

| | Statement of Drogram Service Accomplichments | | |
|----|---|--------------------------------------|-------------|
| tI | Statement of Program Service Accomplishments | | |
| | THE AMERICAN HEART ASSOCIATION'S MISSION IS TO BE A RELENTLESS FORCE FOR A WORLD OF LO HEALTHIER LIVES. | NGER, | |
| | i, ^ ^ i ¹ / , ¹ / | t ⊡Yes | 4 |
| | | 🗌 Yes | 4 |
| ~ | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ | | - 1 |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1,986,75 | 59 / |
| | INFORMING ALL AMERICANS ABOUT WAYS TO REDUCE THEIR RISK OF HEART DISEASE AND STROKE IS THE MOST IMPORTANT OBJECTIVES OF THE AMERICAN HEART ASSOCIATION. IN 2021-22, THE ASSOCIA PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CAR HEALTH. PROGRAMS LIKE GO RED FOR WOMEN HELP US REACH SPECIFIC AUDIENCES WITH IMPORTA MESSAGES. | ATION'S DIOVASCULAR | |
| | (CONTINUED ON SCHEDULE O) | | |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI | | 15 / |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. S FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. RESEARCH SPENDING FOR FISCAL YEAR 2021-22 WAS \$166 MILLION, OR 18% OF TOTAL SPENDING FOR | ED TO INCE OUR | |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. S FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. | ED TO INCE OUR | 15 <i>i</i> |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. S FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. RESEARCH SPENDING FOR FISCAL YEAR 2021-22 WAS \$166 MILLION, OR 18% OF TOTAL SPENDING FOR | ED TO NINCE OUR | |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. S FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. RESEARCH SPENDING FOR FISCAL YEAR 2021-22 WAS \$166 MILLION, OR 18% OF TOTAL SPENDING FOR PROGRAMS AND SUPPORT SERVICES. RESEARCH AWARDS FOR THE YEAR TOTALED \$145.5 MILLION. (CONTINUED ON SCHEDULE O) (CONTINUED ON SCHEDULE O) (CONTINUED ON SCHEDULE O) (PROFESSIONAL EDUCATION RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICE ARE MOST USEFUL WHEN | ED TO INCE OUR R 113,009,20 | |
| | SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATI CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. S FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. RESEARCH SPENDING FOR FISCAL YEAR 2021-22 WAS \$166 MILLION, OR 18% OF TOTAL SPENDING FOR PROGRAMS AND SUPPORT SERVICES. RESEARCH AWARDS FOR THE YEAR TOTALED \$145.5 MILLION. (CONTINUED ON SCHEDULE O) (CONTINUED ON SCHEDULE O) (CONTINUED ON SCHEDULE O) RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICE ARE MOST USEFUL WHEN AVAILABLE TO SCIENTISTS AND HEALTHCARE PROFESSIONALS. THE AHA HOSTED MORE THAN A DOZE WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS. EACH OFFERED CONTINUING MEDICAL EDUCATI | ED TO INCE OUR R 113,009,20 | |

1

| Part IV Checklist of Required Schedules | | | |
|--|------------|-------|----|
| | | Yes | No |
| السنية المعالية الم | 1 | ~ | |
| 2 Schedule B, Schedule of Contributors | 2 | ~ | |
| | | - | |
| If "Yes," complete Schedule C, Part I | 3 | | ~ |
| | | | |
| 4 Section 501(c)(3) organizations. | 4 | ~ | |
| 5 If "Yes," complete Schedule C, Part III | | | |
| بالأطافات وأطلعا والمتعاد والم | 5 | | ~ |
| | | | |
| "Yes," complete Schedule D, Part I | 6 | | ~ |
| | | | |
| المعند | 7 | | ~ |
| 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| complete Schedule D, Part III | 8 | | ~ |
| | | | |
| 1 If "Yes," complete Schedule D, Part IV | 9 | | ~ |
| | 3 | | |
| 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 | ~ | |
| | | | |
| | | | |
| a If "Yes," II I If "Yes," II | 11a | ~ | |
| | па | - | |
| b If Yes, complete Schedule D, Part VII | 11b | ~ | |
| C | | | |
| | 11c | | ~ |
| d 1 1 If "Yes," complete Schedule D, Part IX | | ~ | |
| e , , , , , , , , , , , , , , , , , , , | 11d 11e | ~ | |
| f 1 1 1 1 1 1 1 1 1 1 | 110 | | |
| 1 If "Yes," complete Schedule D, Part X | 11f | ~ | |
| 12a If "Yes," complete | | | |
| Schedule D, Parts XI and XII | 12a | └───┤ | ~ |
| b / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / | 12b | ~ | |
| 13 $(i + i + i)$ [If "Yes," complete Schedule E | 120 | | ~ |
| | 14a | ~ | |
| | | | |
| If "Yes," complete Schedule F, Parts I and IV. | | | |
| / , / · · · · · · · · · · · · · · · · · | 14b | ~ | |
| 15 1 1 If "Yes," complete Schedule F, Parts II and IV | 15 | ~ | |
| $16 \qquad \qquad$ | 15 | - | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 16 | ~ | |
| 17 17 17 17 17 17 17 17 | | | |
| 17 1 </td <td>17</td> <td>~</td> <td></td> | 17 | ~ | |
| 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ~ | |
| 19 | 18 | - | |
| 19 If "Yes," complete Schedule G, Part III | 19 | ~ | |
| 20a , , , , , , , , , , , , , , , , , , , | 20a | | ~ |
| | 20b | | |
| b $\frac{1}{1}$ $$ | | | |
| IT "Yes," complete Schedule I, Parts I and II | 21 | ~ | |

| _ | | Yes | No |
|--|-------------------|-----|----|
| 1 1 If "Yes," complete Schedule I, Parts I and III | 22 | | |
| $\frac{1}{1}$ If "Yes," complete Schedule J | 1 1 1 23 | | |
| a \$ 1 If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a | | | |
| | 24a | | |
| | | | |
| | - 24c | | |
| d , , & , , & , , , , , , , , , , , , , | 24d | | |
| d 5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. If "Yes," complete Schedule L, Part I | 1 25a | | |
| | | | |
| If "Yes," complete Schedule L, Part I ¹ ¹ | · · 25b | | |
| | 200 | ++ | |

| Pa | rt | V | |
|----|----|---|--|

1

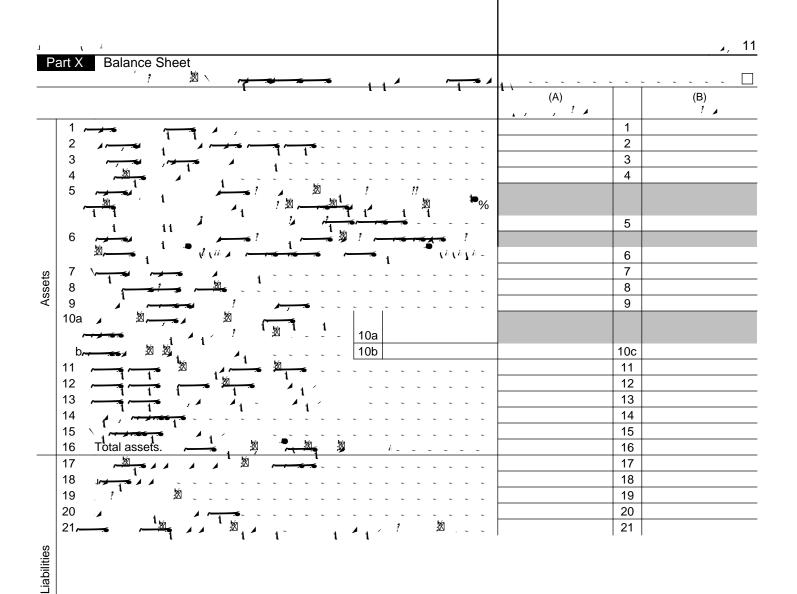
| 1 (| i i | , 6 |
|-----------|---|------------|
| Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instr | ructions. |
| | | - |
| Section A | . Governing Body and Management | |
| | | es No |
| 1a i | | I |

| <u> </u> |
|---|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
| Independent Contractors |
| ′ / ∖ / → → → → → → / / · · · · · · · · · · · |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |
| |
| $\frac{1}{1}$ |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |

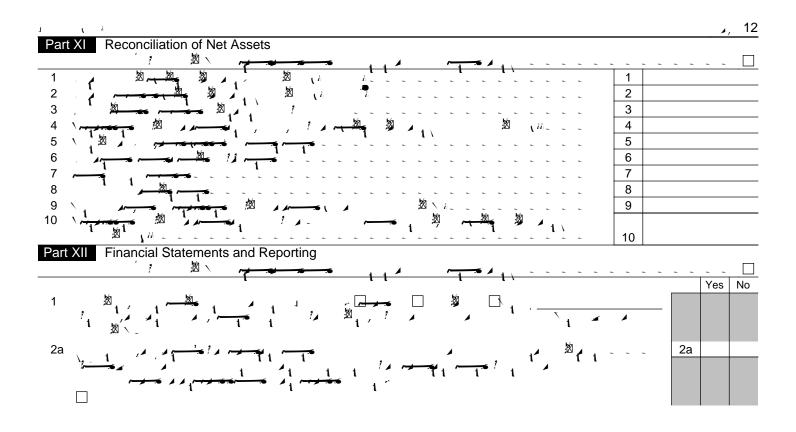
Ø

| | | | | | | | | | ء, 8 |
|--|-------------------------------|--------------|--------------|--------------|-------------|------------|--------------------|-----------------|-------------|
| Part VII Section A. Officers, Directors, Tru | istees, Key | / Emp | loye | es, a | ind Hi | ghe | est Compensate | ed Employees | (continued) |
| | | | | (C) | | | | | |
| (A) | (B) | | ~ | - - 1 | | | (D) | (E) | (F) |
| 11 | 4.1 | <u>ل</u> | 1 | | 1 | | | | |
| ii ii | <u>, ™-</u> , | 11 | 1 / | 1 | <u> </u> | i. | , , ' i | , <u>'</u> i | i ; i |
| | | | َ ا ا | | 4 | - | | 1 | , 1 |
| | - <u>b</u> -1 | | 8 | - | | | | \mathbf{I} | |
| | 1 | - 1 | <u>ب</u> | | | | × 1 | | 1 1 1 |
| | 1 1 | _ * - | - | |] | | | | |
| | 11 ^{<i>k</i>} | - | . | | _ | | | | |
| | | | | | | | | | |
| (15) | | | | | | | | | |
| | | | | | | | | | |
| (16) | | | | | | | | | |
| | | | | | | | | | |
| (17) | | | | | | | | | |
| | | | | | | | | | |
| (18) | | | | | | | | | |
| | | | | | | | | | |
| (19) | | | | | | | | | |
| (00) | | | | _ | | | | | |
| (20) | + | | | | | | | | |
| (21) | | | _ | | | | | | |
| (21) | + | | | | | | | | |
| (22) | | | - | | | | | | |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (20) | + | | | | | | | | |
| (24) | | | | | | | | | |
| <u></u> | | | | | | | | | |
| (25) | | | | | | | | | |
| <u>x</u> | | | | | | | | | |
| 1b Subtotal | | | | | - | | | | |
| c Total from continuation sheets to Part VII | , Section A | | | | - | | | | |
| d Total (add lines 1b and 1c) | | | | | - | | | | |
| d Total (add lines 1b and 1c) | | · ~ | | | 1 4 | ii - | | 1 ^{\$} | 1 |
| · · · · · · · · · · · · · · · · · · · | ∕_i``` | | | L. | | | | L L | |
| | | | | | | | | | Yes No |
| 3 t former | 11 | 1 ~ 1 | N. | | | | / , | f /i | |
| | | | | | | | | • • • • • | 3 |
| | | 1. | • | ~ | . | 4 | 1 | dule J for such | |
| | / 1 1 [/] | -\$ | - | | t "Yes | S,″ | complete Sche | dulē J for sūch | |
| individual | kéz | • • | • • | • | • • | kaja | | kés | 4 |
| 5 | ↓ ﷺ If "Voc " o | omplo | tole. | ! chod | ≱ ulo If | ;⊠ or c | such person | Ø | |
| Section B. Independent Contractors | ii res, c | ompie | ie 30 | cned | ule J I | US | acti personi . | | 5 |
| | | | | | | | | | |

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comp | lata all aclumps. A | Il other ergenization | a must complete colu | |
|---|---------------------|-----------------------|-----------------------|--|
| | | | is must complete colu | ПП (A). |
| Do not include amounts reported on lines 6b, 7b, | t t (A) | | (C) | (D) |
| b, 9b, and 10b of Part VIII. | · { / ····· | , ø | ha i atas | , ≊, , , , , , , , , , , , , , , , , , |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Net Assets or Fund Balances



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) | | ((Ch | C) Po eck all | ositioi that ap | h ply) | | (D) Reportable compensation from the organization (W-2/1099-MISC) | | | | |
|--------------------|---|--|----------|------------------|--------------------|-----------|--|---|--|--|--|--|
| | | | | | | | | (₩-2/1033-₩130) | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

American Heart Association, Inc. 13-5613797

13

| SCHE | DULE | Α |
|-------|------|---|
| (Form | 990) | |

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. a Attach to Form 990 or Form 990-EZ.

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



Department of the Treasury Internal Revenue Service

Employer identification number

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 \Box 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 \Box 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 33 ¹/₃% 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 manag26CbceTf (ATd (on supcontr 7 0, o frt coon li(s), by having giving)Tj 0 nizationion with its su (supporting organization)

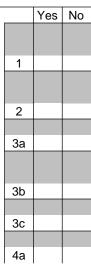
| Schedule A (Form 990) 2021 Page 2 | | | | | | | | | | |
|--|---|--------|--------------|------------------|---------------|--------------|--------------|-----------|--|--|
| Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) | | | | | | | | | | |
| | (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 fa | ils to | qualify unde | er the tests lis | ted below, pl | ease complet | e Part III.) | | | |
| Section A. | Public Support | | | | | | | | | |
| Calendar ye | ear (or fiscal year beginning in) | а | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| men | s, grants, contributions, and hbership fees received. (Do not ide any "unusual grants.") | | | | | | | | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?int "Yes," describe in 0 CIDn/how 0 CIDn/(the)-100 (organizatio 0 CIDn/haed)-100 (such)-100 (control)-100 (ar purposenw.



| Part | IV Supporting Organizations (continued) | | | |
|---------|---|-----|-----|----|
| | | | Yes | No |
| 11 а | 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 c | | 11b | | |
| octi | on B. Type I Supporting Organizations | 11c | | |

Yes No

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1

The second second second 8 "" 1 Sal

Page 5

Schedule A (Form 990) 2021

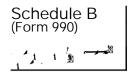


| Schedu | Ile A (Form 990) 2021 | | Page 7 |
|--------|---|---|--------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | |
| Sect | ion D—Distributions | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | | | |

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 |
|-------------------------------|--|
| LINE 10 - OTHER INCOME | FOR TAX YEAR 2017 OTHER INCOME IS COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. FOR YEARS 2018-2021 OTHER INCOME IS COMPRISED OF MISCELLANEOUS TRADE SHOW REVENUE AND CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS. |

| Return Reference - Identifier | | | | Explanation | | | |
|-------------------------------|--|-------------|-----------|-------------|-----------|-----------|-------------|
| SCHEDULE A, PART II, | Description | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| LINE 10 - OTHER INCOME | (1) CHANGE IN SPLIT INT AGREEMENTS | 4,943,501 | | 172,825 | 1,833,792 | 1,206,435 | 8,156,553 |
| | (2) MISC REVENUE | 3,155,252 | 1,493,762 | 2,020,109 | 3,672,252 | 1,415,342 | 11,756,717 |
| | (3) LOSS ON UNCOLLECTIB LE ACCOUNTS | (4,583,039) | | | | | (4,583,039) |
| | Total | 3,515,714 | 1,493,762 | 2,192,934 | 5,506,044 | 2,621,777 | 15,330,231 |



Schedule of Contributors

| Schedule B | 3 (Form 990) (2021) | | Page |
|------------|--|-------------------------------|--|
| | organization AN HEART ASSOCIATION, INC. | | Employer identification number 13-5613797 |
| Part I | Contributors (see instructions). Use duplicate copies of I | Part I if additional space is | s needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 14,890,17 | Person 4 Payroll Noncash |

| | | φ | |
|------------|-----------------------------------|----------------------------|---|
| | | | (Complete Part II for noncash contributions.) |
| (0) | (b) | (a) | (d) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

Part II

Noncash Property

| ×. | 1 h (h | | | , 4 | | |
|---------------------------|--|----------------------------|--------------|---|--|--|
| AMERICAN | N HEART ASSOCIATION, INC. | | | Employer identification number 13-5613797 | | |
| Part III | Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ne year from any one | contributor. | scribed in section 501(c)(7), (8), or (a) (a) (e) and | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gif | | (d) Description of how gift is held | | |
| _ | Transferee's name, address, and | (e) Transfer of ZIP + 4 | - | ship 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 Relation | | | nship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gif | t | (d) Description of how gift is held | | |
| | Transferee's name, address, and | (e) Transfer of ZIP + 4 | - | ship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gif | t | (d) Description of how gift is held | | |
| | Transferee's name, address, and | (e) Transfer of ZIP + 4 | - | ship of transferor to transferee | | |

Schedule B (Form 990) (2021) 3/13/2023 1:16:41 PM **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.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. AT THE NATIONAL LEVEL, THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

a 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.
a Attach to Form 990.
a Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number



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

(a) Donor advised funds

(b)

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 (c) Closely held equity interests (c) Closely held equity interests (c) Closely held equity interests

| (2) Closely held equity interests | |
|-----------------------------------|---|
| (A) | |
| (B) | |
| (C) | |
| (D) | |
| (E) | |
| (F) | |
| | • |

| Schedu | le D (Form 990) 2021 | | Page 4 |
|--------|---|------|--------|
| Part | | 'n. | |
| | 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 | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| | | | |

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

| SCHEDULE F | |
|------------|--|
| (Form 990) | |

Department of the Treasury Internal Revenue Service а

2021

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

| Part III | | sistance to Individuals ated if additional space | | Complete if the organization answered "Yes" on Form 990, Part IV, line 16. | |
|----------|---------------------------|--|-----------------------------|--|---------------|
| (a) Ty | pe of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of |

the organization may b

| 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," | | |

| Part I Activities per Region (cc | ntinued) | | | | | - |
|---|---|---------------------------------------|--|-----------------------------------|--|--------|
| (a) | (b) | (c) | (d) | (e) | (f) |] |
| Region | , i i i i i i i i i i i i i i i i i i i | employees, agents, and independent | in region (by type) (e.g., fundraising, program | is a program service, describe | Total expenditures for and investments in region | |
| 17) grants to8wNg 0 0 T6 (grants)Tj ()Tj (to | m) iT6 (grants)TPC3v | .T BT 1 0 0 1 455.4 7 | 20 Tm v iT6 (grants) | TPC3v iT6 (grants)TP | C3v .T BT 1 0 0 1 455 | 5.4 72 |
| | | | <u> </u> | | | |
| | | , | | | | |

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 | Expl | anation |
|--------------------------------|------------------------------------|--|--|
| SCHEDULE G, PART I, LINE 2B | DESCRIBE THE CUSTODY OR CONTROL | Name | Description |
| LINE 2D | 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)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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



| (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 assistanc |
|---|-----------------------------|-----------------------------|----------------------------------|--|--------------------------------------|
| ABSTRACT AWARDS | 30 | 24,750 | | | |
| INVESTIGATOR AWARDS | 54 | 48,250 | | | |
| LECTURE HONORARIA | 12 | 15,000 | | | |
| STUDENT SCHOLARSHIPS | 14 | 70,000 | | | |
| SCHOLAR STIPEND | 82 | 586,990 | | | |
| ACHIEVEMENT AWARD | 18 | 17,198 | | | |
| | | | | | |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | ide the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| rt IV Supplemental Information. Provi | de the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| tt IV Supplemental Information. Provi | ide the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |
| (SEE STATEMENT) rt IV Supplemental Information. Provi E STATEMENT) | ide the information requ | uired in Part I, line 2 | 2; Part III, column (| b); and any other addition | al information. |

Schedule I (Form 990) 2021

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

| (a) | | | | |
|------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| (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 |
| (63) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD , LOS ANGELES , CA 90048 | 95-1644600 | (C)(3) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (a) | (b) | (c) | | | | |
|---|-----|-------------------|----------------|-------------|-----|--|
| | | | | | | |
| Name and address of organization or government | EIN | IRC se20 re S 0.5 | w 468 348 1m/F | 2811()1)100 | IIC | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

| (a) | | | | |
|-----|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| bit of system Description of non-cash Purplet 4CS/Bit | | | ()) | () () | (g) | (h) |
|---|------------|--|--------|--------------------------------|---------------------------------------|--|
| COMMUNITY NUTRITION (C)(3) ET BT 1 0 0 1 642.8 482 Tm /F2 8 Tf COMMUNITY NUTRITION WEST LEOTA COM 38,600 COMMUNITY SUBSCIE/1708/00003/000000000000000000000000000000 | | | | d of tion FMV, other) | Description of non-cash assistance | Purpb#d 0639@ht@Obassistance |
| | | | | , 60007 | | COMMUNITY NUTRITION |
| 2745 | | | | ET BT | 1 0 0 1 642.8 482 Tm /F2 8 Tf | 0 6311569 10ED #7708 GBE53383333 rg (STROK |
| Image: Additional and the second s | EST LEOTA | | 38,600 | | | CIENAINABORALESCIENCICIERADED OF 233933344 |
| | T HELP, N. | | | 333.02 | 454 Tm /F2 8 Tf 0.01569 0.04 | 7006 0.53333 rg (3733)Tj 0 g 0.01569 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 1 | i |

| (a) | (b) | (c) | (d) | (e) | (f) | |
|--|-----|---------------------------|----------------------|-------------------------------------|---------------------------------------|--|
| 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, | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| (a) Name and address of organization or | | | | |
|--|--|------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| (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 | |
| (179) MADISON VALLEY MEDICAL CENTER 305 NORTH MAIN STREET, ENNIS, MT 59729 | 81-0236460 | (C)(3) | 10,000 | | | | STROKE PROGRAMS | |
| (180) MAGNOLIA MEDICAL FOUNDATION PO BOX 1100 , RAYMOND , MS 39154-1100 | 90-0504363 | (C)(3) | 75,000 | | | | CHILDHOOD OBESITY | |
| (181) MAKE THE ROAD NEVADA 301 GROVE STREET, BROOKLYN, NY 11237 | 84-3988830 | (C)(3) | 75,044 | | | | WATER ACCESS IN SCHOOLS | |
| (182) MANDELA PARTNERS 1344 7TH STREET, OAKLAND, CA 94670 | 11-3754129 | (C)(3) | 30,000 | | | | COMMUNITY NUTRITION | |
| (183) MARCH OF DIMES 1550 CRYSTAL DRIVE,SUITE 1300, ARLINGTON,VA 22202 | 13-1846366 | (C)(3) | 6,000 | | | | COMMUNITY HEALTH | |
| (184) WAARIONS BLEBELIK /#JEALOTO g (182)) 0 g 0.015 181 SOUTH MAIN STREET, , MARION, OH 43302 | 9 0.04706 0.5333 rg 31-6400076 | ()Tj 0 g 0.01569 0.04771 0.g E3 GOV | 33 rg (VA)Tj 0 g 0.015 12,000 | 69 0.04706 0.53333 r | g ()Tj 0 g 0.01569 0.0 | 9470M 0.5CHER3333 rg (NUTRITION)Tj 0 | g ET BT 1 0 0 1 38 346 Tm /F2 6 Tf 0 0 0 rg COMMUNITY NUTRITION | (DRINK6 0. |
| (185) MARKET UMBRELLA ORG 200 BROADWAY STREET STE 107, NEW ORLEANS, LA 70118 | 26-2477706 | (C)(3) | 200,000 | | | | COMMUNITY NUTRITION | |
| (Mark Mark SaltFileld Medical Center - Marshfield 611 N Saint Joseph Avenue, Marshfield, Wi Marshfield Medical C | ENTER | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| (-) | (1) | | | | |
|---|-----|---|---|---|--|
| (a) | (b) | | | | |
| Name and address of organization or government | | | | | |
| government | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | I | I | I | |

| (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 |
| (246) PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE, , FORT WAYNE, IN 46845 | 35-0868085 | (C)(3) | 15,000 | | | | ATRIAL FIBRILLATION |
| (247) PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE, , FORT WAYNE, IN 46845 | 35-0868085 | (C)(3) | 5,500 | | | | ATRIAL FIBRILLATION PROGRAM |
| (248) PARTNERSHIP FOR SOUTHERN EQUITY, INC. 55 IVAN ALLEN JR. BLVD. NW STE 530 , , ATLANTA , GA 30308 | 27-4424115 | (C)(3) | 27,000 | | | | CHILDHOOD OBESITY |
| (249) PATCHWORK CITY FARMS 493 ATWOOD STREET SW, , ATLANTA, GA 30310 | 27-3785841 | | 250,000 | | | | COMMUNITY NUTRITION |
| (250) PENDER | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| | | | | |
|------|--|------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | |] | |

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

| | | | (N | () | | <i>(</i>) | 1 4.5 | |
|--|---|--|-------------------------------|-------------------------------------|--|--|---|--------------------|
| (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 | |
| (313) THERIZO FOUNDATION 1636 SMITH LAKE ROAD NE, , BROOKHAVEN, MS 39601 | 83-4648175 | (C)(3) | 10,763 | | | | COMMUNITY NUTRITION | |
| (314) THUNDAS HOSPITALS 750 MORPHY AVENUE , FIARHOPE , AL 36532 | 63-0891904 | (C)(3) | 7,000 | | | | CHOLESTEROL INITIATIVE | |
| (315) GENOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET STE 2004, , PHILADEND700055 P1020003(9010.04706 0.53333 rg (| 23-1352651 Tj 0 g 0.01569 (| (C)(3) 0.04706 0.53333 rg (RI14 | 17,849 102))Tj 0 g ET B | T 1 0 0 106 0.51 | 47CN 0.826123 | Tf 0.01569 0.04706 0.53333 rg5 | AORTIC SILENROBIISN INITIATIVE 870802 | |
| (316) REBELCOULIGEX (FR470600.53333 rg () Tj 804 MAIN STREET, , BATON ROUGE, LA 70802 | 0 g 0.01569 0.0 2708023380 2 | 4703904706 0.53333 rg 2 (C)(3) | (FUND)Tj 0 g 1 50,000 | 0 0 1 38 398 Tm | 0.01569 0.0470 | 6 0.53333 rgSITH ODGEWAY / | 40.53333 rg (,)Tj 0 g 1 0 0 1 38 4 COMMUNITY NUTRITION | 46 Tm 0.(|
| (317) TOBACCO FREE KIDS ACTION FUND 1400(HE)TREE 0.101/0563/TE 042006 0.53333 rg ()Tj WASHINGTON, DC 20005 | 0g 5201576990.4 | 4706 0.53333 rg0. 63)(8) | rg (,)Tj 06 2,50 00 |) 1 38 446 Tm 0. | 01569 0.04706 (|).53333 rg (PHILADEKINSg (,)Tj | j A. 13 TI. OT CEBA OCCO 7010 VCECA 82 3/rg | ()Tj 0 g (|
| (318)TrīColus Correction (318)TrīColus Correction (318) 191 RIDGEWAY AVENUE, OAKLAND, CA 94611 | 9 0.04706 0.53333 rg 82-1791727 | (OF BT 1 0 0 1 38 350 Tm /F2 6 (C)(3) | Tf 0 HEARI)Tj 0 g 0. 7,835 | 01569 0.04706 0.533 | 33 rg (ORSY3m /F2 8 | Tf 0.01569 0.04706 0.5333HEAL636)Tj 0 g | 0.01569 0.04706 0.53333 rg 2 1.01569 0.0 COMMUNITY NUTRITION | 4706 0.5333 |
| RHARE AND | 8303947306 ≬≣5 ј3 8389 r6 95-1644042 | (0153833(10178)417/06g 0.5538333 (C)(3) | 04g0(3H95g928TE | ТБµ́£Л∰0.015569(б | 8,4947706 (DE5B333 | ന്ദ്ര (6}1്;63ആ നേ0#56910. 046796. ഏൽ | 833333 (2(0044)FTFR) g \$0015699.04 | 143706 47da |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

67

American Heart Association, Inc. 13-5613797 BRB8000B)MEMORIAL ME 4706 0.53333 .5333m /F2 106 0.53333 ra ()Ti 0 a 0.01569 0.HERIZO MAIN STREET. .

| (a) | | | | |
|----------|--|--|--|--|
| Name and | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

68

| | | | |
|--|------|------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| (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 |
| (361) WELLSTAR FOUNDATION 805 SANDY | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (a) | (b) | (c) | (d) | | | |
|--|-----|---------------------------|-------------|-----------------|---------|--|
| Name and address of organization or government | EIN | IRC section if applicable | Amo49 566 1 | m /F1 8 T0 1 37 | Tj 1 d) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| (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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| EIN | IRC section if | Amount of | Amount of | Mathad of | Description of a second | |
|-------------------|--|--|--|---|--|--|
| | applicable | cash grant | non-cash assistance | Method of valuation (book, FMV, appraisal, other) | Description of non-cash assistance | Purpose of grant or assistance |
| 59-1083502 | (C)(3) | 3,232,367 | | | | RESEARCH |
| 34-4429091 | (C)(3) | 333,168 | | | | RESEARCH |
| 31-6025986 | GOV | 138,384 | | | | RESEARCH |
| 73-0580274 | (C)(3) | 948,805 | | | | RESEARCH |
| 73-1383996 | GOV | 585,740 | | | | RESEARCH |
| 54-6052014 | (C)(3) | 2,616,879 | | | | RESEARCH |
| 93-1176109 | GOV | 1,849,456 | | | | RESEARCH |
| 58-1767810 | (C)(3) | 877,696 | | | | RESEARCH |
| 24-6000376 | GOV | 64,072 | | | | RESEARCH |
| 35-6002041 | GOV | 359,144 | | | | RESEARCH |
| 31-6056230 | (C)(3) | 230,998 | | | | RESEARCH |
| 74-1109620 | (C)(3) | 64,072 | | | | RESEARCH |
| 36-2174823 | (C)(3) | 427,164 | | | | RESEARCH |
| 22-6001086 | GOV | 526,072 | | | | RESEARCH |
| 3333 rg (55rg (55 | 569 0.04706 0.53333 rg(| CQ3e1569 0.047 | ′06 0.53333 rg (| PISCATAWAY,) | Fj 0 g 1 0 0 1 38 130 Tm 0.01569 | 9 0.04706 0.2.82 386 Tm /F2 8 Tf |
| | 34-4429091 31-6025986 73-0580274 73-1383996 54-6052014 93-1176109 58-1767810 24-6000376 35-6002041 31-6056230 74-1109620 36-2174823 22-6001086 | 34-4429091 (C)(3) 31-6025986 GOV 73-0580274 (C)(3) 73-1383996 GOV 54-6052014 (C)(3) 93-1176109 GOV 58-1767810 (C)(3) 24-6000376 GOV 31-6056230 (C)(3) 74-1109620 (C)(3) 36-2174823 (C)(3) 22-6001086 GOV | 34-4429091 (C)(3) 333,168 31-6025986 GOV 138,384 73-0580274 (C)(3) 948,805 73-1383996 GOV 585,740 54-6052014 (C)(3) 2,616,879 93-1176109 GOV 1,849,456 58-1767810 (C)(3) 877,696 24-6000376 GOV 64,072 35-6002041 GOV 359,144 31-6056230 (C)(3) 230,998 74-1109620 (C)(3) 427,164 22-6001086 GOV 526,072 | 34-4429091 (C)(3) 333,168 31-6025986 GOV 138,384 73-0580274 (C)(3) 948,805 73-1383996 GOV 585,740 54-6052014 (C)(3) 2,616,879 93-1176109 GOV 1,849,456 58-1767810 (C)(3) 877,696 24-6000376 GOV 64,072 35-6002041 GOV 359,144 31-6056230 (C)(3) 64,072 36-2174823 (C)(3) 427,164 22-6001086 GOV 526,072 | 59-1083502 (C)(3) 3,232,367 34-4429091 (C)(3) 333,168 31-6025986 GOV 138,384 73-0580274 (C)(3) 948,805 73-1383996 GOV 585,740 54-6052014 (C)(3) 2,616,879 93-1176109 GOV 1,849,456 58-1767810 (C)(3) 877,696 24-6000376 GOV 359,144 31-6056230 (C)(3) 230,998 31-6056230 (C)(3) 64,072 31-6056230 (C)(3) 427,164 36-2174823 (C)(3) 427,164 22-6001086 GOV 526,072 | 59-1083502 (C)(3) 3,232,367 Image: Colored state s |

| (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 |
| (461) SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPANILE DR., SAN DIEGO, CA 92182-1934 | 95-6042721 | (C)(3) | 5,061,867 | | | | RESEARCH |
| (462) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 | 33-0435954 | (C)(3) | 213,160 | | | | RESEARCH |
| (463) SOUTHERN METHODIST UNIVERSITY 6425 BOAZ LANE, SUITE 101, DALLAS, TX 75205 | 75-0800689 | (C)(3) | 230,987 | | | | RESEARCH |
| (464) STANFORD UNIVERSITY 450 SERRA MALL, PALO ALTO, CA 94305 | 94-1156365 | (C)(3) | 595,072 | | | | RESEARCH |
| (465) SUNY - UNIVERSITY AT ALBANY 1400 WASHINGTON AVENUE, ALBANY, NY 12222 | 14-1368361 | (C)(3) | 231,000 | | | | RESEARCH |
| (466) SYRACUSE UNIVERSITY 211 LYMAN HALL, SYRACUSE, NY 13244- 1200 | 15-0532081 | (C)(3) | 231,000 | | | | RESEARCH |
| (467) TEMPLE UNIVERSITY 1801 NORTH BROAD STREET, PHILADELPHIA, PA 19122-6003 | 23-1365971 | (C)(3) | 425,076 | | | | RESEARCH |
| (468) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PARKWAY SOUTH, , COLLEGE STATION, TX 77845-4375 | 74-6000541 | GOV | 287,472 | | | | RESEARCH |
| (469) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY S., STE, COLLEGE STATION, TX 77845 | 74-6000531 | GOV | 380,088 | | | | RESEARCH |
| (470) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH, , COLLEGE STATION, TX 77845-4375 | 74-2907553 | GOV | 230,927 | | | | RESEARCH |
| (471) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030 | 74-6053200 | (C)(3) | 295,072 | | | | RESEARCH |
| (472) TEXAS TECH UNIVERSITY 349 ADMINISTRATION BUILDING BOX 410, LUBBOCK, TX 79409 | 75-6002622 | GOV | 937,620 | | | | RESEARCH |
| (473) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER 3601 4TH ST. , LUBBOCK, TX 79430-6271 | 75-2668014 | GOV | 299,998 | | | | RESEARCH |
| (474) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107 | 23-1352651 | (C)(3) | 186,036 | | | | RESEARCH |
| (475) TUFTS COLLEGE 136 HARRISON AVENUE, BOSTON, MA 02111 | 04-2103634 | Q3)(TB): | 2651 481,514 | | | | RESEARCH |
| (476) TUFTS MEDICAL CENTER 800 WASHINGTON STREET , BOSTON, MA 02111-1533 | 04-3400617 | (C)(3) | 1,890,087 | | | | RESEARCH |
| (477) TULANE UNIVERSITY HEALTH Tm 0.01569 0.03 rg (MEDICAL)Tj 0 g 0.01569 (|).04706 0.5 g 0.0′ | 1569 0.04706 0.53333 ı | g ()Tj 0 g 0.76j | 0 g /F2 8 Tf 0.01 | 569 0.0I-HFTm / | F2 8 Tf 0.01569nEET SUITE 10 | 1, |

| (2) | (b) | | (ما) | | (1) | (~) | (b) |
|---|------------|---------------------------|-------------------------|-------------------------------------|--|---------------------------------------|--------------------------------|
| (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 |
| (495) UNIVERSITY OF ILLINOIS AT CHICAGO 28395 NETWORK PLACE, CHICAGO, IL 60673-1283 | 37-6000511 | GOV | 154,000 | | | | RESEARCH |
| (496) UNIVERSITY OF IOWA | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (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) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (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 |
| (525) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN, UCT 1006, HOUSTON, TX 77030-5401 | 74-1761309 | GOV | 444,160 | | | | RESEARCH |
| (526) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229-3900 | 74-1586031 | GOV | 433,413 | | | | RESEARCH |
| (527) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD., DALLAS, TX 75390-9020 | 75-6002868 | GOV | 935,940 | | | | RESEARCH |
| (528) UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET, TOLEDO, OH 43606 | 34-6401483 | GOV | 8846000 | 831 | | | RESEARCH |
| (529) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, SALT LAKE CITY, UT 84112-9011 | 87-6000525 | GOV | 140,952 | | | | RESEARCH |
| (530) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET , BURLINGTON, VT 05405 | 03-0179440 | GOV | 231,000 | | | | RESEARCH |
| (531) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904-4195 | 54-6001796 | GOV | 8,301,247 | | | | RESEARCH |
| (532) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98195 | 91-6001537 | GOV | 602,264 | | | | RESEARCH |
| (533) UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715 | 39-6006492 | GOV | 607,020 | | | | RESEARCH |
| (534) UNIVERSITY OF WYOMING 1000 E. UNIVERSITY AVENUE, LARAMIE, WY 82071 | 83-6000331 | GOV | 4,681,890 | | | | RESEARCH |
| (535) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK 8 206 Tm /F2 6 Tf 0 0 0 rg ((53 | 5))Tj 0 g 0 0 0 rg | ()Tj 0 g /F2 8 Tf 0.0156 | 9 0.04706 0.533 | 33 rg ()Tj 0 g 0. | 01569 0.04706 | 0.53333 rg (VAN)Tj 0 g 0.01569 | 0.0d8 206 Tm /F2 6 Tf 0 0 0N01569 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

American Heart Association, Inc. 13-5613797 C)(06 0.53333 11g (83-6000331)Ti 0 g3-604SC2A769 0.04706 0.53333 rg (RESEARCH)T9 0.04706 0.53333 rg (RESEARCH)T9 0.04706 0.4VOFSALT

| (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 |
| (540) WASHINGTON STATE UNIVERSITY 280 LIGHTY, PULLMAN, WA 99164-1060 | 91-6001108 | GOV | 698,980 | | | | RESEARCH |
| (541) WASHINGTON UNIVERSITY IN ST.LOUIS ONE BROOKINGS DRIVE, ST. LOUIS, MO 63130-4862 | 43-0653611 | (C)(3) | 3,815,460 | | | | RESEARCH |
| (542) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI 48202 | 38-6028429 | GOV | 873,548 | | | | RESEARCH |
| (543) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, NEW YORK, NY 10065- 4805 | 13-1623978 | (C)(3) | 64,072 | | | | RESEARCH |
| (544) WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET, POMONA, CA 91766-1854 | CA | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) | (b) | (c) | | | | |
|-----------------------------|-------------------------|---------------------|----------------------|-------------------|---|-------|
| Type of grant or assistance | Number of Recipients | S()Tj (or)Tj ()Tj | (assis8(S()Tj (or)T | (or)TjG43LTf ()Tj | 1 Gh)Tj (or)Tj (.45 12 re S 0.Tre 1 538 Tmj ET BT 1))T | 10014 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 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 SUBSEQUENT YEAR'S PAYMENTS. THESE REPORTS MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND EXPERIENCED RESEARCHERS. AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA. |
| | AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF (1) APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE, AND (2) THE VETERANS ADMINISTRATION EMPLOYEES. ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT. |
| | INDIVIDUAL ELIGIBILITY FOR AWARDS THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND ACADEMIC POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS AND, AT THE TIME OF APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE). |
| | THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS ARE AS FOLLOWS: |
| | 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. |
| | AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARD THIS AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO |

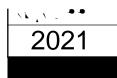
83

| Return Reference - Identifier | Explanation |] |
|---|---|-----------|
| | CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT. | |
| | INSTITUTIONAL ELIGIBILITY FOR AWARDS -ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE. -THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS COLLEGE. -TO BE ELIGIBLE TO APPLY FOR THIS AHA AWARD, THE APPLICANT'S INSTITUTION MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH OF FOUR OF THE LAST SEVEN | |
| | YEARS. -FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.). -HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, 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 ORBATCHE CONDUCTOR OF THE ON THE ABOVE A DAYS OF A DAYS O | 0.0.04706 |
| | STRATEGIC AWARD PROGRAMS ELIGIBILITY IS DETERMINED BY THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, SHORE ABLORE OR OF THE SECONDELATION AND CHEMICATION AND CHEMICAL AND THE OR OF THE OR OF THE INSTITUTE EXECUTIVE COMMITTEE). | 0.04706 |
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | PART I, LINE EXECUTIVE FOR SUCH PURPOSE UTI AAPURPOSE UTI AAHA | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

1 1 1

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.



| ц I 🖄 | | , 2 |
|---------|--|-----|
| Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees_ 🗴 🖄 🔎 🥌 👘 👘 👘 👘 | |
| 1 | | i |

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 | FIRST CLASS TRAVEL IS LIMITED TO THE CEO, AND EXPENSES ARE APPROVED BY THE BOARD FOR REASONABLENESS. THE EXPENSES ARE NOT TREATED AS TAXABLE INCOME. |
| | 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. |
| SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS | NANCY BROWN RECEIVED A GROSS-UP PAYMENT FOR THE IMPUTED INCOME ON TAXABLE FRINGE BENEFITS. |
| SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES | THE ORGANIZATION MAKES MEMBERSHIPS TO A LOCAL FITNESS CENTER AVAILABLE TO SENIOR MANAGEMENT. THE FOLLOWING PERSONS PARTICIPATED IN THE PROGRAM - NANCY BROWN. THESE BENEFITS ARE TREATED AS TAXABLE INCOME. |
| 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 SEKS 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 VIDENTING 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, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN HAD PREVIOUSLY REACHED THEIR VESTING DATE, AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. THOSE VESTED IN PREVIOUS YEARS RECEIVED THE FOLLOWING AMOUNTS: NANCY BROWN \$82,065 AND JOHN MEINERS, \$19,977. |
| | CERTAIN MEMBERS OF SENIOR MANAGEMENT RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE. PRIOR TO APPROVING THE INCENTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO REVIEW AND OPINE ON THE REASONABLENESS OF EXECUTIVE COMPENSATION. |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name of the organizatio | n | |
|-------------------------|--------------|------|
| AMERICAN HEART | ASSOCIATION, | INC. |

| a Go to www.irs.gov/Form990 for instructions and the latest info | ormation. |
|--|-----------|
|--|-----------|

| Employer identification number |
|--------------------------------|
| 13-561379 |

13-5613797

| Part | 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 | Method o noncash cont | tribution | | |
| 1 | Art—Works of art | 4 | 363 | 185,190 | SELLING CO | DST | | |
| 2 | Art—Historical treasures | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | 4 | | 6,854 | SELLING CO | DST | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | 4 | 163 | 281,409 | SELLING CO | DST | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | 4 | 667 | 7,673,260 | MARKET VA | LUE | | |
| 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 | 4 | 962 | 393,858 | SELLING CO | DST | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other a () | | | | | | | |
| 26 | Other a () | | | | | | | |
| 27 | Other a () | | | | | | | |
| 28 | Other a () | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | anization during the tax y | ear for contributions for | | | | |
| | which the organization completed | Form 8283 | , Part V, Donee Acknowled | gement | 29 | | | |
| | | | | | | `` | Yes | No |
| 30a | During the year, did the organizat | tion receive | by contribution any proper | rty reported in Part I, lines | 1 through | | | |
| | 28, that it must hold for at least th | | | | | | | |
| | to be used for exempt purposes for | or the entire | e holding period? | | | 30a | | |
| b | If "Yes," describe the arrangement | t in Part II. | | | | | | |
| 31 | Does the organization have a | gift accep | tance policy that require | s the review of any no | nstandard | | | |
| | | | | | | 31 | | |
| 32a | Does the organization hire or use | e third part | ies or related organizations | s to solicit, process, or sel | l noncash | | | |
| | | | | - | | 32a | | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of prop | erty for which column (a) is | checked, | | | |
| | describe in Part II. | | | | | | | |

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

Schedule M (Form 990) 2021

Cat. No. 51227J

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

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE M, PART I - EXPLANATIONS OF | ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS |
| REPORTING METHOD FOR | BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS |
| NUMBER OF CONTRIBUTIONS | CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED |
| | SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS |
| | COLLECTIBLES - NUMBER OF CONTRIBUTIONS |
| | OTHER - REC/TRAVEL NUMBER OF CONTRIBUTIONS |
| | OTHER - FOOD/DRINK NUMBER OF CONTRIBUTIONS |
| | OTHER - TANG PERS PROP NUMBER OF CONTRIBUTIONS |
| | OTHER - OTHER NUMBER OF CONTRIBUTIONS |
| SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION | OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS. |
| | IRA INTEREST A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 40 C)REVENUE REPORTED ON FORM 990, PART VIII \$4,004,020 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 = 1,366 C)REVENUE REPORTED ON FORM 990, PART VIII \$365,719 D)METHOD OF DETERMINING VALUE; SALES PRICE |
| | MISCELLANEOUS A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 512 C)REVENUE REPORTED ON FORM 990, PART VIII \$96,402 D)METHOD OF DETERMINING VALUE; SALES PRICE |
| 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. |



| Return Reference - Identifier | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION | SCIENCE AND TECHNOLOGY CONTINUED - THE ASSOCIATION ANNOUNCED THE FIRST FIVE GRANTEES AT 11 INSTITUTIONS IN ITS \$20 MILLION STRATEGICALLY FOCUSED RESEARCH NETWORK (SFRN) ON THE SCIENCE OF DIVERSITY IN CLINICAL TRIALS, ESTABLISHED WITH SUPPORT FROM PFIZER AND GATES VENTURES. RESEARCHERS STRATEGIZE WAYS TO INCREASE DIVERSITY IN THEIR PROJECTS AND DEMONSTRATE HOW THE RESULTS CAN BE BROADLY APPLIED IN OTHER RESEARCH SETTINGS. |
| | - UNRAVELING COVID'S CARDIOVASCULAR CONNECTIONS IS THE GOAL OF THE GRANT INITIATIVE, "MECHANISMS UNDERLYING CARDIOVASCULAR CONSEQUENCES ASSOCIATED WITH COVID-19 AND LONG COVID," WITH MORE THAN \$10.6 MILLION AWARDED TO 11 RESEARCH TEAMS. |
| | - INCREASING HEART FAILURE PATIENTS' HEALTHY TIME AT HOME AND REDUCING DEATHS BY 5% IS THE AIM OF IMPLEMENT-HF - AN ASSOCIATION INITIATIVE WITH \$15 MILLION IN JOINT FUNDING FROM FOUNDING SPONSOR, NOVARTIS PHARMACEUTICALS CORPORATION, AND NATIONAL SPONSOR, BOEHRINGER INGELHEIM AND ELI LILLY & COMPANY. COMPONENTS INCLUDE DATA COLLECTION, A CARE TEAM LEARNING SYSTEM AND A PATIENT APP. |
| | - A NEW HEARTSAVER® VIRTUAL TRAINING KIT AND FEEDBACK TECHNOLOGY MAKE IT EASIER FOR THE ASSOCIATION TO PROVIDE 100% REMOTE INSTRUCTION FOR WORKPLACES, COMMUNITY ORGANIZATIONS AND INDIVIDUALS IN FIRST AID, CPR AND USE OF AUTOMATED EXTERNAL DEFIBRILLATORS. STUDENTS TAKE THE ONLINE COURSE, COMPLETE A HANDS-ON SKILLS PRACTICE SESSION VIRTUALLY AND RECEIVE FEEDBACK THROUGH A WEB-BASED APP. |
| | - THE PERIODIC TABLE OF FOOD INITIATIVE, LAUNCHED DURING THE WORLD HEALTH ASSEMBLY, IS DEEPENING KNOWLEDGE ABOUT FOOD COMPOSITION TO IMPROVE BOTH HUMAN AND PLANETARY HEALTH. THE ASSOCIATION, THE ALLIANCE OF BIOVERSITY AND INTERNATIONAL CENTER FOR TROPICAL AGRICULTURE (CIAT) ARE FACILITATING THE INITIATIVE WITH FUNDING BY THE ROCKEFELLER FOUNDATION AND ITS PUBLIC CHARITY RF CATALYTIC CAPITAL INC., THE FOUNDATION FOR FOOD & AGRICULTURE RESEARCH AND THE SEERAVE FOUNDATION. |
| | - TELEHEALTH USE REACHED HISTORIC HIGHS DURING THE COVID-19 PANDEMIC AND, AS THE SECTOR EVOLVES, ENSURING HIGH STANDARDS AND EQUITABLE ACCESS IS VITAL. THANKS TO A \$1.3 MILLION GRANT FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST, THE ASSOCIATION ACQUIRED THE AMERICAN BOARD OF TELEHEALTH BRAND TO EXPAND TRAINING AND IMPROVE QUALITY. COURSES WILL BE OFFERED VIA THE ASSOCIATION'S PROFESSIONAL LEARNING ACADEMY AND INCLUDE CERTIFICATION OPPORTUNITIES. |
| | - TO BETTER UNDERSTAND, DIAGNOSE AND TREAT CONGENITAL HEART DISEASE, THE ASSOCIATION AND CHILDREN'S HEART FOUNDATION ANNOUNCED THE NINTH ROUND OF CONGENITAL HEART DEFECT RESEARCH AWARDS. THIS INITIATIVE FUNDS RESEARCH FELLOWSHIP AWARDS TO TRAIN THE NEXT GENERATION OF SCIENTISTS IN BASIC AND CLINICAL STUDIES RELATED TO CONGENITAL HEART DEFECTS. |

| Return Reference - Identifier | Explanation | |
|---|--|-----------|
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY THAT HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS 33 rg ()Tj 0 | g 0.01569 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| SCHEDULE R | |
|------------|--|
| (Form 990) | |

Related Organizations and Unrelated Partnerships

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

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

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection Employer identification number

OMB No. 1545-0047

2021

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | | Prima | (b) ary 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 Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations dur | ns. Compl ing the ta | lete if the or ix year. | ganization answ | vered "Yes" on Fo | rm 990, Part IV, | line 34, because | e it had |
| (a) Name, address, and EIN of related organization | Prima | (b) ry activity | (c) Legal domicile (state or foreign country) | | (e) Public charity statu (if section 501(c)(3 | | (g) Section 512(b)(13) controlled entity? |

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 Part V

| Note | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Y | es No |
|------|--|---------------------------|-------------------------|-------------------------|---------|----------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one c | or more related organiz | zations listed in Parts | I–IV? | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | 4 |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | 4 |
| С | Gift, grant, or capital contribution from related organization(s) | | | · · · · · ^ | 1c | 4 |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | 4 |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | 4 |
| | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | 4 |
| g | Sale of assets to related organization(s) | | | | 1g | 4 |
| h | Purchase of assets from related organization(s) | | | | 1h | 4 |
| i | Exchange of assets with related organization(s) | | | | 1i | 4 |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | 4 |
| | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | 4 |
| Ι | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | 4 |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | 4 | 1m | 4 |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . | | | | 1n | 4 |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | 4 |
| | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | 4 |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | 4 |
| | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | 4 |
| S | Other transfer of cash or property from related organization(s) | | | | 1s | 4 |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must cor | nplete this line, includ | ing covered relationsh | ips and transaction th | iresho | lds. |
| | (a) | (b) | (c) | (d) | | |
| | Name of related organization | Transaction type (a—s) | Amount involved | Method of determining a | mount i | nvolved |
| | | type (a—s) | | | | |
| R | QI PARTNERS, LLC | А | 40,823,701 | ACCRUAL | | |
| (1) | | | | | | |
| | QI PARTNERS, LLC | L | 2,139,209 | ACCRUAL | | |
| (2) | | | | | | |
| R | QI PARTNERS, LLC | Μ | 47,010,069 | ACCRUAL | | |
| (3) | | | | | | |
| R | QI PARTNERS, LLC | Q | 1,120,608 | ACCRUAL | | |
| (4) | | | | A00001141 | | |
| R | QI PARTNERS, LLC | R | 125,954 | ACCRUAL | | |
| (5) | | | | | | |
| (S | EE STATEMENT) | | | | | |
| (6) | | | | | | |
| | | | | Schedule R (F | Form 9 | 90) 2021 |

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

| Part III | Identification of Related Organizations Taxable as a Partnership (c | ontinued) |
|----------|---|-----------|
|----------|---|-----------|

| (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 | tion | rópor late ation ? | (i) Code V - UBI amount in box 20 of Schedule K- 1 (Form 1065) | Ger c mana part | or aging | |
|---|----------------------|--|-------------------------------------|---|---------------------------|---------------------------------------|------|-----------------------------|---|--------------------------|-------------|-------|
| (1) RQI PARTNERS, LLC (83-0935798) 7272 GREENVILLE AVE, DALLAS, TX 75231 | TRAINING | DE | АНА | RELATED | 2,576,898 | 26,323,638 | | 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 | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------|---------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE, DALLAS, TX 75231 | FIDUCIARY | тх | N/A | TRUST | N/A | N/A | N/A | | ~ |
| (2) VARIOUS CHARITABLE RMDR TRUSTS (7) 7272 GREENVILLE AVENUE, DALLAS, TX 75231 | FIDUCIARY | тх | N/A | TRUST | N/A | N/A | N/A | | 1 |
| (3) HEARTCENTRAL, INC. (46-4881302) 7272 GREENVILLE AVENUE, DALLAS, TX 75231 | HEALTH | DE | АНА | C CORPORATION | 0 | 0 | 100.00 | ~ | |

| Part V | Transactions with Related Organizations (continued) |
|--------|---|
|--------|---|

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------|---------------------|---|
| (6) RQI PARTNERS, LLC | S | 6,566,322 | ACCRUAL |
| (7) PERPETUAL TRUSTS (44) | С | 2,398,696 | CASH |
| (8) CHARITABLE REMAINDER TRUSTS (7) | С | 1,157,810 | CASH |

Part VII

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

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