSISTANCE MINISTRIES PO BOX 421639, HOUSTON, TX, 77242	76-0001309	(C)(3)	10,000				REFRIGERATED VAN FOR FOOD PANTRY
(612) WEST VIRGINIA ASSOCIATION FOR YOUNG CHILDREN PO BOX 1312, CLARKSBURG, WV, 26301	20-4374389	(C)(3)	200,000				EARLY CARE AND EDUCATION ACCESS
(613) WEST VIRGINIA FOOD & FARM COALITION 6503 ROOSEVELT AVE, CHARLESTON, WV, 25304	46-2706460	(C)(3)	175,111				SNAP INCENTIVES AND PRODUCE PRESCRIPTION
(614) WESTERN TIDEWATER FREE CLINIC, INC 2019 MEADE PARKWAY, SUFFOLK, VA, 23434	26-3302837	(C)(3)	15,000				BLOOD PRESSURE CONTROL INITIATIVE
(615) WESTSIDE FAMILY HEALTH CENTER 3861 SEPULVEDA BOULEVARD, CULVER CITY, CA, 90230	95-2931931	(C)(3)	10,000				LP(A) DISCOVERY PROJECT
(616) WHITE PLAINS HOSPITAL CENTER 41 E POST ROAD, WHITE PLAINS, NY, 10601	13-1740130	(C)(3)	6,000				COMMUNITY HEALTH EDUCATION
(617) WHITMORE LAKE PUBLIC SCHOOLS 8845 MAIN ST, WHITMORE LAKE, MI, 48189	38-6004080	GOV	7,500				CARDIAC EMERGENCY RESPONSE PROGRAM

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(618) WHO WE PLAY FOR 106 DELEON RD., COCOA BEACH, FL, 32931	46-2485938	(C)(3)	25,000				STUDENT CV SCREENING PROGRAM
(619) WHOLESOME WAVE 855 MAIN ST., SUITE 901, BRIDGEPORT, CT, 06604	26-0352899	(C)(3)	25,750				HEALTH EQUITY INITIATIVES
(620) WHOLESOME WAVE GEORGIA INC 777 CLEVELAND AVENUE SW STE 400, ATLANTA, GA, 30315	45-4816906	(C)(3)	25,750				HEALTH EQUITY INITIATIVES
(621) WILCOX HEALTH FOUNDATION 55 MERCHANT STREET, 26TH FLOOR, HONOLULU, HI, 96813	99-0204242	(C)(3)	20,000				STROKE PREVENTION PROGRAMS
(622) WILDFLYER COFFEE 3258 MINNEHAHA AVE S, MINNEAPOLIS, MN, 55406	82-0734578	(C)(3)	100,000				ENHANCING YOUTH EMPLOYMENT
(623) WILTON RETIREMENT COMMUNITY 307 OVESEN DRIVE, WILTON, IA, 52778	42-0950871	(C)(3)	10,000				STROKE PREVENTION PROGRAMS
(624) WINDOM AREA HOSPITAL 2150 HOSPITAL DRIVE, WINDOM, MN, 56101	23-7159870	GOV	10,000				STROKE PREVENTION PROGRAMS
(625) WINSTON SALEM STATE UNIVERSITY FOUNDATION 1604-B LOWERY STREET, ROOM 219, WINSTON-SALEM, NC, 27110	56-0989620	(C)(3)	6,000				MOBILE HYPERTENSION UNIT
(626) WOMEN'S FUND OF MIAMI-DADE, INC. 1781 OPECHEE DR, MIAMI, FL, 33133	65-0436923	(C)(3)	100,000				VOICES FOR HEALTHY KIDS
(627) WOOSTER COMMUNITY HOSPITAL 1761 BEALL AVENUE, WOOSTER, OH, 44691	34-6003129	(C)(3)	33,500				MATERNAL HEALTH EQUIPMENT
(628) WORLD HARVEST CHURCH 803 MAIN ST, CALDWELL, ID, 83065	84-1371979	(C)(3)	9,000				NUTRITION SECURITY
(629) WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149, FARMERS BRANCH, TX, 75234	75-2616002	(C)(3)	71,000				BLOOD PRESSURE PROGRAM
(630) WYOMING COMMUNITY FOUNDATION 1472 N 5TH STREET, SUITE 201, LARAMIE, WY, 82072	83-0287513	(C)(3)	28,000				PAID FAMILY AND MEDICAL LEAVE SUPPORT
(631) YMCA BUFFALO NIAGARA 301 CAYUGA ROAD, SUITE 100, BUFFALO, NY, 14225	16-0743231	(C)(3)	8,179				BLOOD PRESSURE CONTROL INITIATIVE
(632) YMCA OF CENTRAL OHIO 1907 LEONARD AVE., STE. 150, COLUMBUS, OH, 43219	31-4379594	(C)(3)	7,500				BLOOD PRESSURE CONTROL INITIATIVE
(633) YMCA OF GREATER ROCHESTER 444 E MAIN STREET, ROCHESTER, NY, 14604	16-0743242	(C)(3)	10,036				MOBILE KITCHEN
(634) YMCA OF KNOX COUNTY OF ILLINOIS 1324 W CARL SANDBURG DR, GALESBURG, IL, 61401	37-0661260	(C)(3)	8,500				CARDIAC EMERGENCY RESPONSE PROGRAM
(635) YMCA OF METRO ATLANTA, INC. 569 MARTIN LUTHER KING JR. DRIVE NW, ATLANTA, GA, 30314	58-0566253	(C)(3)	8,000				YOUTH FITNESS AND HEALTH PROGRAMS

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(636) YOKEFELLOW MINISTRY OF GREATER 1386 SHELTON AVENUE, STATESVILLE, NC, 28677	56-1010615	(C)(3)	10,000				NUTRITION SECURITY
(637) YWCA METROPOLITAN CHICAGO 1 N. LASALLE STREET, STE. 1700, CHICAGO, IL, 60602	36-2179765	(C)(3)	10,000				CARDIAC EMERGENCY RESPONSE PROGRAM
(638) ZION CITY CARE CENTER INC. 2561 WEST RUTHRAUFF RD, TUCSON, AZ, 85705	92-3116375	(C)(3)	12,000				NUTRITION SECURITY
(639) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE RESEARCH ADMINISTRATION, MC-1, ALBANY, NY, 12208	14-1338310	(C)(3)	69,548				RESEARCH
(640) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY, 10461	83-0621846	(C)(3)	231,000				RESEARCH
(641) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO, BOX 205, CHICAGO, IL, 60611	36-2170833	(C)(3)	299,997				RESEARCH
(642) ARIZONA STATE UNIVERSITY OFFICE FOR RESEARCH & SPONSORED PROJECTS ADMIN PO BOX 876011, TEMPE, AZ, 85287	86-0196696	GOV	230,953				RESEARCH
(643) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. 1120 15TH STREET, CJ 3301, AUGUSTA, GA, 30912	58-1418202	(C)(3)	6,725,406				RESEARCH
(644) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM 310, HOUSTON, TX, 77030	74-1613878	(C)(3)	1,906,222				RESEARCH
(645) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 EAST DUARTE ROAD, DUARTE, CA, 91010	95-3432210	(C)(3)	1,714,744				RESEARCH
(646) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, OV-540, BOSTON, MA, 02215	04-2103881	(C)(3)	1,478,547				RESEARCH
(647) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA, HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY URP865-450, OKLAHOMA CITY, OK, 73104	73-1563627	GOV	500,344				RESEARCH
(648) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA, 02115	04-2774441	(C)(3)	2,333,080				RESEARCH
(649) BOSTON UNIVERSITY MEDICAL CENTER HOSPITAL ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA, 02118	04-3314093	(C)(3)	230,992				RESEARCH

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(650) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET, BOSTON, MA, 02115	04-2312909	(C)(3)	2,561,279				RESEARCH
(651) BROWN UNIVERSITY 350 EDDY STREET, BOX 1929, PROVIDENCE, RI, 02912	05-0258809	(C)(3)	69,548				RESEARCH
(652) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. M/C 273-6, PASADENA, CA, 91125	95-1643307	(C)(3)	156,640				RESEARCH
(653) CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO 5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA, 92407	45-2255077	(C)(3)	165,000				RESEARCH
(654) CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE, PITTSBURGH, PA, 15213	25-0969449	(C)(3)	69,548				RESEARCH
(655) CASE WESTERN RESERVE UNIVERSITY - SCHOOL OF MEDICINE 10900 EUCLID AVENUE, CLEVELAND, OH, 44106	34-1018992	(C)(3)	1,668,976				RESEARCH
(656) CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD., SUITE 1800, LOS ANGELES, CA, 90048	95-1644600	(C)(3)	327,104				RESEARCH
(657) CENTRAL MICHIGAN UNIVERSITY OFFICE OF RESEARCH AND GRADUATE STUDIES CENTRAL MICHIGAN UNIVERSITY 251 FOUST HALL, MOUNT PLEASANT, MI, 48859	38-6004447	GOV	200,000				RESEARCH
(658) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD, MAIL STOP # 97, LOS ANGELES, CA, 90027	95-1690977	(C)(3)	161,248				RESEARCH
(659) CHILDREN'S HOSPITAL OF PHILADELPHIA 2716 SOUTH ST., PHILADELPHIA, PA, 19146	23-1352166	(C)(3)	1,480,151				RESEARCH
(660) CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVENUE, NW, WASHINGTON, DC, 20010	52-1654453	(C)(3)	152,836				RESEARCH
(661) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH, 45229	31-0833936	(C)(3)	849,377				RESEARCH
(662) CLAREMONT GRADUATE UNIVERSITY 150 EAST TENTH ST., CLAREMONT, CA, 91711	95-1664100	(C)(3)	69,548				RESEARCH
(663) CLEMSON UNIVERSITY 230 KAPPA STREET, CLEMSON UNIVERSITY, CLEMSON, SC, 29634	57-6000254	GOV	399,243				RESEARCH
(664) CLEVELAND CLINIC FOUNDATION P.O. BOX 931531, CLEVELAND, OH, 44193	34-0714585	(C)(3)	542,023				RESEARCH

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(665) CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE, PH220, CLEVELAND, OH, 44115	34-0966056	GOV	200,000				RESEARCH
(666) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY, FORT COLLINS, CO, 80523	84-6000545	GOV	69,548				RESEARCH
(667) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK BOX 49 630 WEST 168TH STREET, NEW YORK, NY, 10032	13-5598093	(C)(3)	1,373,127				RESEARCH
(668) CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA, OMAHA, NE, 68178	47-0376583	(C)(3)	165,856				RESEARCH
(669) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA, 02215	04-2263040	(C)(3)	322,496				RESEARCH
(670) DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET SUITE 1000, ERWIN SQUARE, DURHAM, NC, 27705	56-0532129	(C)(3)	3,316,966				RESEARCH
(671) EAST CAROLINA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 209 EAST 5TH STREET, MAIL STOP 211, GREENVILLE, NC, 27858	56-6000403	GOV	119,546				RESEARCH
(672) ELI AND EDYTHE L. BROAD INSTITUTE OF MIT AND HARVARD 415 MAIN STREET, CAMBRIDGE, MA, 02142	26-3428781	(C)(3)	360,308				RESEARCH
(673) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR MAILSTOP: 1599-001-1BA, ATLANTA, GA, 30322	58-0566256	(C)(3)	3,666,672				RESEARCH
(674) FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INC. 2000 LEVY AVENUE, SUITE 351 PO BOX 3062744, TALLAHASSEE, FL, 32310	59-3211153	(C)(3)	149,096				RESEARCH
(675) GEISINGER CLINIC 100 N. ACADEMY AVE., DANVILLE, PA, 17822	23-6291113	(C)(3)	98,704				RESEARCH
(676) GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW, ATLANTA, GA, 30332	58-0603146	(C)(3)	69,548				RESEARCH
(677) HENRY FORD HEALTH SYSTEM 1 FORD PLACE RESEARCH ADMINISTRATION, 2F, DETROIT, MI, 48202	38-1357020	(C)(3)	156,640				RESEARCH
(678) HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC. 707 N. BROADWAY, BALTIMORE, MD, 21205	52-1524967	(C)(3)	156,640				RESEARCH
(679) HUNTINGTON MEDICAL RESEARCH INSTITUTES 686 S. FAIR OAKS AVE., PASADENA, CA, 91105	95-1757119	(C)(3)	183,000				RESEARCH

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(680) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE BOX 1075, NEW YORK, NY, 10029	13-6171197	(C)(3)	1,724,184				RESEARCH
(681) INDIANA UNIVERSITY 509 E 3RD STREET, BLOOMINGTON, IN, 47401	35-6001673	GOV	206,022				RESEARCH
(682) INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DRIVE BUILDING D, 8TH FLOOR, FAIRFAX, VA, 22031	54-0620889	(C)(3)	175,000				RESEARCH
(683) IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY 1138 PEARSON HALL 505 MORRILL ROAD, AMES, IA, 50011	42-6004224	GOV	299,997				RESEARCH
(684) JACKSON LABORATORY FOR GENOMIC MEDICINE 10 DISCOVERY DRIVE, FARMINGTON, CT, 06032	01-0211513	(C)(3)	156,640				RESEARCH
(685) JOHNS HOPKINS UNIVERSITY JHURA 1101 E 33RD STREET B001, BALTIMORE, MD, 21218	52-0595110	(C)(3)	4,489,912				RESEARCH
(686) JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE, BOSTON, MA, 02215	04-2203836	(C)(3)	156,640				RESEARCH
(687) KAISER FOUNDATION RESEARCH INSTITUTE 1 KAISER PLAZA, 22ND FLOOR, OAKLAND, CA, 94612	94-1105628	(C)(3)	5,595,488				RESEARCH
(688) KENNESAW STATE UNIVERSITY RESEARCH AND SERVICE FOUNDATION 1000 CHASTAIN RD., KENNESAW, GA, 30144	37-1535589	(C)(3)	393,969				RESEARCH
(689) LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY, REDWOOD CITY, CA, 94063	94-1156365	(C)(3)	8,609,742				RESEARCH
(690) LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY, HARROGATE, TN, 37752	62-0479542	(C)(3)	297,000				RESEARCH
(691) LOUISIANA STATE UNIVERSITY AGRICULTURAL AND MECHANICAL COLLEGE 6400 PERKINS RD., BATON ROUGE, LA, 70808	72-6000848	GOV	153,712				RESEARCH
(692) LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER 433 BOLIVAR ST., NEW ORLEANS, LA, 70112	72-6087770	GOV	153,712				RESEARCH
(693) LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD, IL 2160 S. FIRST AVE, MAYWOOD, IL, 60153	36-1408475	(C)(3)	626,188				RESEARCH
(694) LSU HEALTH SCIENCES CENTER 1501 KINGS HWY. P. O. BOX 33932, SHREVEPORT, LA, 71130	72-0702002	GOV	1,306,526				RESEARCH

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(695) MADONNA REHABILITATION HOSPITAL 5401 SOUTH STREET, LINCOLN, NE, 68506	47-0439599	(C)(3)	230,943				RESEARCH
(696) MAINEHEALTH 465 CONGRESS STREET, SUITE 701, PORTLAND, ME, 04101	01-0431680	(C)(3)	12,000				RESEARCH
(697) MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DRIVE, HUNTINGTON, WV, 25755	55-0683361	(C)(3)	465,000				RESEARCH
(698) MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEECKER STREET, UTICA, NY, 13501	13-5648611	(C)(3)	300,000				RESEARCH
(699) MASSACHUSETTS GENERAL HOSPITAL (MASS GENERAL) 55 FRUIT STREET, BOSTON, MA, 02114	04-2697983	(C)(3)	6,170,675				RESEARCH
(700) MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA, 02139	04-2103594	(C)(3)	313,280				RESEARCH
(701) MAYO CLINIC 200 FIRST ST. SW, ROCHESTER, MN, 55905	41-6011702	(C)(3)	1,495,488				RESEARCH
(702) MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCJ, 1ST FLOOR, SCOTTSDALE, AZ, 85259	86-0800150	(C)(3)	152,836				RESEARCH
(703) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE, CHARLESTON, SC, 29425	57-6000722	GOV	832,060				RESEARCH
(704) MEHARRY MEDICAL COLLEGE 1005 DR. D. B. TODD JR. BOULEVARD, NASHVILLE, TN, 37208	62-0488046	(C)(3)	44,773				RESEARCH
(705) MEMORIAL SLOAN KETTERING CANCER CENTER (MSK) 1275 YORK AVENUE, NEW YORK, NY, 10065	13-1924236	(C)(3)	153,712				RESEARCH
(706) METHODIST HOSPITAL RESEARCH INSTITUTE 7550 GREENBRIAR DR. 4-116 HOUSTON TX 77030, HOUSTON, TX, 77030	87-0721923	(C)(3)	156,640				RESEARCH
(707) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, MI, 48824	38-6005984	GOV	50,000				RESEARCH
(708) MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY OF MIAMI 1531 BRESCIA AVENUE SUITE 124, CORAL GABLES, FL, 33146	59-0624458	(C)(3)	535,404				RESEARCH
(709) MIRIAM HOSPITAL 164 SUMMIT AVENUE, PROVIDENCE, RI, 02906	05-0258905	(C)(3)	86,913				RESEARCH
(710) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST., PHILADELPHIA, PA, 19104	23-2020897	(C)(3)	163,712				RESEARCH

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(711) NARROWS INTITUTE FOR BIOMEDICAL RESEARCH, INC. C/O NEW YORK HARBOR HEALTHCARE SYSTEM 800 POLY PLACE, BROOKLYN, NY, 11209	11-3059470	(C)(3)	156,640				RESEARCH
(712) NATIONAL JEWISH HEALTH 1400 JACKSON STREET, DENVER, CO, 80206	74-2044647	(C)(3)	156,640				RESEARCH
(713) NEW YORK GENOME CENTER, INC. 101 AVENUE OF THE AMERICAS, NEW YORK, NY, 10013	80-0631734	(C)(3)	156,640				RESEARCH
(714) NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD, VALHALLA, NY, 10595	13-1099420	(C)(3)	300,000				RESEARCH
(715) NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE ONE PARK AVENUE, 6TH FLOOR, NEW YORK, NY, 10016	13-5562308	(C)(3)	2,423,132				RESEARCH
(716) NORTH DAKOTA STATE UNIVERSITY 1735 NDSU RESEARCH PARK DRIVE, FARGO, ND, 58105	45-6002439	GOV	400,000				RESEARCH
(717) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 540-177, BOSTON, MA, 02115	04-1679980	(C)(3)	69,548				RESEARCH
(718) NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE 750 N. LAKE SHORE DRIVE RUBLOFF 7TH FLOOR, CHICAGO, IL, 60611	36-2167817	(C)(3)	2,413,511				RESEARCH
(719) NOVA SOUTHEASTERN UNIVERSITY 3300 S. UNIVERSITY DRIVE, FT. LAUDERDALE, FL, 33328	59-1083502	(C)(3)	300,000				RESEARCH
(720) OAKLAND UNIVERSITY 2200 N. SQUIRREL ROAD, ROCHESTER, MI, 48309	38-1714400	(C)(3)	18,000				RESEARCH
(721) OHIO UNIVERSITY 1 OHIO UNIVERSITY GROSVENOR HALL 202, ATHENS, OH, 45701	31-6402113	GOV	199,998				RESEARCH
(722) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET, OKLAHOMA CITY, OK, 73104	73-0580274	(C)(3)	1,011,816				RESEARCH
(723) OKLAHOMA STATE UNIVERSITY 203 WHITEHURST, STILLWATER, OK, 74078	73-1383996	GOV	399,994				RESEARCH
(724) OREGON HEALTH & SCIENCE UNIVERSITY - OHSU 3181 SW SAM JACKSON PARK RD. MAIL CODE L106OPAM, PORTLAND, OR, 97239	93-1176109	GOV	223,260				RESEARCH
(725) PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE OFFICE OF RESEARCH AFFAIRS, H138 500 UNIVERSITY DRIVE, HERSHEY, PA, 17033	24-6000376	GOV	691,532				RESEARCH

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(726) PORTLAND VA RESEARCH FOUNDATION, INC 3710 SW US VETERANS HOSPITAL ROAD, PORTLAND, OR, 97239	94-3090170	(C)(3)	199,999				RESEARCH
(727) PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE, 5TH FLOOR, CAMBRIDGE, MA, 02138	04-2103580	(C)(3)	454,056				RESEARCH
(728) PRINCETON UNIVERSITY 619 ALEXANDER ROAD SUITE 102, PRINCETON, NJ, 08544	21-0634501	(C)(3)	156,640				RESEARCH
(729) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE., SUITE 1120, WEST LAFAYETTE, IN, 47906	35-6002041	GOV	439,096				RESEARCH
(730) RANCHO RESEARCH INSTITUTE P.O. BOX 3500, DOWNEY, CA, 90242	95-1911180	(C)(3)	298,685				RESEARCH
(731) RESEARCH FOUNDATION FOR SUNY AT BUFFALO 520 LEE ENTRANCE, SUITE 211, AMHERST, NY, 14228	14-1368361	(C)(3)	900,876				RESEARCH
(732) RHODE ISLAND HOSPITAL 593 EDDY STREET, PROVIDENCE, RI, 02903	05-0258954	(C)(3)	19,999				RESEARCH
(733) RUTGERS BIOMEDICAL AND HEALTH SCIENCES 65 BERGEN STREET, NEWARK, NJ, 07107	22-6001086	GOV	1,148,684				RESEARCH
(734) SOUTHERN ILLINOIS UNIVERSITY CARBONDALE 900 S. NORMAL AVE. SIUC MAILCODE 4709, CARBONDALE, IL, 62901	37-6005961	(C)(3)	199,998				RESEARCH
(735) SPAULDING REHABILITATION HOSPITAL 300 FIRST AVENUE, BOSTON, MA, 02129	04-2551124	(C)(3)	231,000				RESEARCH
(736) STANFORD CARDIOVASCULAR INSTITUTE 3200 BIOMEDICAL INNOVATIONS BUILDING, 240 PASTEUR DR., PALO ALTO, CA, 94304	94-1156365	(C)(3)	12,000				RESEARCH
(737) STEVENS INSTITUTE OF TECHNOLOGY ONE CASTLE POINT ON HUDSON, HOBOKEN, NJ, 07030	22-1487354	(C)(3)	200,000				RESEARCH
(738) TEMPLE UNIVERSITY 1801 NORTH BROAD STREET, PHILADELPHIA, PA, 19122	23-1365971	(C)(3)	431,000				RESEARCH
(739) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300, COLLEGE STATION, TX, 77845	74-6000541	GOV	853,699				RESEARCH
(740) TEXAS A&M ENGINEERING EXPERIMENT STATION 400 HARVEY MITCHELL PARKWAY SUITE 300, COLLEGE STATION, TX, 77845	74-1974733	GOV	69,548				RESEARCH

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(741) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300, COLLEGE STATION, TX, 77845	74-2907553	GOV	627,652				RESEARCH
(742) TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE-349 ADMINISTRATION BUILDING BOX 41035, LUBBOCK, TX, 79409	75-6002622	GOV	617,969				RESEARCH
(743) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER 3601 4TH ST. MS 6271 OFFICE OF SPONSORED PROGRAMS, LUBBOCK, TX, 79430	75-2668014	GOV	299,997				RESEARCH
(744) THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH STREET, MARC-430, MIAMI, FL, 33199	65-0177616	(C)(3)	34,774				RESEARCH
(745) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET, SAN FRANCISCO, CA, 94158	23-7203666	(C)(3)	314,960				RESEARCH
(746) THE MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD., MILWAUKEE, WI, 53226	39-0806261	(C)(3)	565,140				RESEARCH
(747) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH, 43210	31-6025986	GOV	5,725,318				RESEARCH
(748) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE, COLUMBUS, OH, 43205	31-6056230	(C)(3)	497,384				RESEARCH
(749) THE SCRIPPS RESEARCH INSTITUTE - LA JOLLA 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA, 92037	33-0435954	(C)(3)	69,548				RESEARCH
(750) THE UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300, CHICAGO, IL, 60637	36-2177139	(C)(3)	697,908				RESEARCH
(751) THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300, MEMPHIS, TN, 38163	62-6001636	GOV	1,062,545				RESEARCH
(752) THE UNIVERSITY OF TEXAS AT AUSTIN 2304 WHITIS AVE, SUITE 426, AUSTIN, TX, 78712	74-6000203	GOV	797,897				RESEARCH
(753) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA, 19107	23-1352651	(C)(3)	369,548				RESEARCH
(754) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE, CHESTNUT HILL, MA, 02467	04-2103545	(C)(3)	596,327				RESEARCH

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(755) TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET, BOSTON, MA, 02218	04-2103547	(C)(3)	843,331				RESEARCH
(756) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 817, BOSTON, MA, 02111	04-3400617	(C)(3)	79,547				RESEARCH
(757) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA, 70112	72-0423889	(C)(3)	1,450,991				RESEARCH
(758) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH, 44106	34-1567805	(C)(3)	175,000				RESEARCH
(759) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 1170, BIRMINGHAM, AL, 35294	63-6005396	GOV	1,197,472				RESEARCH
(760) UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF MEDICINE 1720 2ND AVENUE SOUTH EFH 500, BIRMINGHAM, AL, 35294	63-6005396	GOV	1,030,109				RESEARCH
(761) UNIVERSITY OF ARIZONA P O BOX 210158B, ROOM 538, TUCSON, AZ, 85721	74-2652689	GOV	1,714,058				RESEARCH
(762) UNIVERSITY OF ARKANSAS 1125 W. MAPLE ST. 316, FAYETTEVILLE, AR, 72701	71-6003252	GOV	269,548				RESEARCH
(763) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM, #812, LITTLE ROCK, AR, 72205	71-6046242	GOV	407,020				RESEARCH
(764) UNIVERSITY OF CALIFORNIA OFFICE OF SPONSORED PROGRAMS ONE SHIELDS AVE, DAVIS, CA, 95616	94-6036494	GOV	2,543,884				RESEARCH
(765) UNIVERSITY OF CALIFORNIA, IRVINE 324 ALDRICH HALL, IRVINE, CA, 92697	95-2226406	GOV	611,096				RESEARCH
(766) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD, SUITE 700, LOS ANGELES, CA, 90095	95-6006143	GOV	1,366,113				RESEARCH
(767) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, SAN DIEGO, CA, 92093	95-6006144	GOV	2,308,236				RESEARCH
(768) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA, 94143	94-6036493	GOV	2,195,872				RESEARCH
(769) UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC. 12201 RESEARCH PARKWAY, STE 501, ORLANDO, FL, 32826	59-3086453	(C)(3)	34,774				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
(770) UNIVERSITY OF CINCINNATI 3080 EXPLORATION AVE. RM 610 P.O. BOX 210222, CINCINNATI, OH, 45206	31-6000989	GOV	319,736				RESEARCH
(771) UNIVERSITY OF COLORADO DENVER, AMC AND DC MAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS BUILDING 500 13001 E. 17TH PLACE, RM W1124, AURORA, CO, 80045	84-6000555	GOV	1,951,926				RESEARCH
(772) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT., UNIT 1133, STORRS, CT, 06269	06-0772160	GOV	119,547				RESEARCH
(773) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT, 6030	52-1725543	GOV	231,000				RESEARCH
(774) UNIVERSITY OF DELAWARE 100 DISCOVERY BOULEVARD SUITE 1000, NEWARK, DE, 19713	51-6000297	GOV	69,548				RESEARCH
(775) UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD., DENVER, CO, 80210	84-0404231	(C)(3)	300,000				RESEARCH
(776) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL, 32611	59-6002052	GOV	1,234,852				RESEARCH
(777) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. 310 EAST CAMPUS RD TUCKER HALL RM 409, ATHENS, GA, 30602	58-1353149	GOV	452,631				RESEARCH
(778) UNIVERSITY OF HOUSTON EZEKIEL W. CULLEN 4302 UNIVERSITY DRIVE, ROOM 316, HOUSTON, TX, 77204	74-6001399	GOV	1,350,030				RESEARCH
(779) UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN HENRY ADMINISTRATION BUILDING 506 S. WRIGHT STREET, URBANA, IL, 61801	37-6000511	GOV	1,795,522				RESEARCH
(780) UNIVERSITY OF IOWA OFFICE OF THE VICE PRESIDENT FOR RESEARCH 2 GILMORE HALL, IOWA CITY, IA, 52242	42-6004813	GOV	2,376,475				RESEARCH
(781) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. MSN 1039, 3901 RAINBOW BOULEVARD, KANSAS CITY, KS, 66160	48-1108830	(C)(3)	369,548				RESEARCH
(782) UNIVERSITY OF KENTUCKY 740 SOUTH LIMESTONE KY CLINIC-J401, LEXINGTON, KY, 40536	61-6001218	GOV	6,000				RESEARCH
(783) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL, LEXINGTON, KY, 40526	61-6033693	GOV	1,907,815				RESEARCH
(784) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. 300 E MARKET STREET, SUITE 300, LOUISVILLE, KY, 40202	61-1029626	(C)(3)	1,274,413				RESEARCH

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(785) UNIVERSITY OF MAINE ROOM 401 CORBETT HALL, ORONO, ME, 04469	01-6000769	(C)(3)	231,000				RESEARCH
(786) UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21201-1508, BALTIMORE, MD, 21201	52-6002033	GOV	600,548				RESEARCH
(787) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH, WORCESTER, MA, 01655	04-3167352	GOV	119,547				RESEARCH
(788) UNIVERSITY OF MICHIGAN 3003 S STATE STREET, ANN ARBOR, MI, 48109	38-6006309	GOV	9,926,820				RESEARCH
(789) UNIVERSITY OF MINNESOTA - TWIN CITIES 450 MCNAMARA ALUMNI CENTER 200 OAK STREET S.E., MINNEAPOLIS, MN, 55455	41-6007513	GOV	1,807,220				RESEARCH
(790) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS, 39216	64-6008520	GOV	684,689				RESEARCH
(791) UNIVERSITY OF MISSOURI-COLUMBIA 601 TURNER AVENUE , RM. 201, COLUMBIA, MO, 65211	43-6003859	GOV	1,056,000				RESEARCH
(792) UNIVERSITY OF NEBRASKA MEDICAL CENTER S 42ND ST. & EMILE ST., OMAHA, NE, 68198	47-0049123	GOV	173,870				RESEARCH
(793) UNIVERSITY OF NEW MEXICO HSC PRE-AWARD SERVICES, HSC MSC09 5220 1 UNIVERSITY OF NEW MEXICO, ALBUQUERQUE, NM, 87131	85-6000642	GOV	18,000				RESEARCH
(794) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200 CAMPUS BOX 1350, CHAPEL HILL, NC, 27599	56-6001393	GOV	2,212,690				RESEARCH
(795) UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #305250, DENTON, TX, 76203	75-6002149	GOV	431,000				RESEARCH
(796) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD., FORT WORTH, TX, 76107	75-6064033	GOV	165,000				RESEARCH
(797) UNIVERSITY OF NOTRE DAME 940 GRACE HALL, NOTRE DAME, IN, 46556	35-0868188	(C)(3)	69,548				RESEARCH
(798) UNIVERSITY OF PENNSYLVANIA 5TH FLOOR, FRANKLIN BUILDING 3451 WALNUT STREET, PHILADELPHIA, PA, 19104	23-1352685	(C)(3)	3,154,043				RESEARCH
(799) UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING 3420 FORBES AVENUE, PITTSBURGH, PA, 15260	25-0965591	(C)(3)	2,982,095				RESEARCH

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(800) UNIVERSITY OF RHODE ISLAND SUITE 170 LOWER COLLEGE RD, KINGSTON, RI, 02881	22-3011455	GOV	165,856				RESEARCH
(801) UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200, ROCHESTER, NY, 14611	16-0743209	(C)(3)	612,363				RESEARCH
(802) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 805, COLUMBIA, SC, 29208	57-6001153	GOV	69,548				RESEARCH
(803) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165, TAMPA, FL, 33612	59-3102112	GOV	721,540				RESEARCH
(804) UNIVERSITY OF SOUTHERN CALIFORNIA - KECK SCHOOL OF MEDICINE 3720 S. FLOWER STREET, THIRD FLOOR, LOS ANGELES, CA, 90089	95-1642394	(C)(3)	470,896				RESEARCH
(805) UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE BOX 19145, ARLINGTON, TX, 76019	75-6000121	GOV	1,385,000				RESEARCH
(806) UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL ROAD, AD15, RICHARDSON, TX, 75080	75-1305566	GOV	69,548				RESEARCH
(807) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN, UCT 1006, HOUSTON, TX, 77030	74-1761309	GOV	2,564,885				RESEARCH
(808) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO MAIL CODE 7828 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX, 78229	74-1586031	GOV	231,000				RESEARCH
(809) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD., HOUSTON, TX, 77030	74-6001118	GOV	152,836				RESEARCH
(810) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BOULEVARD, GALVESTON, TX, 77555	74-6000949	GOV	300,000				RESEARCH
(811) UNIVERSITY OF TEXAS RIO GRANDE VALLEY 1201 W. UNIVERSITY DRIVE, EDINBURG, TX, 78539	46-5292740	GOV	229,133				RESEARCH
(812) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD., DALLAS, TX, 75390	75-6002868	GOV	2,872,823				RESEARCH
(813) UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS RESEARCH & SPONSORED PROGRAMS 3000 ARLINGTON AVENUE, TOLEDO, OH, 43614	34-6401483	GOV	831,145				RESEARCH

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(814) UNIVERSITY OF TULSA 800 SOUTH TUCKER DRIVE, TULSA, OK, 74104	73-0579298	(C)(3)	198,799				RESEARCH
(815) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, ROOM 210, SALT LAKE CITY, UT, 84112	87-6000525	GOV	997,027				RESEARCH
(816) UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS P.O. BOX 400195, CHARLOTTESVILLE, VA, 22904	54-6001796	GOV	1,823,589				RESEARCH
(817) UNIVERSITY OF WASHINGTON 333 BROOKLYN AVE NE BOX 359472, SEATTLE, WA, 98195	91-6001537	GOV	2,012,478				RESEARCH
(818) UNIVERSITY OF WISCONSIN-MADISON RESEARCH & SPONSORED PROGRAMS 21 NORTH PARK STREET, SUITE 6301, MADISON, WI, 53715	39-6006492	GOV	883,081				RESEARCH
(819) VANDERBILT UNIVERSITY BAKER BUILDING, SUITE 800 110 21ST AVENUE, SOUTH, NASHVILLE, TN, 37203	62-0476822	(C)(3)	232,644				RESEARCH
(820) VANDERBILT UNIVERSITY MEDICAL CENTER 3841 GREEN HILLS VILLAGE DR., SUITE 200, NASHVILLE, TN, 37215	35-2528741	(C)(3)	2,041,491				RESEARCH
(821) VERSITI WISCONSIN, INC. BLOOD RESEARCH INSTITUTE PO BOX 2178, MILWAUKEE, WI, 53201	39-0807235	(C)(3)	250,000				RESEARCH
(822) VETERANS EDUCATION AND RESEARCH ASSOCIATION OF MICHIGAN 2215 FULLER ROAD, ANN ARBOR, MI, 48105	38-3060217	(C)(3)	100,000				RESEARCH
(823) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET BOX 980568, RICHMOND, VA, 23298	54-6001758	GOV	139,096				RESEARCH
(824) VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS (MC 0170) 300 TURNER STREET NW, SUITE 4200, BLACKSBURG, VA, 24061	54-6001805	GOV	223,260				RESEARCH
(825) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON-SALEM, NC, 27157	22-3849199	(C)(3)	1,631,402				RESEARCH
(826) WASHINGTON STATE UNIVERSITY 280 LIGHTY, PULLMAN, WA, 99164	91-6001108	GOV	265,774				RESEARCH
(827) WASHINGTON STATE UNIVERSITY CAMPUS BOX 1054 ONE BROOKINGS DRIVE, ST. LOUIS, MO, 63130	43-0653611	(C)(3)	4,880,322				RESEARCH
(828) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI, 48202	38-6028429	GOV	102,322				RESEARCH
(829) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, NEW YORK, NY, 10065	13-1623978	(C)(3)	1,740,029				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
(830) WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV, 26506	55-0665758	GOV	292,808				RESEARCH
(831) WILLIAM MARSH RICE UNIVERSITY 6100 S. MAIN MS-16, HOUSTON, TX, 77005	74-1109620	(C)(3)	369,548				RESEARCH
(832) WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD, WORCESTER, MA, 01609	04-2121659	(C)(3)	430,999				RESEARCH
(833) YALE UNIVERSITY PO BOX 208327, NEW HAVEN, CT, 06520	06-0646973	(C)(3)	2,041,135				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) POSTER PRESENTATION AWARD	30	4,500			
(8) SCHOLAR STIPEND	79	525,350			
(9) STUDENT SCHOLARSHIPS	23	105,000			
(10) TRAVEL AWARD	323	164,332			
(11) SCHOOL FITNESS PROGRAM	16	45,000			
(12) SURE PROGRAM AWARDS	67	824,364			
(13) COMMUNITY RESEARCH GRANT	6	5,100			
(14) HEALTHY SMILES HEALTHY HEARTS PROJECT	2	20,000			
(15) CAREER DEVELOPMENT AWARD	3	3,852			

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

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

Return Reference - Identifier	Explanation
	<p>ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p> <p>INNOVATIVE PROJECT AWARD 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.</p> <p>THE CANDIDATE MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS MD, DO, DVM, PHARMD, OR PHD IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p> <p>AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARD THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT.</p> <p>INSTITUTIONAL ELIGIBILITY -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, PHARMD, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM). -ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION. -HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY. -OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY).</p> <p>PRINCIPAL INVESTIGATOR ELIGIBILITY -THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION. -THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADELANTE MUJERES</p> <p>2030 MAIN STREET, SUITE A, FOREST GROVE, OR, 97116</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADVENTIST HEALTH WHITE MEMORIAL FOUNDATION</p> <p>1720 E. CESAR E. CHAVEZ AVENUE, LOS ANGELES, CA, 90033</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>9 DOTS COMMUNITY LEARNING CENTER: COMMUNITY LEARNING AND SERVICE</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ACCESS EAST, INC.: FARMWORKERS HEALTH INITIATIVE</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ACTIVATESA: PUBLIC POLICY ISSUE CAMPAIGNS</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AFFINIA HEALTHCARE: HEALTH AND COMMUNITY CENTERS SUPPORT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AFFORDABLE CHILDCARE TODAY: AFFORDABLE CHILD CARE PROPOSITION</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>ALABAMA ARISE: CHILDHOOD OBESITY PREVENTION</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Questions Regarding Compensation

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

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	(i)	1,056,928	3,247,122	168,896	48,300	42,317	4,563,563	0
	CEO	(ii)	0	0	0	0	0	0	0
2	LESLIE UPTON	(i)	601,059	600,120	0	87,812	18,559	1,307,550	0
	CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
3	LARRY D CANNON	(i)	584,197	585,117	9,563	73,362	18,559	1,270,798	0
	CAO/CORP SECRETARY	(ii)	0	0	0	0	0	0	0
4	MARIELL JESSUP	(i)	591,089	585,117	0	73,306	9,622	1,259,134	0
	CHIEF SCIENCE & MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
5	JOHN MEINERS	(i)	496,544	365,700	24,823	48,300	18,559	953,926	0
	CHIEF OF MISSION ALIGNED BUSINESS	(ii)	0	0	0	0	0	0	0
6	JEREMY BEAUCHAMP	(i)	490,903	211,069	9,049	72,747	24,861	808,629	0
	EVP SOUTHEAST	(ii)	0	0	0	0	0	0	0
7	CYNTHIA ROBERTS	(i)	397,714	245,560	2,766	58,649	24,861	729,550	0
	CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
8	PAUL KALIL	(i)	422,323	211,310	7,295	62,247	24,861	728,036	0
	EVP MISSION ADVANCEMENT	(ii)	0	0	0	0	0	0	0
9	KATHLEEN ROGERS	(i)	455,263	177,235	2,254	69,081	17,146	720,979	0
	EVP WESTERN STATES	(ii)	0	0	0	0	0	0	0
10	LAURA SOL	(i)	434,759	203,667	0	63,630	17,146	719,202	0
	CHIEF OF STAFF TO THE CEO	(ii)	0	0	0	0	0	0	0
11	EDUARDO SANCHEZ	(i)	422,168	200,624	14,983	47,685	26,880	712,340	0
	CHIEF MEDICAL OFFICER FOR PREVENTION	(ii)	0	0	0	0	0	0	0
12	MITCHELL ELKIND	(i)	409,163	132,371	0	31,988	26,880	600,402	0
	CHIEF CLINICAL SCIENCE OFFICER	(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	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 AND/OR BOARD MEMBERS REPORTED SPOUSAL OR COMPANION TRAVEL. ALL OF THE COMPENSATION REPORTED IN PART VII, SECTION A FOR BOARD OFFICERS AND/OR BOARD MEMBERS 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, \$105,988; JOHN MEINERS, \$24,823; AND EDUARDO SANCHEZ \$14,983.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HEART ASSOCIATION, INC.

Employer identification number
13-5613797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	317	152,048	SELLING COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		12,079	SELLING COST
5 Clothing and household goods				
6 Cars and other vehicles	✓	108	134,814	SELLING COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	321	11,230,205	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	✓	726	375,679	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>)	✓	4,104	4,749,905	SELLING COST
26 Other (<u>TANG PERS PROP</u>)	✓	4,446	1,037,277	SELLING COST
27 Other (<u>FOOD/DRINK</u>)	✓	3,649	2,328,134	SELLING COST
28 Other (<u>OTHER</u>)	✓	2,214	5,545,158	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	3
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	Yes	No
30a		✓
31	✓	
32a	✓	
33		

Part II

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

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS CARS AND OTHER VEHICLES - NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS COLLECTIBLES - NUMBER OF CONTRIBUTIONS OTHER - REC/TRAVEL NUMBER OF CONTRIBUTIONS OTHER - TANG PERS PROP NUMBER OF CONTRIBUTIONS OTHER - FOOD/DRINK NUMBER OF CONTRIBUTIONS OTHER - OTHER NUMBER OF CONTRIBUTIONS</p>
<p>SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION</p>	<p>OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS. IRA INTEREST A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 109 C)REVENUE REPORTED ON FORM 990, PART VIII \$4,736,810 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 = 1,426 C)REVENUE REPORTED ON FORM 990, PART VIII \$420,931 D)METHOD OF DETERMINING VALUE; SALES PRICE MISCELLANEOUS A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 679 C)REVENUE REPORTED ON FORM 990, PART VIII \$387,417 D)METHOD OF DETERMINING VALUE; SALES PRICE</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY A THIRD PARTY. THE ASSOCIATION ALSO USES THIRD PARTIES TO SELL CERTAIN DONATED ILLIQUID ASSETS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**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 -	<p>PUBLIC/CONSUMER EDUCATION CONTINUED</p> <p>-A PERCEPTIONS SURVEY CONDUCTED BY DECISION ANALYST REVEALED THAT - SINCE THE LAUNCH OF THE HEART ASSOCIATION'S NATION OF LIFESAVERS™ MOVEMENT - BYSTANDER CONFIDENCE IN PERFORMING CPR IN A CARDIAC EMERGENCY INCREASED FROM 33% TO 39%, OR 17.7 MILLION MORE PEOPLE.</p> <p>-STUDENTS ATTENDING THE AMERICAN SCHOOL AND TEIKO UNIVERSITY IN JAPAN ALSO LEARNED LIFESAVING SKILLS AS PART OF A CPR TOUR IN TOKYO LED BY THE HEART ASSOCIATION AND CHASING M'S FOUNDATION.</p> <p>-THE HEART ASSOCIATION MARKED THE SUCCESSFUL CONCLUSION OF THE VETERANS AFFAIRS LIPID OPTIMIZATION REIMAGINED QUALITY IMPROVEMENT (VALOR-QI) PROGRAM, A COLLABORATION WITH THE VETERANS ADMINISTRATION WITH SUPPORT FROM NOVARTIS PHARMACEUTICAL CORPORATION. THE PROGRAM PROVIDED VETERANS WITH EDUCATION, MONITORING AND HEALTH COACHING ON MEDICATION ADHERENCE AND LIFESTYLE MANAGEMENT. THE RESULTS EXCEEDED EXPECTATIONS, PRODUCING AN AVERAGE DECREASE OF 15 MG/DL IN LDL-C CHOLESTEROL LEVELS AND AN INCREASE IN MEDICATION ADHERENCE FROM 65% TO 77% FOR LIPID-LOWERING THERAPIES.</p> <p>-STROKE IS THE THIRD-LEADING CAUSE OF DEATH AMONG HISPANIC WOMEN AND THE FOURTH-LEADING CAUSE OF DEATH AMONG HISPANIC MEN. TO RAISE AWARENESS OF STROKE WARNING SIGNS, THE AMERICAN STROKE ASSOCIATION, A DIVISION OF THE HEART ASSOCIATION, DEBUTED THE SPANISH-LANGUAGE WEBSITE DERRAMECEREBRAL.ORG.</p> <p>-WITH OPIOID OVERDOSES CLAIMING MORE THAN 81,000 LIVES IN 2023, THE HEART ASSOCIATION TEAMED WITH THE OPIOID RESPONSE NETWORK ON A SUBSTANCE-USE DISORDERS PROGRAM ENGAGING FAITH-BASED ORGANIZATIONS IN FY24-25.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

**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 4B -	<p>SCIENCE AND TECHNOLOGY CONTINUED</p> <p>-THE HEART ASSOCIATION ANNOUNCED NOVEL ARTIFICIAL INTELLIGENCE APPROACHES TO ADVANCE CARDIOVASCULAR AND CEREBROVASCULAR/BRAIN HEALTH THAT INCLUDED A \$12 MILLION FUNDING OPPORTUNITY FOR INVESTIGATORS USING ARTIFICIAL INTELLIGENCE IN CARDIOVASCULAR AND BRAIN HEALTH AND HEALTH CARE DELIVERY.</p> <p>-THE HEART ASSOCIATION AND ROBERT WOOD JOHNSON FOUNDATION CO-FUNDED \$20 MILLION TO LAUNCH THE HEALTH EQUITY RESEARCH NETWORK ON COMMUNITY-DRIVEN RESEARCH. SCIENTISTS AND COMMUNITY LEADERS WILL COLLABORATE TO ADDRESS HEALTH DISPARITIES IN UNDERREPRESENTED COMMUNITIES AND IMPROVE HEALTH OUTCOMES.</p> <p>-THE HEART ASSOCIATION FUNDED \$15 MILLION FOR ITS STRATEGICALLY FOCUSED RESEARCH NETWORK (SFRN) ON CARDIOVASCULAR KIDNEY METABOLIC SYNDROME: HETEROGENEITY IN WOMEN TO IMPROVE PREVENTION AND TREATMENT FOR WOMEN EXPERIENCING CKM SYNDROME - A CLINICAL TERM FOR THE COMBINED HEALTH EFFECTS OF HEART DISEASE, KIDNEY DISEASE, DIABETES AND OBESITY.</p> <p>-THE HEART ASSOCIATION AND ADDITIONAL VENTURES COMMITTED \$13 MILLION TO FIVE RESEARCH TEAMS STUDYING SINGLE VENTRICLE HEART DISEASE - A RARE CONGENITAL HEART DEFECT WITH NO CURE THAT REQUIRES MULTIPLE SURGERIES BEGINNING RIGHT AFTER BIRTH.</p> <p>-NEARLY 90% OF THE U.S. POPULATION NOW HAS ACCESS TO OUR GET WITH THE GUIDELINES® QUALITY IMPROVEMENT PROGRAMS THROUGH LOCAL HOSPITALS, ENSURING THAT PATIENTS RECEIVE EVIDENCE-BASED CARE.</p> <p>-THE HEART ASSOCIATION LAUNCHED A THREE-YEAR INITIATIVE - SUPPORTED BY FOUNDING SPONSOR BRISTOL MYERS SQUIBB™ - TO BRIDGE GAPS IN CARE FOR HYPERTROPHIC CARDIOMYOPATHY, THE MOST COMMON INHERITED HEART DISEASE.</p> <p>-THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION AND THE AMERICAN ACADEMY OF NEUROLOGY ANNOUNCED THE FIRST TWO RECIPIENTS OF THE RALPH L. SACCO SCHOLARSHIPS IN BRAIN HEALTH - POSTHUMOUSLY NAMED FOR THE WORLD-RENOWNED NEUROLOGIST WHO SERVED AS VOLUNTEER PRESIDENT OF BOTH ORGANIZATIONS. EACH RESEARCHER RECEIVED A \$150,000, TWO-YEAR SCHOLARSHIP FOR THEIR CONTINUING SCIENTIFIC RESEARCH IN BRAIN HEALTH.</p> <p>-THE HEART ASSOCIATION LAUNCHED AN INITIATIVE WITH THE AMERICAN COLLEGE OF PHYSICIANS, AMERICAN DIABETES ASSOCIATION®, AMERICAN SOCIETY OF NEPHROLOGY, NATIONAL KIDNEY FOUNDATION AND STOP OBESITY ALLIANCE AT THE MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH TO IMPROVE DIAGNOSIS AND CARE FOR PEOPLE WITH CARDIOVASCULAR-KIDNEY-METABOLIC SYNDROME. TOGETHER, WE WILL ENGAGE 150 HOSPITALS AND SITES ACROSS THE NATION, REACHING MORE THAN 265,000 PATIENTS.</p> <p>-THE HEART ASSOCIATION, WITH SUPPORT FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST, COMMITTED \$4.7 MILLION IN MINNESOTA, \$5.05 MILLION IN SOUTH DAKOTA AND \$5.8 MILLION IN HAWAII TO STRENGTHEN THE FULL SPECTRUM OF STROKE CARE THROUGH THE MISSION: LIFELINE® STROKE INITIATIVE</p> <p>-THE HEART ASSOCIATION'S HEALTH CARE BY FOOD™ INITIATIVE BEGAN ACCEPTING PROPOSALS FOR A PLANNING GRANT TO SUPPORT DEVELOPMENT OF TRIAL PROTOCOL AND PROCUREMENT OF \$3 MILLION IN FUNDING FOR RIGOROUS RESEARCH ON THE HEALTH IMPACT OF FOOD IS MEDICINE (FIM) INTERVENTIONS. INVESTIGATORS WILL RECEIVE UP TO \$100,000 OVER A 12-MONTH PERIOD, INCLUDING UP TO \$25,000 FOR PRELIMINARY DATA COLLECTION.</p>

**SCHEDULE O
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(Rev. January 2025)

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OMB No. 1545-0047

**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 4C -	<p>PROFESSIONAL EDUCATION CONTINUED</p> <p>-WITH STROKE RATES RISING IN INDIA, THE AMERICAN STROKE ASSOCIATION ANNOUNCED THE COUNTRY'S FIRST CERTIFIED COMPREHENSIVE STROKE CENTERS: APOLLO HOSPITAL IN HYDERABAD, TELANGANA, AND ASTER HOSPITAL IN CALICUT, KERALA. CERTIFICATIONS RECOGNIZE HOSPITALS THAT HAVE THE EQUIPMENT, INFRASTRUCTURE, STAFF AND TRAINING TO QUICKLY DIAGNOSE AND BEST TREAT PATIENTS WITH THE MOST COMPLEX STROKES.</p> <p>-NEWLY CERTIFIED CHEST PAIN CENTERS IN INDIA AND MEXICO ARE THE MOST RECENT TO JOIN THE GLOBAL GROUP RECOGNIZED BY THE HEART ASSOCIATION FOR EXCELLENCE IN CARDIAC EMERGENCY CARE. THE ASSOCIATION DEVELOPED ITS INTERNATIONAL CHEST PAIN CENTER CERTIFICATION TO ENSURE HOSPITALS IMPLEMENT COORDINATED SYSTEMS OF CARE THAT REDUCE TIME TO TREATMENT AND IMPROVE LONG-TERM CARDIOVASCULAR HEALTH.</p> <p>-THE AMERICAN STROKE ASSOCIATION, A DIVISION OF THE AMERICAN HEART ASSOCIATION, PUBLISHED THE 2024 GUIDELINE FOR THE PRIMARY PREVENTION OF STROKE AS A RESOURCE FOR CLINICIANS. THE GUIDELINE HIGHLIGHTS THE ASSOCIATION'S LIFE'S ESSENTIAL 8TH METRICS FOR OPTIMAL CARDIOVASCULAR HEALTH AND, FOR THE FIRST TIME, UNDERSCORES STROKE RISKS SPECIFIC TO WOMEN SUCH AS PREGNANCY COMPLICATIONS AND EARLY MENOPAUSE.</p> <p>-FUELED BY INCREASES IN HIGH BLOOD PRESSURE, OBESITY AND OTHER RISK FACTORS, HEART DISEASE AND STROKE REMAIN THE NO. 1 AND NO. 5 CAUSES OF DEATH IN THE UNITED STATES ACCORDING TO 2025 HEART DISEASE AND STROKE STATISTICS: A REPORT OF U.S. AND GLOBAL DATA FROM THE AMERICAN HEART ASSOCIATION. THE HEART ASSOCIATION PUBLISHES AN UPDATED REPORT ANNUALLY.</p> <p>-AMERICAN HEART ASSOCIATION CEO NANCY BROWN ADDRESSED EARLY CAREER PROFESSIONALS DURING A SPECIAL SESSION OF THE 48TH U.S TEN-DAY SEMINAR ON EPIDEMIOLOGY AND PREVENTION OF CARDIOVASCULAR DISEASE AND STROKE HOSTED BY THE HEART ASSOCIATION IN COLLABORATION WITH NATIONAL INSTITUTES OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHERS.</p>

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Inspection**

Name of the organization

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Employer identification number

13-5613797

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D -	<p>COMMUNITY SERVICES</p> <p>-HEARTCORPS, CREATED BY THE AMERICAN HEART ASSOCIATION AND AMERICORPS TO INCREASE PUBLIC HEALTH WORKERS IN RURAL COMMUNITIES, CELEBRATED THE END OF YEAR 2 HAVING INVESTED 74,000 HOURS SERVING NEARLY 18,000 PATIENTS. HEARTCORPS MEMBERS WORK AT HOST SITES PROVIDING RESOURCES AND CARE TO PATIENTS STRUGGLING WITH HYPERTENSION, DIABETES, SMOKING, NUTRITION INSECURITY AND MORE.</p> <p>-THE AMERICAN HEART ASSOCIATION RECEIVED THREE PHASE 2 GRANTS TOTALING \$8,385,135 AS PART OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) NATIONAL PARTNERS COOPERATIVE AGREEMENT. THE 5-YEAR INITIATIVE IS AIMED AT HELPING ORGANIZATIONS AND HEALTH CARE SYSTEMS OPERATE MORE COMPREHENSIVELY AND EFFECTIVELY TO ADDRESS HEALTH INEQUITIES IN COMMUNITIES ACROSS THE NATION.</p> <p>-THE HEART ASSOCIATION AND PENN MEDICINE LAUNCHED 'TEAM UP TO TAKE DOWN HIGH BLOOD PRESSURE,' A THREE-YEAR INITIATIVE FOCUSED ON WEST AND SOUTHWEST PHILADELPHIA WHERE THE CITY'S HYPERTENSION RATES ARE HIGHEST. THE PROGRAM ENGAGES COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE PRACTICES TO IMPROVE BLOOD PRESSURE SCREENING, SELF-MEASUREMENT AND MANAGEMENT.</p> <p>-AS THE WORLD HEART FEDERATION CONVENED THE WORLD HEART SUMMIT IN GENEVA, AMERICAN HEART ASSOCIATION LEADERS JOINED DISCUSSIONS WITH GLOBAL CHANGEMAKERS ON WAYS TO IMPROVE CARDIOVASCULAR HEALTH ACROSS CONTINENTS.</p> <p>PUBLIC ADVOCACY</p> <p>-THE CARDIOMYOPATHY HEALTH EDUCATION, AWARENESS, RESEARCH AND TRAINING IN SCHOOLS (HEARTS) ACT BECAME LAW, PROVIDING U.S. PUBLIC SCHOOLS WITH RESOURCES TO DEVELOP CARDIAC EMERGENCY RESPONSE PLANS, INCLUDING CPR-TRAINED STUDENTS AND STAFF AND READILY ACCESSIBLE AUTOMATED EXTERNAL DEFIBRILLATORS. THE BILL WAS INSPIRED AND CHAMPIONED BY BUFFALO BILLS SAFETY DAMAR HAMLIN, NATIONAL AMBASSADOR FOR THE HEART ASSOCIATION'S NATION OF LIFESAVERS™ MOVEMENT.</p> <p>-NEARLY 3,300 AMERICAN HEART ASSOCIATION HEART POWERED GRASSROOTS ADVOCATES MOBILIZED IN 44 U.S. CITIES, MEETING WITH LAWMAKERS TO SECURE BIPARTISAN SUPPORT OF LIFESAVING LEGISLATION AROUND CARDIAC READINESS IN SCHOOLS, ACCESS TO CARE, TOBACCO CONTROL AND NUTRITION SECURITY.</p> <p>-TO PRESERVE AND STRENGTHEN BIOMEDICAL RESEARCH AND INNOVATION IN LIGHT OF FEDERAL BUDGETS CUTS AND REORGANIZATION, THE HEART ASSOCIATION RELEASED THE PRESIDENTIAL ADVISORY, PRINCIPLES FOR THE FUTURE OF BIOMEDICAL RESEARCH IN THE UNITED STATES AND OPTIMIZING THE NATIONAL INSTITUTES OF HEALTH.</p> <p>-THE SUPREME COURT RULED UNANIMOUSLY THAT THE FOOD AND DRUG ADMINISTRATION PROPERLY REJECTED APPLICATIONS FROM TWO MANUFACTURERS OF E-CIGARETTE LIQUIDS TO MARKET FRUIT- AND DESSERT-FLAVORED PRODUCTS.</p> <p>-AMERICAN HEART ASSOCIATION ADVOCATES ALONGSIDE REPRESENTATIVES FROM THE NATIONAL ALLIANCE FOR NUTRITION & ACTIVITY AND THE CENTER FOR SCIENCE IN THE PUBLIC INTEREST IN A BRIEFING TO ASK CONGRESS TO PROTECT NUTRITION STANDARDS IN SCHOOL MEALS AND CHILD NUTRITION PROGRAMS AND TO OPPOSE EFFORTS TO WEAKEN THEM.</p> <p>-THE FOOD AND DRUG ADMINISTRATION ANNOUNCED TWO PROPOSED RULES MARKING MAJOR STEPS FORWARD IN SUPPORTING HEALTH AND WELL-BEING.</p> <p>-ONE PROPOSED RULE WOULD REQUIRE THE TOBACCO INDUSTRY TO LOWER NICOTINE LEVELS IN CIGARETTES TO MINIMALLY ADDICTIVE OR NON-ADDICTIVE LEVELS.</p> <p>-PROPOSED RULE WOULD REQUIRE FRONT-OF-PACK NUTRITION LABELING FOR FOODS AND BEVERAGES, TO MAKE NUTRITION FACTS CLEARER AND MORE ACCESSIBLE, AND TO EMPOWER CONSUMERS TO MAKE INFORMED CHOICES.</p> <p>-THE FOOD AND DRUG ADMINISTRATION UPDATED ITS STANDARDS FOR NUTRITION CONTENT LABELING TO ALIGN WITH THE LATEST SCIENCE AND FEDERAL GUIDANCE.</p> <p>-AFTER A SEVEN-YEAR BATTLE, SANTA CRUZ BECAME THE FIRST CALIFORNIA CITY TO IMPLEMENT A SUGARY DRINK TAX SINCE 2018. TAXES ON SUGARY DRINKS HAVE PROVEN EFFECTIVE AT REDUCING THEIR PURCHASE AND CONSUMPTION.</p> <p>-THE CONGENITAL HEART FUTURES REAUTHORIZATION ACT OF 2024 BECAME LAW, EXTENDING FEDERAL FUNDING THROUGH 2029 FOR RESEARCH TO IMPROVE PREVENTION AND CARE FOR CONGENITAL HEART DISEASE. HEART ASSOCIATION ADVOCATES WERE VITAL TO SECURING BIPARTISAN SUPPORT OF THE BILL, WHICH REAUTHORIZES THE NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS PROGRAM.</p> <p>-HEART ASSOCIATION ADVOCATES FROM OHIO, IOWA AND WASHINGTON JOINED MEMBERS OF THE PARTNERSHIP TO PROTECT COVERAGE FOR A VIRTUAL "HILL DAY" TO URGE LAWMAKERS TO PRESERVE MEDICAID AND EXTEND THE ENHANCED ADVANCED PREMIUM TAX CREDITS (EAPTC),</p>

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Name of the organization

American Heart Association, Inc.

Employer identification number

13-5613797

Return Reference - Identifier	Explanation
	<p>WHICH REDUCE THE PREMIUMS FOR HEALTH INSURANCE PURCHASED THROUGH THE HEALTH INSURANCE MARKETPLACE BASED ON HOUSEHOLD SIZE AND INCOME.</p> <p>-THE HEART ASSOCIATION PARTICIPATED IN THE COALITION TO TRANSFORM ADVANCED CARE NATIONAL LEADERSHIP SUMMIT IN WASHINGTON, D.C., TO UNDERSCORE THE IMPORTANCE OF ADVANCING POLICIES AND SYSTEMS THAT SUPPORT SERIOUSLY ILL PATIENTS AND THEIR FAMILY CAREGIVERS.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY THAT HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS AND STAFF OF AHA. AHA OFFICERS, BOARD OF DIRECTORS, COMMITTEE AND SUBCOMMITTEE MEMBERS, TASK FORCE MEMBERS, WRITING GROUP MEMBERS, AHA SPOKESPERSONS, JOURNAL EDITORS, AND DESIGNATED STAFF MUST COMPLETE A RELATIONSHIP DISCLOSURE QUESTIONNAIRE, WHICH INCLUDES AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST AND ETHICS POLICIES ON AN ANNUAL BASIS AND UPDATE THE DISCLOSURE WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE.</p> <p>AHA HAS IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL CONFLICTS OF INTEREST: DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE; THE AWARD OF ANY GRANT, CONTRACT, OR SUBCONTRACT; OR THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA.</p> <p>CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH HE OR SHE HAS AN INTEREST AND OTHERWISE REFRAIN FROM EXERTING ANY INFLUENCE ON AHA TO AFFECT A DECISION. ADDITIONALLY, OTHER MEASURES MAY BE REQUIRED BY AHA, DEPENDING ON THE NATURE OF, AND THE ABILITY TO, REASONABLY MANAGE A CONFLICT.</p>
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE TO OVERSEE COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION. BASED UPON THE ADVICE OF AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE IS RESPONSIBLE FOR MAKING DETERMINATIONS ABOUT COMPENSATION FOR THE CEO AND DISQUALIFIED PERSONS, INCLUDING EMPLOYED OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF FIVE BOARD MEMBERS.</p> <p>THE COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO AND DISQUALIFIED PERSONS' COMPENSATION AS COMPARED TO EXTERNAL BENCHMARKING, AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. SEVERAL SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON, INCLUDING SURVEYS FROM VARIOUS COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY.</p> <p>DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2024-25 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2024, AND MAY OF 2025.</p> <p>KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND QUALIFICATIONS OF THE 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.</p>
<p>FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES</p>	<p>COMPENSATION PROCESS FOR OFFICERS REFER TO PART VI, LINE 15A EXPLANATION</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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Inspection**

Name of the organization

American Heart Association, Inc.

Employer identification number

13-5613797

Return Reference - Identifier	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.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 810 1304 842">(a) Description</th> <th data-bbox="1312 810 1515 842">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 846 1304 877">CHANGE VALUE IN SPLIT INTEREST AGREEMENTS</td> <td data-bbox="1312 846 1515 877">7,294,531</td> </tr> <tr> <td data-bbox="467 879 1304 911">NET UNREALIZED GAINS BEN INT PERPETUAL TRUSTS</td> <td data-bbox="1312 879 1515 911">8,461,824</td> </tr> <tr> <td data-bbox="467 913 1304 945">OTHER</td> <td data-bbox="1312 913 1515 945">- 170</td> </tr> <tr> <td data-bbox="467 947 1304 968">TOTAL</td> <td data-bbox="1312 947 1515 968">15,756,185</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE VALUE IN SPLIT INTEREST AGREEMENTS	7,294,531	NET UNREALIZED GAINS BEN INT PERPETUAL TRUSTS	8,461,824	OTHER	- 170	TOTAL	15,756,185
	(a) Description	(b) Amount									
	CHANGE VALUE IN SPLIT INTEREST AGREEMENTS	7,294,531									
	NET UNREALIZED GAINS BEN INT PERPETUAL TRUSTS	8,461,824									
	OTHER	- 170									
TOTAL	15,756,185										
CHANGE VALUE IN SPLIT INTEREST AGREEMENTS	7,294,531										
NET UNREALIZED GAINS BEN INT PERPETUAL TRUSTS	8,461,824										
OTHER	- 170										
TOTAL	15,756,185										

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

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**Open to Public
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Name of the organization

AMERICAN HEART ASSOCIATION, INC.

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	364,347	124,035,621	AHA
(2) BRIGHTTORCH VENTURES, LLC. (86-2279878) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	7,995,544	10,953,626	AHA
(3) GO RED FOR WOMEN VENTURE FUND, LLC (33-1913105) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENTS	DE	2,500,000	2,500,000	AHA
(4) SECOND CENTURY INVESTMENTS, LLC (39-2130011) 7272 GREENVILLE AVENUE, AMERICAN HEART ASSOCIATION, DALLAS, TX 75231	INVESTMENTS	DE	1,715,018	1,715,018	AHA
(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	SUPPORTING ORG	DE	501(C)(3)	12 TYPE I	AHA	✓	
(3) HEART AND TORCH GROUP, INC. (33-3754973) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	SUPPORTING ORG	DE	501(C)(3)	12 TYPE II	AHA	✓	
(4)							
(5)							
(6)							
(7)							

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHCARE QUALITY SYSTEMS (DUBAI)	A	1,966,497	COST
(2) HEALTHCARE QUALITY SYSTEMS (DUBAI)	R	315,170	COST
(3) HEALTHCARE QUALITY SYSTEMS (DUBAI)	L	197,860	COST
(4) HEALTHCARE QUALITY SYSTEMS (KSA)	A	272,932	COST
(5) HEALTHCARE QUALITY SYSTEMS (KSA)	R	149,950	COST
(6) (SEE STATEMENT)			

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

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

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

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RQI PARTNERS, LLC (83-0935798) 7272 GREENVILLE AVE, DALLAS, TX 75231	TRAINING SOLUTIONS	DE	AHA	RELATED	2,663,887	55,246,466		✓	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 (40) 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	2,397,889	2,162,734	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	3,763,161	3,918,249	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) HEALTHCARE QUALITY SYSTEMS (KSA)	L	196,068	CASH
(7) PERPETUAL TRUSTS (40)	C	2,005,670	CASH
(8) CHARITABLE REMAINDER TRUSTS (6)	C	970,831	CASH
(9) RQI PARTNERS, LLC	A	61,260,022	ACCRUAL
(10) RQI PARTNERS, LLC	L	186,158	ACCRUAL
(11) RQI PARTNERS, LLC	M	55,423,432	ACCRUAL
(12) RQI PARTNERS, LLC	Q	1,352,626	ACCRUAL
(13) RQI PARTNERS, LLC	R	121,779	ACCRUAL
(14) RQI PARTNERS, LLC	S	5,350,216	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.