PUBLIC DISCLOSURE COPY

Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB	No.	1545-0047

Department of the Treasury

, 2022, and ending _____, 20 For calendar year 2022, or tax year beginning For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Revenue Service Go to www.irs.gov/Form8453TE for the latest information. Name of filer Part I Type of Return and Return Information Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . Form 990-EZ check here .

b Total revenue, if any (Form 990-EZ, line 9) 2b 2a За

Part	Statement of Program Service A Check if Schedule O contains a	ccomplishments response or note to any line in this F	Part III	🗆					
1	Briefly describe the organization•s mission:								
2	Did the organization undertake any sign prior Form 990 or 990-EZ?]Yes □ No					
3	If •Yes,Ž describe these new services of Did the organization cease conduction services?	g, or make significant changes in I		1v 🗆 N					
	If •Yes,Ž describe these changes on Sc	hedule O.	_]Yes □ No					
4	Describe the organization•s program so expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	c)(4) organizations are required to rep							
4a	(Code:) (Expenses \$) (Revenue \$						
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program services (Describe on S	chedule O.)							
4e		grants of \$) (Revenu	e \$)						
+6	i otal program service expenses								

2

Form 990 (2022)

Part IV Checklist of Required Schedule7

3

Page 3

Form 990 (2022) Page 4

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If •Yes,Ž complete Schedule I, Parts I and III	22		
23	Did the organization answer •YesŽ to Part VII, Section A, line 3, 4, or 5, about compensation of the organization•s current and former officers, directors, trustees, key employees, and highest compensated employees? If •Yes,Ž complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If •Yes,Ž answer lines 24b through 24d and complete Schedule K. If •No,Ž go to line 25a	24a		
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an •on behalf ofŽ issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If •Yes,Ž complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization•s prior Forms 990 or 990-EZ? If •Yes,Ž complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If •Yes,Ž complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If •Yes,Ž complete Schedule L, Part III	27 2	26	

Form 990 (2022) Page **5**

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x retu	ırns? .	2b		
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
b	If •Yes,Ž has it filed a Form 990-T for this year? If •NoŽ to line 3b, provide an explanation on So	chedu	ule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acc	count)?	4a		
b	If •Yes,Ž enter the name of the foreign country					

Form 990 (2022)

Part VI

Form 990 (2022) Page 7

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

Form 990 (2022)

Part VII

Page 8

Form 990 (2022) Page **9**

Part	VIII	Statement of Revenue					•
		Check if Schedule O contains a re	sponse or note to an	y line in this Pa	rt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512514
	1a	Federated campaigns	1a				
nts	b	Membership dues	1b				
in jun	С	Fundraising events	1c				
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organizations					

9

Page 11

	n 990 (2 art X
	1 2 3 4 5
Assets	6 7 8 9 10a
Liabilities	

Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash,,non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
				5	
	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)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories or sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			

Net Assets or Fund Balances

(A) Name and Title	(B) Average hours per week	(C) Position (Check all that apply)				า ply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) SHAWN DENNIS	1.0	/						0		
BOARD MEMBER	0.0	•						0	0	C
(26) LINDA GOODEN	1.0	/								
BOARD MEMBER	0.0	•						0	0	0
(27) TOM GRECO	1.0	/						0	0	
BOARD MEMBER	0.0	•						0	0	C
(28) RON HADDOCK	1.0	/						0	0	
BOARD MEMBER	0.0	•						0	0	C
(29) ROBERT HARRINGTON	1.0	/						0	0	
BOARD MEMBER	0.0	•						U	0	(
(30) KATIE MILLER-SMITH	1.0	./						0	0	(
BOARD MEMBER	0.0	•						U	0	
(31) CHERYL PEGUS	1.0	./						0	0	
BOARD MEMBER	0.0	•						0	0	(
(32) ILEANA PINA	1.0	/						0	0	,
BOARD MEMBER	0.0	•						0	0	(
(33) JAMES POSTL	1.0	/						0	0	,
BOARD MEMBER	0.0	•						0	0	(
(34) MARCELLA ROBERTS	1.0	/						0	0	,
BOARD MEMBER	0.0	•						0	0	(
(35) JORGE SAUCEDO	1.0	/						0	0	(
BOARD MEMBER	0.0	•						U	0	
(36) SVATI SHAH	1.0	./						0	0	(
BOARD MEMBER	0.0	•						U	0	
(37) BOB SWAN	1.0	/								
BOARD MEMBER	0.0	•						0	0	(
(38) JOHN WARNER	1.0	/						0		,
BOARD MEMBER	0.0	•						0	0	(
(39) THOMAS PINA WINDSOR	1.0	/						0	-	
BOARD MEMBER	0.0	•						0	0	(

Part III

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? 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.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1)or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4),(5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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)?If "Yes," describe in Part VI when and how the			

organization made the determination.

Bit is a proposed organization and the determination.

Bit is a proposed organization and the determination.

Bit is a proposed organization and the determination.

Jeneuu	ile A (1 01111 770) 2022		r	age J
Part	IV Supporting Organizations (continued)		-	
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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		
С	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		
Secti	on B. Type I Supporting Organizations			
	71 11 3 3		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		
Secti	on C. Type II Supporting Organizations			
	31 11 0 0		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		
Secti	on D. All Type III Supporting Organizations			<u> </u>
			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).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1 □

Part VI

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
	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,	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
LINE 10 - OTHER INCOME	(1) CHANGE IN SPLIT INT AGREEMENTS		172,825	1,833,792	1,206,435	312,297	3,525,349
	(2) MISC						

Da	rt	I١	,

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.

Explanation
IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. AT THE NATIONAL LEVEL, THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH

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

Schedule D (Form 990) 2022

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 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		nod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(0) 011				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	000 5 . 11/ 11	11 0 5	000 5 1 1/1 10
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		nod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	on (b) must equal Form 990, Part X, col. (b) line 13.) Other Assets.			
Tartix	Complete if the organization answered "Yes" on For	m 990 Part IV line	11d See Form	990 Part X line 15
	(a) Description	111 770, 1 411 17, 11110	114. 500 1 5111	(b) Book value
(1)	(-)			(,)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990 Part IV line	11e or 11f. See	e Form 990, Part X,
		m 770, r art rv, mic		
1.	line 25.	111 770, 1 dit IV, illie		(b) Book value
1. (1) Federal ir	line 25. (a) Description of liability	111 770, 1 dit 1V, iiiie		(b) Book value
(1) Federal in	line 25. (a) Description of liability	111 770, 1 dit 10, iiiie		(b) Book value
(1) Federal ir	line 25. (a) Description of liability	111 770, 1 dit 10, iiiie		(b) Book value
(1) Federal in (2) (3)	line 25. (a) Description of liability	111 770, 1 dit IV, iiile		(b) Book value
(1) Federal ir (2) (3) (4)	line 25. (a) Description of liability	111 770, 1 dit 1V, iiile		(b) Book value
(1) Federal in (2) (3)	line 25. (a) Description of liability	111 770, 1 dit 1V, iiile		(b) Book value
(1) Federal in (2) (3) (4) (5)	line 25. (a) Description of liability			(b) Book value
(1) Federal in (2) (3) (4) (5) (6)	line 25. (a) Description of liability	111 770, 1 dit IV, iiile		(b) Book value
(1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	line 25. (a) Description of liability ncome taxes	THE PROPERTY OF THE PROPERTY O		(b) Book value
(1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	line 25. (a) Description of liability			(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С			
			1

Return Reference - Identifier	Explanation
SCHEDULE D, PART V,	

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.

Part XIII

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Part	General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b.	or or
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?	No
2	For grantmakers.	

Schedule F (Form 990) 2022



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.

Schedule F (Form 990) 2022

₽II Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Genta Aid telepta Part III can be duplicated if additional space is needed. (hMethod of valuation (book, FMV, appraisal, other) ()bRegion (gDescription of noncash assistance (a Type of grant or assistance ()cNumber of ()dAmount of ()eManner of (f Amount of recipients cash grant cash noncash disbursement assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Schedule F (Form 990) 2022 Page 4

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)	4 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	4 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)	4 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)	4 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	4 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)	4 Yes	☐ No

Schedule F (Form 990) 2022

Part I

Activities per Region (continued)

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

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

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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Schedule G (Form 990) 2022 Page 2

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

Schedule G (Form 990) 2022 Page 3

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
	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	Expla	anation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL	Name	Description	
LINE 2B	ARRANGEMENT	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,	PAYMENT OF FEES OR	Name	Description	
LINE 2B	PAYMENT OF EXPENSES	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) 2022

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1	1									

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

(a)	(b)	(c)			
Name and address of organization or government	EIN				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description oHpraisal, other	

		1		
(a) Name and address of organization or government				
		•		

(a) Name and address of organization or government	(b) EIN	(c)			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance	
(163) GUILFORD COUNTY SCHOOLS 712 NORTH EUGENE STREET, GREENSBORO, NC 27401	56-6000522	GOV	30,000				EMERGENCY HOUSING	
(164) GULF COAST BREASTFEEDING CENTER, LLC 6340 KILN DELISLE ROAD, PASS CHRISTIAN, MS 39571	47-1905789		6,000				NUTRITION SECURITY	
(165) GULFSTREAM GOODWILL INDUSTRIES 1715 TIFFANY DRIVE EAST, WEST PALM BEACH, FL 33407	59-1197040		7,135				FOOD ACCESS PROGRAMS	
(166) GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN STREET, GUTTENBERG, IA 52052	42-6038728	GOV	10,000				STROKE EDUCATION & AWARENESS	
(167) HARRISON HOPE 6130 E 32ND ST103, TULSA, OK 74135	88-0726280	(C)(3)	20,000				CHILDHOOD OBESITY	
(168) HAWARDEN REGIONAL HEALTHCARE 1111 11TH STREET, HAWARDEN, IA 51023	42-6005851	(C)(3)	7,000				STROKE EDUCATION & AWARENESS	
(169) HCA RESEARCH INSTITUTE, LLC 2000 HEALTH PARK DRIVE, , BRENTWOOD, TN 37027	85-2113488		11,000				ATRIAL FIBRILLATION INITIATIVE	
(170) HEALING WITH CARE INC. 214 BROAD STREET, DURHAM, NC 27701	56-1963988	(C)(3)	6,500				COMMUNITY HEALTH	
(171) HEALTH AND HOMES ST. LOUIS 54 HANLEY INDUSTRIAL COURT, ST LOUIS, MO 63144	37-1861094	(C)(3)	20,000				BLOOD PRESSURE PROGRAM	
(172) HEALTHBRIDGE4U PO BOX 137051, FORT WORTH, TX 76136	84-2401560		33,500				CHOLESTEROL PROGRAM	
(173) HEALTHCARE QUALITY RESEARCH SYSTEMS, INC. 7272 GREENVILLE AVENUE, DALLAS, TX 75231	88-1094366	(C)(3)	1,305,000				GENERAL SUPPORT	
(174) HEALTHLINC INC 2401 VALLEY DRIVE, VALPARAISO, IN 46383	35-2147791	(C)(3)	25,000				HEALTH EQ0(3))Tj 0 g ET BT 1	0 0 156
								J

•					
L					

(a)	400 00 :	0.5.0500.400.5	0.6.7	57.0.05.01) T: () To : 5 : : :	0.5	000 4011 0 4 1 1 2	
Name and address of organiza 0.5 w 266.4	132 86.4 36 re	S 0.5 w 352.8 132 57.6 (36 re S 0.5on 13	2 57.6 36 (Name	a)Tj ()T01.8 114:	2gov0.5 w 266.42U.8 1142gov0.9	5 w 266.42U.8 1142gov0.5 w 266	6.42L
								1
								-

(a)	(b) EIN	(c)	(d)		
Name and address of organization or government	LIIV	IRC section if applicable			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if			
government					
			<u> </u>		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non ount of		

(a)	(b)	(c)	(d)		
Name and address of organization or government	EIN	IRC section if applicable	Amount of		
government		applicable			

(a)				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(315) PRIMARY CARE PROVIDERS FOR A HEALTHY PO BOX 395, CLINTON, LA 70722	72-1443732	(C)(3)	22,500				VACCINE EDUCATION AND SUPPORT
(316) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE SUITE 200, DES MOINES, IA 50314	42-1350092	(C)(3)	25,000				COMMUNITY IMPACT
(317) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE., DES MOINES, IA 50314	42-1350092	(C)(3)	63,749				HEART FAILURE MANAGEMENT
(318) PRIMARY HEALTH CARE, INC 1200 UNIVERSITY AVE., DES MOINES, IA 50314	42-1350092	(C)(3)	35,000				DOCTOR TRAINING AND

American Heart Association, Inc. 13-5613797

66

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(368) ST JOSEPH PUBLIC LIBRARY 927 FELIX ST, ST JOSEPH, MO 64501	43-1573163	(C)(3)	8,000				AED AND BP MONITORS
(369) ST LOUIS CHILDRENS HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST, STE 160, ST. LOUIS, MO 63110	43-1626863	(C)(3)	20,000				EMERGENCY CARE ACCESS IN SCHOOLS
(370) ST LUKE							

		(a)				
	_					
	_					

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d)		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d)		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(453) WAHIAWA CENTER FOR COMMUNITY HEALTH 302 CALIFORNIA AVENUE STE 106, WAHIAWA, HI 96786	45-5114944	(C)(3)	6,000				VACCINE EDUCATION AND SUPPORT
(454) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	22-3849199	(C)(3)	10,000				FOOD ACCESS PROGRAMS
(455) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034, SAINT LOUIS, MO 63112	43-0653611	(C)(3)	100,000				STROKE PROGRAM
(456) WAVE POOL CORP 2940 COLERAIN AVENUE, CINCINNATI, OH 45225	47-5054823	(C)(3)	6,500				FOOD ACCESS PROGRAMS
(457) WAYNE HEALTH 400 MACK AVENUE, DETROIT, MI 48201	38-3474766	(C)(3)	12,500				BLOOD PRESSURE PROGRAM
(458) WELD SEATTLE 1426 SOUTH JACKSON STREET, SEATTLE, WA 98144	81-3922645	(C)(3)	100,000				COMMUNITY IMPACT
(459) WELLSTAR FOUNDATIONFOUNDATION							

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

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

(a) Name and address of organization or government	(b) EIN	(c) EINEINEINEINEIN	EINEINEINE	INEINEINEINEI	NEINEIN	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash of	

78

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

(a)				
Name and address of				
ivalle and address of				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(581) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030	74-6053200	(C)(3)	348,365				RESEARCH
(582) TEXAS TECH UNIVERSITY 2625 MEMORIAL CIRCLE, LUBBOCK, TX 79409-1035	75-6002622	GOV	353,999				RESEARCH
(583) TEXAS WOMAN'S UNIVERSITY 304 ADMINISTRATION DRIVE, DENTON, TX 76204	75-6002618	GOV	633019 00	.01569 0.0470			RESEARCH
(584) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107	23-1352651	(C)(3)	364,557				RESEARCH
(585) TUFTS COLLEGE 136 HARRISON AVENUE, BOSTON, MA 02111	75-2002638	(C)(3)	565,106				RESEARCH
(586) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 817, BOSTON, MA 02111-1533	04-3400617	(C)(3)	12,000				RESEARCH
(587) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA 70112	72-0423889	(C)(3)	674,432				RESEARCH
(588) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	35-6002608	(C)(3)	422,903				RESEARCH

ı		1	

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

	4.5		()		(0)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of I	

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

(a)	(b)	(c)	(d)	(e)	(f)
Type of grant or assistance	Number of Recipients	Amount of cash grant	Amount of non- cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance
(7) CAREGIVER STIPEND	37	11,006			
(8) COMMUNITY IMPACT GRANT	4	8,278			
(9) HONORARIUM	17	29,500			
(10) LECTURE AWARD	28	31,023			
(11) TRAVEL AWARD	209	135,655			
(12) POSTER PRESENTATION AWARD	42	9,800			
(13) SCHOOL FITNESS PROGRAM	8	30,000			

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference - Identifier	Explanation
Return Reference - Identifier SCHEDULE I, PART I,	Explanation Explanation

Return Reference - Identifier Explanation 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 SCHEDULE I, PART I, LINE PROCEDÚRES FÓR MONITORING USE OF 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 GRANT FUNDS. TO BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA. AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF (1) APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE, AND (2) THE VETERANS ADMINISTRATION EMPLOYEES. ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT. INDIVIDUAL ELIGIBILITY FOR AWARDS
THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND ACADEMIC
POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS AND, AT THE TIME OF
APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED IN WRITING AND APPROVED BY THE
APPROPRIATE GOVERNING BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH
COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE). THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS ARE GIVEN BELOW. PREDOCTORAL FELLOWSHIP THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF PROMISING STUDENTS WHO ARE MATRICULATED IN PRE-DOCTORAL OR CLINICAL HEALTH PROFESSIONAL DEGREE TRAINING PROGRAMS. POST BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH.D., M.D., OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE. POSTDOCTORAL FELLOWSHIP THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF POSTDOCTORAL APPLICANTS WHO ARE NOT YET INDEPENDENT. INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK. INDIVIDUALS ARE EXPECTED TO DEVOTE AT LEAST 80% FULL-TIME EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT TO INDEPENDENT RESEARCH (INSTEAD OF ADMINISTRATIVE, CLINICAL, OR TEACHING RESPONSIBILITIES).

CAREER DEVELOPMENT AWARD

THIS PROGRAM SUPPORTS HIGHLY PROMISING HEALTHCARE AND ACADEMIC PROFESSIONALS, IN THE EARLY YEARS OF ONE'S FIRST PROFESSIONAL APPOINTMENT, TO EXPLORE INNOVATIVE QUESTIONS OR PILOT STUDIES.

AT THE TIME OF APPLICATION, THE APPLICANT MUST HOLD AN M.D., PH.D., D.O., D.V.M., D.D.S., OR EQUIVALENT POST-BACCALAUREATE DOCTORAL DEGREE. AT THE TIME OF AWARD ACTIVATION, THE APPLICANT MUST HOLD A FACULTY/STAFF POSITION UP TO AND INCLUDING THE RANK OF ASSISTANT PROFESSOR (OR EQUIVALENT). APPLICATIONS MAY BE SUBMITTED FOR REVIEW IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE FIRST FACULTY/STAFF APPOINTMENT. APPLICANTS MAY NOT BE A CURRENT OR PRIOR RECIPIENT OF AN AHA CAREER DEVELOPMENT AWARD OR AN AHA SCIENTIST DEVELOPMENT GRANT (AFFILIATE OR ASSOCIATION-WIDE).

NO MORE THAN FIVE YEARS MAY HAVE ELAPSED SINCE THE FIRST FACULTY/STAFF APPOINTMENT (AFTER RECEIPT OF DOCTORAL DEGREE) AT THE ASSISTANT PROFESSOR LEVEL OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, INSTRUCTOR, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.)

ESTABLISHED INVESTIGATOR AWARD

MID-CAREER INVESTIGATORS WITH UNUSUAL PROMISE AND AN ESTABLISHED RECORD OF ACCOMPLISHMENTS AND DEMONSTRATED COMMITMENT TO CARDIOVASCULAR OR CEREBROVASCULAR SCIENCE. INDIVIDUALS MUST BE FACULTY/STAFF MEMBERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT THE TIME OF AWARD ACTIVATION, THE AWARDEE MUST BE AT THE LEVEL OF ASSOCIATE PROFESSOR/STAFF SCIENTIST OR EQUIVALENT. CURRENT NATIONAL-LEVEL FUNDING AS A PRINCIPAL INVESTIGATOR (OR CO-PI) ON AN R01 GRANT OR ITS EQUIVALENT. R01-EQUIVALENT AWARDS INCLUDE DP2, R01, R23, R29, R37 AND RF1 ACTIVITY CODES; (E.G., VA MERIT AWARD; NSF GRANT; OR PI OF A PROJECT ON A NIH PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO R01.

TRANSFORMATIONAL PROJECT AWARD

THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENTS THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

Return Reference - Identifier	Explanation

SCHEDULE J (Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef) 			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

		(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				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
0	Securities—Closely held stock .				
1	Securities—Partnership, LLC, or trust interests				
2	Securities—Miscellaneous				
3	Qualified conservation contribution—Historic structures				
4	Qualified conservation contribution—Other				
5	Real estate—Residential				
6	Real estate—Commercial				
7	Real estate—Other				
8	Collectibles				
9	Food inventory				
0	Drugs and medical supplies				
1	Taxidermy				
2	Historical artifacts				
3	Scientific specimens				
4	Archeological artifacts				
5	Other ()				
6	Other ()				
7	Other ()				
8	Other (
29	Number of Forms 8283 received	by the ord	ranization during the tax v	ear for contributions for	

art I

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

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

SCHEDULE O (Form 990)

Department of Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB N

Open

Name of the Organization
AMERICAN HEART ASSOCIATION, INC.

Employer Identification Nu 13-5613797

Return Reference - Identifier	Explanation

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PROFESSIONAL EDUCATION CONTINUED - THE AHA ANNOUNCED ITS RURAL HEALTH CARE OUTCOMES ACCELERATOR TO PROVIDE UP TO 700 RURAL HOSPITALS WITH NO-COST ACCESS TO ITS GET WITH THE GUIDELINES® QUALITY-IMPROVEMENT PROGRAMS FOR CORONARY ARTERY DISEASE, HEART FAILURE AND STROKE. OTHER ACCELERATOR FEATURES INCLUDE A RECOGNITION PROGRAM, PROFESSIONAL EDUCATION THROUGH THE AHA'S LIFELONG LEARNING CENTER AND OPPORTUNITIES TO COLLABORATE WITH CLINICAL EXPERTS AND THOUGHT LEADERS AT SPECIAL EVENTS.
	- TO RAISE QUALITY STANDARDS IN THE GROWING FIELD OF TELEHEALTH, THE AHA LAUNCHED THE CERTIFIED PROFESSIONAL BY THE AMERICAN HEART ASSOCIATION - TELEHEALTH PROGRAM, WITH A GRANT FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST. THE OPPORTUNITY IS OPEN TO LICENSED MEDICAL PROFESSIONALS WHO MEET PREREQUISITES.
	- THE AHA'S HEALTHCARE BUSINESS SOLUTIONS TEAM ANNOUNCED ITS NEW AHA PROFESSIONAL EDUCATION HUB™, A SCIENCE-BASED PLATFORM THAT SUPPORTS SKILLS DEVELOPMENT AND IMPROVED PATIENT OUTCOMES WITH ACCESS TO PREMIUM CONTENT IN THREE INAUGURAL PORTFOLIOS: STROKE, TELEHEALTH AND HEALTH EQUITY.
	- THE AMERICAN COLLEGE OF CARDIOLOGY, THE AHA AND THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS JOINTLY ISSUED A CLINICAL DOCUMENT OUTLINING REQUIRED COMPETENCIES FOR INTERVENTIONAL CARDIOLOGY TRAINEES. THIS IS THE FIRST DOCUMENT TO DEFINE THE TRAINING REQUIREMENTS FOR THE FULL BREADTH OF INTERVENTIONAL CARDIOLOGY.
	- THE AHA AND THE ALL INDIA INSTITUTES OF MEDICAL SCIENCES WILL TRAIN MORE THAN 150,000 STUDENTS, COMMUNITY HEALTH CARE WORKERS AND OTHERS ACROSS INDIA IN HANDS-ONLY CPR OVER THE NEXT THREE YEARS. THE TRAIN-THE-TRAINER MODEL IS BEING REPLICATED ACROSS BATHINDA, BHUBANESWAR AND MANGALAGIRI.
	- THE AHA'S WELL-BEING WORKS BETTERTM PLATFORM HELPS BUSINESS LEADERS SUPPORT THE HEALTH AND WELL-BEING OF THEIR EMPLOYEES. THE PLATFORM FEATURES A REIMAGINED WORKFORCE WELL-BEING SCORECARD TO HELP EMPLOYERS EVALUATE THE CULTURE OF HEALTH WITHIN THEIR ORGANIZATION, IDENTIFY GAPS AND DETERMINE HOW THEIR PROGRESS STACKS UP TO THEIR PEERS. PARTICIPATING COMPANIES RECEIVE GOLD, SILVER OR BRONZE RECOGNITION IN FORBES AND BENCHMARKING REPORTS TO IDENTIFY AREAS OF IMPROVEMENT.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D -	(EXPENSES \$54,047,696 INCLUDING GRANTS OF \$4,974,943)(REVENUE \$46,795,870)
ESCRIPTION OF OTHER ROGRAM SERVICES	COMMUNITY SERVICES - TO SUPPORT COMMUNITY-LED SOLUTIONS TO SOCIAL FACTORS NEGATIVELY IMPACTING HEALTH IN THE BAY AREA, THE AHA ALLOCATED \$1.1 MILLION TO THE FOLLOWING ENTERPRISES WITH CONTRIBUTIONS FROM KAISER PERMANENTE AND THE ANNE WOJCICKI FOUNDATION: - FARMING HOPE IS A GARDEN-TO-TABLE JOB TRAINING NONPROFIT THAT WORKS WITH INDIVIDUALS WHO ARE OVERCOMING MAJOR BARRIERS TO EMPLOYMENT FIREBRAND IS A MISSION-BASED BAKERY THAT HIRES RETURNING CITIZENS AND FORMERLY HOMELESS INDIVIDUALS GROWING TOGETHER IS A NONPROFIT THAT PROMOTES HEALTHY SCHOOL COMMUNITIES THROUGH TEACHING GARDENS AND INCREASING ACCESS TO FRESH FOOD SABA GROCERS IS A NONPROFIT BUILDING A MORE EQUITABLE FOOD SYSTEM BY ACTIVATING SMALL, IMMIGRANT-OWNED CORNER STORES AS HEALTHY FOOD ACCESS POINTS SOBER SIDEKICK IS A DIGITAL COMPANY POWERING COMMUNITY-DRIVEN BEHAVIORAL CHANGE BASED ON THE CONCEPT THAT "THE OPPOSITE OF ADDICTION IS CONNECTION." - URBAN ED ACADEMY IS A BLACK-LED NONPROFIT WITH THE MISSION OF BUILDING EDUCATIONAL EQUITY THROUGH REPRESENTATIVE LEADERSHIP IN AND AROUND SCHOOLS. WHE OF THE SENDILLE OF THE STORES AS THE BAY AREA.
	- NEARLY THREE YEARS SINCE ITS LAUNCH TO IMPROVE HEALTH OUTCOMES IN BLACK, HISPANIC AND INDIGENOUS COMMUNITIES, THE NATIONAL HYPERTENSION CONTROL INITIATIVE (NHCI) IS MAKING PROGRESS IN ACHIEVING THE GOAL OF SUSTAINED OPTIMAL BLOOD PRESSURE FOR PATIENTS IN 350 FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS. CREATED BY THE AHA WITH SUPPORT FROM THE OFFICE OF MINORITY HEALTH AND THE HEALTH RESOURCES AND SERVICES ADMINISTRATION BUREAU OF PRIMARY HEALTH CARE, NHCI ADDRESSES HEALTH DISPARITIES EXPOSED BY THE COVID-19 PANDEMIC.
	- IN NORTHWEST ARKANSAS, LIFESTYLE RX IS A COLLABORATION WITH THREE COMMUNITY CLINIC SCHOOL-BASED HEALTH SITES TO ADDRESS NUTRITION INSECURITY 3333 rg (SITES)Tj 0 g 0.01569 0.0

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Employer identification number

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)									
(2)									
(3)									
(4)									
(5)									
(6)									

Part II

Page 2

Part III	Identification of Rebecause it had on	elated Organizati e or more related	ons Taxable as I organizations t	a Partnership. reated as a pa				d "Ye	es" or	n Form 990, Pa	art IV,	, line	34,
,	(a) address, and EIN of ited organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(ł Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing		(k) Percentage ownership
(1)			Country)		sections 512—514)			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
Part IV	Identification of Reline 34, because it	 elated Organizati t had one or more	ons Taxable as related organiz	a Corporation zations treated	lor Trust. Cas a corporation	omplete if the or trust duri	le organization ng the tax yea	n ansv ar.	were	d "Yes" on For	m 99	<u>।</u> 0, Ра	rt IV,
Name	(a) , address, and EIN of relate	ed organization	(b) Primary activity	(c) Legal dor (state or foreig		olling Type	corp, or trust) in	(f) e of tota come come	al				

Schedule R (Form 990) 2022

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.

Schedule R (Form 990) 2022

Part VI

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(6	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	Disp tior alloc	rópor nate ation ?	(i) Code V - UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gen	ner?	1
) RQI PARTNERS, LLC (83-0935798) 272 GREENVILLE AVE DALLAS TX 75231	TRAINING	DE	AHA	RELATED	2,331,855	41,888,748		1	0		1	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			512(t conti	ection o)(13) rolled ity?
								Yes	No
(1) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(2) VARIOUS CHARITABLE RMDR TRUSTS (6) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(3) HEARTCENTRAL, INC. (46-4881302) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	HEALTH	DE	АНА	C CORPORATION	0	0	100.00	✓	
(4) HEALTHCARE QUALITY SYSTEMS PRINCE MOHAMMED BIN ABDULAZIZ RD, RIYADH, SA	HEALTHCARE	SAUDI ARABIA	HQRS	C CORPORATION	455,449	953,721	100.00	✓	
(5) HEALTHCARE QUALITY SYSTEMS 2102-07, AL HABTOOR BUSINESS TOWER, MARINA- DUBAI, AE	HEALTHCARE	UNITED ARAB EMIRATES	HQRS	C CORPORATION	195,464	600,707	100.00	✓	

Part V	Transactions with Related Organizations (continued)										
	(a) Name of other organization	(b) Transaction type (a-s)									

Part VII

Information.Tj 0