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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
AMERICAN HEART ASSOCIATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

7272 GREENVILLE AVENUE

City or town, state or province, country, and ZIP or foreign postal code

DALLAS, TX 75231

F Name and address of principal officer:  
NANCY BROWN  
7272 GREENVILLE AVENUE  
DALLAS, TX 75231

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
13-5613797

E Telephone number  
(214) 373-6300

G Gross receipts \$ 952,950,023

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

J Website: ▶ WWW.HEART.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1924

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
THE AMERICAN HEART ASSOCIATION IS A NATIONAL VOLUNTARY HEALTH AGENCY FOCUSED ON ACTIVITIES RELATED TO THE CAUSES, DIAGNOSIS, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE, STROKE, AND OTHER RELATED DISEASES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	24
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	4,419
6	Total number of volunteers (estimate if necessary)	35,800,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	138,580
7b	Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	591,046,382
9	Program service revenue (Part VIII, line 2g)	43,778,355
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	30,633,502
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,974,150
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	746,432,389
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	193,482,172
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	366,187,041
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,614,898
b	Total fundraising expenses (Part IX, column (D), line 25) ▶93,950,599	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	207,420,334
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	769,704,445
19	Revenue less expenses. Subtract line 18 from line 12	-23,272,056

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,437,669,656
21	Total liabilities (Part X, line 26)	492,106,677
22	Net assets or fund balances. Subtract line 21 from line 20	945,562,979

Part II Signature Block

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

Sign Here

Signature of officer

2020-03-03

Date

CYNTHIA ROBERTS CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-03-09

Check ☐ if self-employed

PTIN P01226647

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 303 PEACHTREE STREET NE STE 2000

ATLANTA, GA 30308

Phone no. (404) 739-5994

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

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

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

<b>4a</b>	(Code: ) (Expenses \$	140,080,154	including grants of \$	120,697,947 ) (Revenue \$	2,415,503 )
See Additional Data					

<b>4b</b>	(Code: ) (Expenses \$	262,277,546	including grants of \$	6,471,517 ) (Revenue \$	1,502,558 )
See Additional Data					

<b>4c</b>	(Code: ) (Expenses \$	108,062,552	including grants of \$	4,613,237 ) (Revenue \$	89,759,116 )
See Additional Data					


























(Code: ) (Expenses \$	60,684,941	including grants of \$	4,506,663 ) (Revenue \$	33,917,339 )
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COMMUNITY SERVICES: QUALITY OF CARE/SYSTEMS OF CARE -VOICES FOR HEALTHY KIDS AWARDED 1 MILLION IN GRANTS TO 22 NONPROFITS ACROSS 19 STATES, PUERTO RICO AND THE LUMMI NATION IN WASHINGTON TO SUPPORT SYSTEMS AND POLICY WORK AT THE STATE, LOCAL AND TRIBAL LEVELS THAT BENEFIT FAMILIES IN NEED. -OVER 40 COMMUNITIES RECEIVED GREATER ACCESS TO HEALTHY NUTRITION THROUGH STRATEGIES ALIGNED TO LOCAL NEEDS. THIS INCLUDED ENSURING ACCEPTANCE OF SNAP ELECTRONIC BENEFIT TRANSFER CARDS AT MOBILE OR FARMERS' MARKETS, EXPANDING ACCESS TO CHILD NUTRITION PROGRAMS AFTER SCHOOL AND AT NON-SCHOOL SITES, AND IMPROVING THE NUTRITION STANDARDS IN WORKPLACES AND HOUSES OF WORSHIP. -WITH EXPANSION TO PUERTO RICO, THE AHA'S EMPOWERED TO SERVE BUSINESS ACCELERATOR HOSTED ITS FIRST BILINGUAL EVENT AND AWARDED 15,000 IN GRANTS TO SOCIAL ENTREPRENEURS SHATTERING BARRIERS TO HEALTH. -LIKEWISE, EMPOWERED SCHOLARS GRANTED 10,000 TO 10 COLLEGE STUDENTS ENTERPRISING EQUITY SOLUTIONS IN THEIR LOCAL COMMUNITIES. -IN ITS FIRST YEAR, THE AHA SOCIAL IMPACT FUND GRANTED 3 MILLION TO 19 ORGANIZATIONS BREAKING DOWN BARRIERS TO HEALTHY LIVING. -THE AHA CREATED THE BERNARD J. TYSON IMPACT FUND TO SUPPORT COMMUNITY-INSPIRED SOLUTIONS TO HEALTH INEQUITIES IN HONOR OF ITS NAMESAKE, A FEARLESS CHAMPION OF SOCIAL JUSTICE. TYSON, WHO DIED SUDDENLY IN 2019, WAS CHAIRMAN AND CEO OF KAISER PERMANENTE AND A MEMBER OF THE AHA BOARD OF DIRECTORS AND THE AHA 300 ROUNDTABLE. -BY THE END OF 2019-20, 2.6 MILLION HAD BEEN DONATED OR COMMITTED TO THE BERNARD J. TYSON IMPACT FUND TO SUPPORT SOCIAL ENTREPRENEURS AND ORGANIZATIONS WORKING TO EXPAND ACCESS TO HEALTHY FOODS, QUALITY HEALTH CARE, AFFORDABLE HOUSING AND MORE. -FAITH AND FITNESS CONVERGED WITH THE DEBUT OF THE EMPOWERED AND WELL HEALTHIER CHURCH CHALLENGE, A 12-WEEK HEALTH-AND-WELLNESS CHALLENGE TARGETED TO BLACK WOMEN THROUGH HOUSES OF WORSHIP. -FAMILIES FACING FOOD INSECURITY IN LOS ANGELES, CHICAGO, PHILADELPHIA AND BIRMINGHAM RECEIVED FREE PRODUCE DELIVERIES, THANKS TO A 1 MILLION GIFT FROM CAULIPOWER TO THE AHA. COMMUNITY SERVICES: PUBLIC ADVOCACY -AHA ADVOCACY STAFF ACHIEVED 123 POLICY WINS AT THE STATE AND COMMUNITY LEVELS IN TOBACCO CONTROL, ACCESS TO CARE AND FOOD SECURITY, AMONG OTHER VITAL AREAS. -THE AHA RELEASED NEW PRINCIPLES ON HEALTH CARE REFORM, A BLUEPRINT TO ENSURE HEALTH CARE IS ADEQUATE, ACCESSIBLE AND AFFORDABLE FOR ALL PEOPLE LIVING IN THE UNITED STATES. WE JOINED OTHER NATIONAL HEALTH ORGANIZATIONS IN FILING A FRIEND-OF-THE-COURT BRIEF IN CALIFORNIA V. TEXAS, URGING THE SUPREME COURT TO PRESERVE KEY PROVISIONS AND PATIENT PROTECTIONS OF THE AFFORDABLE CARE ACT. -THE AHA DOUBLED DOWN ON ITS COMMITMENT TO PATIENTS IN RURAL COMMUNITIES, WHO FACE A 40% HIGHER PREVALENCE OF HEART DISEASE AND A 30% INCREASED RISK OF DEATH FROM STROKE COMPARED TO THEIR URBAN NEIGHBORS. IN A PRESIDENTIAL ADVISORY, THE AHA ISSUED A CALL TO PRIORITIZE RURAL COMMUNITIES IN POLICIES, SYSTEMS AND SERVICES. -THE AHA'S BOLD ADVOCATES CHAMPIONED PROVISIONS IN THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) AND THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. CURRENT PRIORITIES INCLUDE MEDICAID EXPANSION, TELEHEALTH, OPEN ENROLLMENT REACTIVATION, HEALTH CARE REFORM, FOOD SECURITY AND ROLLBACK OF PREEMPTION LAW. -LUNGS BLACKENED BY CIGARETTE TAR AND A HEART PATIENT'S ZIPPER INCISION ARE AMONG 13 GRAPHIC WARNING LABELS FOR CIGARETTE PACKAGES AND ADVERTISEMENTS PROPOSED BY THE FOOD AND DRUG ADMINISTRATION TO DETER TOBACCO USE. THE WARNING LABELS ARE A DIRECT RESULT OF A LAWSUIT WE FILED TO COMPEL THE FDA TO COMPLY WITH PROVISIONS OF THE 2009 FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT. -YOUTH ACROSS THE COUNTRY HOSTED QUITLYING DAY EVENTS IN 106 SCHOOL DISTRICTS TO CALL OUT THE E-CIGARETTE INDUSTRY FOR DECEIVING THE PUBLIC ABOUT THE HEALTH EFFECTS OF VAPING AND LURING TEENS WITH FLAVORED PRODUCTS. -AHA SCIENCE AND PUBLIC POLICY SUCCESSSES WERE ON DISPLAY DURING THE WORLD CONGRESS OF CARDIOLOGY & CARDIOVASCULAR HEALTH, WHERE DISCUSSIONS FOCUSED ON THE GLOBAL BURDEN OF ATRIAL FIBRILLATION AND THE AHA'S STRATEGICALLY FOCUSED RESEARCH NETWORKS. -FOR THE FIRST TIME, MENTAL HEALTH AND NEUROLOGICAL DISORDERS WERE TOPICS DURING THE UNITED NATIONS' HIGH-LEVEL MEETING ON NON-COMMUNICABLE DISEASES. PARTICIPANTS PROPOSED MORE ROBUST LAWS AND FISCAL MEASURES BANNING TOBACCO, RESTRICTING ALCOHOL ADVERTISING, REDUCING ALCOHOL USE, INCREASING ACCESS TO HEALTHY FOODS AND TAXING SUGARY DRINKS.

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	60,684,941	including grants of \$	4,506,663 ) (Revenue \$	33,917,339 )
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<b>4e</b>	<b>Total program service expenses</b> ▶	571,105,193
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**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	3,302	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	3	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 4,419			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country: ►CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	Yes	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	24	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	24	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed▶

AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, IN

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶CYNTHIA ROBERTS 7272 GREENVILLE AVENUE DALLAS, TX 75231 (214) 373-6300

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								8,855,720		832,798

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **755**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC 1953 GALLOWS ROAD STE 500 VIENNA, VA 22182	DIRCT MAIL MKTG	11,876,724
FREEMAN CO 1600 VICEROY DRIVE STE 500 DALLAS, TX 75231	AUDIO/VIDEO	5,909,312
ORORA VISUAL TX LLC 3210 INNOVATIVE WAY MESQUITE, TX 75149	PRINTING	5,089,338
CRISPIN PORTER BOGUSKY 6450 GUNPARK DRIVE BOULDER, CO 80301	MARKETING	4,677,781
BLACKBAUD INC 11501 DOMAIN DRIVE AUSTIN, TX 78758	WEB SERVICES	3,732,004

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **206**



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<b>Part VIII Statement of Revenue</b>													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
				<b>(A)</b> Total revenue		<b>(B)</b> Related or exempt function revenue		<b>(C)</b> Unrelated business revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>		<b>1a</b> Federated campaigns . . .		<b>1a</b>	2,205,749								
		<b>b</b> Membership dues . . .		<b>1b</b>									
		<b>c</b> Fundraising events . . .		<b>1c</b>	257,634,631								
		<b>d</b> Related organizations		<b>1d</b>									
		<b>e</b> Government grants (contributions)		<b>1e</b>	4,284,594								
		<b>f</b> All other contributions, gifts, grants, and similar amounts not included above		<b>1f</b>	246,975,096								
		<b>g</b> Noncash contributions included in lines 1a - 1f:\$		<b>1g</b>	16,462,830								
		<b>h Total.</b> Add lines 1a-1f . . . . . ▶		511,100,070									
<b>Program Service Revenue</b>				<b>Business Code</b>									
		<b>2a</b> CONFERENCES & SEMINARS		611430		17,682,058		17,682,058					
		<b>b</b> GET W THE GUIDELINES REGISTRY		900099		17,309,469		17,309,469					
		<b>c</b> EDITORIAL REVENUE		611430		5,623,461		5,623,461					
		<b>d</b> MEMBERSHIP DUES & ASSESSMENTS		511120		4,888,094		4,888,094					
		<b>e</b> HOSPITAL ACCREDITATION		813920		3,374,898		3,374,898					
		<b>f</b> All other program service revenue.				6,691,032		6,691,032					
		<b>g Total.</b> Add lines 2a-2f. . . . . ▶		55,569,012									
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			20,951,154				-16		20,951,170		
		<b>4</b> Income from investment of tax-exempt bond proceeds ▶											
		<b>5</b> Royalties . . . . . ▶			40,967,972						40,967,972		
				(i) Real		(ii) Personal							
		<b>6a</b> Gross rents		<b>6a</b>	761,221								
		<b>b</b> Less: rental expenses		<b>6b</b>	132,489								
		<b>c</b> Rental income or (loss)		<b>6c</b>	628,732								
		<b>d</b> Net rental income or (loss) . . . . . ▶			628,732						628,732		
				(i) Securities		(ii) Other							
		<b>7a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	242,276,711		2,546,413						
		<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>	217,208,906		2,219,960						
		<b>c</b> Gain or (loss)		<b>7c</b>	25,067,805		326,453						
		<b>d</b> Net gain or (loss) . . . . . ▶			25,394,258						25,394,258		
		<b>8a</b> Gross income from fundraising events (not including \$ 257,634,631 of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	16,384,493								
		<b>b</b> Less: direct expenses . . . . .		<b>8b</b>	27,147,730								
		<b>c</b> Net income or (loss) from fundraising events . . . ▶			-10,763,237						-10,763,237		
		<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>	73,262								
		<b>b</b> Less: direct expenses . . . . .		<b>9b</b>									
		<b>c</b> Net income or (loss) from gaming activities . . . ▶			73,262				31,755		41,507		
		<b>10a</b> Gross sales of inventory, less returns and allowances . . .		<b>10a</b>	77,887,358								
<b>b</b> Less: cost of goods sold . . .		<b>10b</b>	8,027,436										
<b>c</b> Net income or (loss) from sales of inventory . . . ▶			69,859,922		69,859,922								
Miscellaneous Revenue		<b>Business Code</b>											
<b>11a</b> OTHER REVENUE		900099		2,299,775				106,841		2,192,934			
<b>b</b> RQIP CONTROLLING INTEREST		900099		2,165,582		2,165,582							
<b>c</b> LOSS ON UNCOLL ACCT		900099		-17,883,915						-17,883,915			
<b>d</b> All other revenue . . . . .													
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			-13,418,558										
<b>12 Total revenue.</b> See instructions . . . . . ▶			700,362,587		127,594,516		138,580		61,529,421				

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	134,378,561	134,378,561		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	552,415	552,415		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	1,358,388	1,358,388		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,467,164		5,467,164	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,393,424		1,393,424	
<b>7</b> Other salaries and wages . . . . .	287,972,152	207,207,059	33,791,213	46,973,880
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	22,757,509	15,958,643	3,002,786	3,796,080
<b>9</b> Other employee benefits . . . . .	31,694,898	23,183,105	3,595,449	4,916,344
<b>10</b> Payroll taxes . . . . .	21,279,593	14,280,290	3,798,092	3,201,211
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,296,602	715,267	562,986	18,349
<b>c</b> Accounting . . . . .	1,300,889		1,300,889	
<b>d</b> Lobbying . . . . .	2,208,219	2,208,219		
<b>e</b> Professional fundraising services. See Part IV, line 17	1,462,368			1,462,368
<b>f</b> Investment management fees . . . . .	2,139,523		2,139,523	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,613,890	44,390,419	1,657,427	3,566,044
<b>12</b> Advertising and promotion . . . . .	4,221,300	4,221,300		
<b>13</b> Office expenses . . . . .	55,713,613	37,178,078	4,191,243	14,344,292
<b>14</b> Information technology . . . . .	25,318,427	20,129,187	2,421,464	2,767,776
<b>15</b> Royalties . . . . .	348,911	348,911		
<b>16</b> Occupancy . . . . .	17,924,496	13,112,286	1,802,877	3,009,333
<b>17</b> Travel . . . . .	15,122,594	9,795,112	1,963,234	3,364,248
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	24,691,645	19,620,588	3,669,530	1,401,527
<b>20</b> Interest . . . . .	77,223		77,223	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	14,881,545	11,215,670	1,652,882	2,012,993
<b>23</b> Insurance . . . . .	1,098,139	227,246	849,658	21,235
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BANK LOCKBOX CC FEES	7,190,778	3,636,787	837,171	2,716,820
<b>b</b> BAD DEBT EXPENSE	3,834,764	3,453,925	358,664	22,175
<b>c</b> MEMBERSHIP DUES	2,294,306	1,530,785	603,813	159,708
<b>d</b> PERMITS, LICENSES, TAXES	554,801	474,881	41,409	38,511
<b>e</b> All other expenses	2,085,776	1,928,071		157,705
<b>25</b> Total functional expenses. Add lines 1 through 24e	740,233,913	571,105,193	75,178,121	93,950,599
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	224,858,355	149,658,697	21,504,539	53,695,119

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		21,745,766	<b>1</b>	37,102,766
	<b>2</b>	Savings and temporary cash investments . . . . .		39,176,614	<b>2</b>	75,195,005
	<b>3</b>	Pledges and grants receivable, net . . . . .		288,424,446	<b>3</b>	214,154,554
	<b>4</b>	Accounts receivable, net . . . . .		35,434,878	<b>4</b>	35,961,338
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		4,962,803	<b>8</b>	3,808,939
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		7,103,014	<b>9</b>	10,291,306
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	181,828,429		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	112,701,656		
				69,734,614	<b>10c</b>	69,126,773
	<b>11</b>	Investments—publicly traded securities . . . . .		655,212,042	<b>11</b>	557,480,772
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		87,803,231	<b>12</b>	95,810,966
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		4,941,286	<b>13</b>	7,941,830
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		223,130,962	<b>15</b>	213,484,339	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .		1,437,669,656	<b>16</b>	1,320,358,588	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		69,066,875	<b>17</b>	66,951,397
	<b>18</b>	Grants payable . . . . .		362,490,504	<b>18</b>	310,074,018
	<b>19</b>	Deferred revenue . . . . .		21,602,280	<b>19</b>	24,851,897
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		38,947,018	<b>25</b>	40,520,221
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		492,106,677	<b>26</b>	442,397,533
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		358,986,605	<b>27</b>	347,658,650
	<b>28</b>	Net assets with donor restrictions . . . . .		586,576,374	<b>28</b>	530,302,405
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		945,562,979	<b>32</b>	877,961,055	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,437,669,656	<b>33</b>	1,320,358,588	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	700,362,587
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	740,233,913
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-39,871,326
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	945,562,979
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,953,492
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-5,777,106
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	877,961,055

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-5613797  
**Name:** AMERICAN HEART ASSOCIATION INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

SCIENCE AND TECHNOLOGY THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATED TO CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. SINCE OUR FOUNDING IN 1924, WE'VE INVESTED MORE THAN 4.6 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT- FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH. -RESEARCH SPENDING FOR FISCAL YEAR 2019-20, ALONE, WAS 140,080,154 - OR 17% OF TOTAL SPENDING FOR PROGRAMS AND SUPPORTING SERVICES. -RESEARCH AWARDS FOR THE YEAR TOTALED 120,697,947. SEE ADDITIONAL INFORMATION ON SCHEDULE O.

**Form 990, Part III, Line 4b:**

PUBLIC/CONSUMER EDUCATION INFORMING ALL AMERICANS ABOUT WAYS TO REDUCE THEIR RISK OF HEART DISEASE AND STROKE IS ONE OF THE MOST IMPORTANT OBJECTIVES OF THE AMERICAN HEART ASSOCIATION. IN 2019-20, THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH. PROGRAMS LIKE GO RED FOR WOMEN HELP US REACH SPECIFIC AUDIENCES WITH IMPORTANT HEALTH MESSAGES. SEE ADDITIONAL INFORMATION ON SCHEDULE O.

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**Form 990, Part III, Line 4c:**

PROFESSIONAL EDUCATION RESEARCH, ADVANCES IN MEDICINE, AND GUIDELINES FOR BEST PRACTICE ARE MOST USEFUL WHEN MADE AVAILABLE TO SCIENTISTS AND HEALTHCARE PROFESSIONALS. THE AHA HOSTED MORE THAN A DOZEN SCIENTIFIC CONFERENCES INCLUDING SCIENTIFIC SESSIONS AND THE INTERNATIONAL STROKE CONFERENCE, AS WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS. EACH OFFERED CONTINUING MEDICAL EDUCATION (CME) CREDITS, WHICH ARE ALSO AVAILABLE THROUGH AHA ONLINE LEARNING PROGRAMS. SEE ADDITIONAL INFORMATION ON SCHEDULE O.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERTRAM SCOTT ..... CHAIRMAN	4.50 ..... 0.00	X		X				0	0	0
RAYMOND VARA JR ..... CHAIRMAN-ELE	4.00 ..... 0.00	X		X				0	0	0
JAMES POSTL ..... IMMEDIATE PA	4.00 ..... 0.00	X		X				0	0	0
ROBERT HARRINGTON ..... PRESIDENT	8.00 ..... 0.00	X		X				0	0	0
MITCHELL ELKIND ..... PRESIDENT EL	6.00 ..... 0.00	X		X				0	0	0
IVOR BENJAMIN ..... IMMEDIATE PA	7.00 ..... 0.00	X		X				0	0	0
MARSHA JONES ..... TREASURER	3.00 ..... 0.00	X		X				0	0	0
MARY ANN BAUMAN ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
REGINA BENJAMIN ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
DOUGLAS BOYLE ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH CHURCHWELL ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
SHAWN DENNIS ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
LINDA GOODEN ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
RON HADDOCK ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
JOSEPH LOSCALZO ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
ILEANA PINA ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
MARCELLA ROBERTS ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
LEE SCHWAMM ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0
SVATI SHAH ..... BOARD MEMBER	1.50 ..... 0.00	X						8,500	0	0
LEE SHAPIRO ..... BOARD MEMBER	1.50 ..... 0.00	X						0	0	0





SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
AMERICAN HEART ASSOCIATION INC

Employer identification number  
13-5613797

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3,084,079,019
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3,084,079,019
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						50,211,945
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						3,033,867,074

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3,084,079,019
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	37,973,731	39,397,248	39,640,300	60,837,788	62,680,363	240,529,430
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .		8,290,774	3,515,714	1,493,762	2,192,934	15,493,184
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						3,340,101,633
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	786,964,188

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	90.830 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.910 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		



Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE A, PART II, SECTION B, LINE 10, OTHER INCOME YEARS 2016-2017 OTHER INCOME IS GENE RALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE S HOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. YEARS 2018-2019 OTHER INCOME IS COMPRI SED OF MISCELLANEOUS TRADE SHOW REVENUE.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers? .....	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
c	Media advertisements? .....	Yes		619,148
d	Mailings to members, legislators, or the public? .....	Yes		178,918
e	Publications, or published or broadcast statements? .....	Yes		135,080
f	Grants to other organizations for lobbying purposes? .....	Yes		1,204,486
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		3,073,459
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	Yes		452,140
i	Other activities? .....	Yes		610
j	Total. Add lines 1c through 1i .....			5,663,841
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION (AHA) PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF THE UNITED STATES CONGRESS AND LEGISLATORS AT THE STATE AND LOCAL LEVELS NATIONWIDE. TO GUIDE ITS FEDERAL, STATE, AND LOCAL EFFORTS, THE AHA IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS AND PURSUING ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS; MEDIA ADVOCACY, INCLUDING LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES; MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES; MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE, CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF LOCAL, STATE, AND FEDERAL LEGISLATIVE BODIES. THE AHA IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN OUR COUNTRY. THE AHA ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE FIGHT AGAINST CARDIOVASCULAR DISEASE, INCLUDING STROKE, THE LEADING CAUSE OF DEATH IN THE UNITED STATES. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY PRIORITIES ARE IN THE FOLLOWING AREAS: HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE AHA IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH; HEALTH SERVICES, OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH; AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS COMMUNITY HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION, AND ECONOMICS. THE AHA ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH. IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AHA PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT; INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION. THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE. SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE AHA PROMOTES PUBLIC POLICIES AIMED AT IMPROVING HEALTH CARE QUALITY, REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE, EVIDENCE-BASED CARDIOVASCULAR CARE. TO PROMOTE HEALTH CARE QUALITY, THE AHA ADDRESSES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPMENT OF DISEASE REGISTRIES, THE ROLE OF QUALITY IN HEALTH CARE PAYMENT SYSTEMS, DRUG FORMULARY POLICY, DELIVERY SYSTEM REFORMS AND CONTINUUM OF CARE; IMPROVED CARE COORDINATION, THE ROLE, DEVELOPMENT AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS AND RELATED HEALTH INFORMATION TECHNOLOGY; AND PROMOTING SAFE, EVIDENCE-BASED AND HIGH VALUE TREATMENTS FOR CARDIOVASCULAR DISEASE. ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE: THE AHA ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH. CHARITABLE ORGANIZATIONS: THE AHA SUPPORTS POLICIES THAT PRESERVE THE VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND AS APPROPRIATE, INCLUDING LEGISLATIVE AND REGULATORY EFFORTS THAT ATTEMPT TO RESTRICT OR PROHIBIT CHARITABLE GIVING AND OTHER NON-PROFIT EFFORTS AND ACTIVITIES. THESE INCLUDE PROTECTING NON-PROFIT SECTOR INTERESTS, PROMOTING TAX POLICY CONDUCIVE TO CHARITABLE ORGANIZATIONS, ENCOURAGING VOLUNTEERISM, PRESERVING PUBLIC FUNDING FOR VOLUNTARY HEALTH ORGANIZATIONS, AND SAFEGUARDING THE ABILITY OF CHARITABLE ORGANIZATIONS TO ENGAGE IN ADVOCACY.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
AMERICAN HEART ASSOCIATION INC

Employer identification number  
13-5613797

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐

Yes

☐

No

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

Part V

Endowment Funds.

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

1a

Beginning of year balance . . . . .

(a)

Current year

69,768,397

(b)

Prior year

65,321,730

(c)

Two years back

61,764,937

(d)

Three years back

57,605,436

(e)

Four years back

58,787,778

b

Contributions . . . . .

779,198

2,957,620

655,251

52,738

320,261

c

Net investment earnings, gains, and losses

1,307,769

3,744,761

5,093,973

6,183,220

416,395

d

Grants or scholarships . . . . .

e

Other expenditures for facilities and programs . . . . .

2,358,342

2,255,714

2,192,431

2,076,457

1,918,998

f

Administrative expenses . . . . .

g

End of year balance . . . . .

69,497,022

69,768,397

65,321,730

61,764,937

57,605,436

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ 71.220 %

c

Temporarily restricted endowment ▶ 28.780 %

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		7,610,603		7,610,603
b Buildings . . . . .	2,125,264	71,187,117	45,679,213	27,633,168
c Leasehold improvements		2,436,716	1,494,415	942,301
d Equipment . . . . .		98,264,174	65,323,473	32,940,701
e Other . . . . .		204,555	204,555	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				69,126,773



Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) HEDGE FUNDS	79,527,017	F
(B) REAL ESTATE FUND	16,283,949	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	95,810,966	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BEN INT PERP TRUST	143,536,441
(2) SPLIT INTEREST AGREEMENTS	66,807,470
(3) OTHER ASSETS	2,769,483
(4) POOLED INCOME FUND A/R	258,739
(5) OTHER A/R	112,206
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	213,484,339

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(1) POST-RETIREMENT BENEFITS	14,109,259
(2) CHARITABLE GIFT ANNUITIES	12,257,837
(3) SUPPLEMENTAL RETIREMENT PLAN	6,208,849
(4) PAYROLL TAX PAYABLE	3,544,243
(5) RENT DEFERRALS/AMORTIZATION	2,672,564
(6) CAPITAL LEASE OBLIGATIONS	1,202,722
(7) OTHER PAYABLES	524,747
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	40,520,221

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-5613797  
**Name:** AMERICAN HEART ASSOCIATION INC

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE AMERICAN HEART ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
AMERICAN HEART ASSOCIATION INC

Employer identification number  
13-5613797

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	10	20			87,709,353
b Total from continuation sheets to Part I . . . . .	5	10			1,356,638
c Totals (add lines 3a and 3b)	15	30			89,065,991

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
				PROF EDUCATION	70,604	WIRE TRANSFER			
				PROF EDUCATION	557,336	WIRE TRANSFER			
				PROF EDUCATION	610,295	WIRE TRANSFER			

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☒ Yes ☐ No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	WITH RESPECT TO RESEARCH GRANTS MADE BY THE AMERICAN HEART ASSOCIATION (AHA) TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT. WITH RESPECT TO TRAVEL GRANTS MADE BY THE AHA TO FOREIGN INDIVIDUALS, SELECTED AHA FUNDED INVESTIGATORS FROM LOW AND MIDDLE INCOME COUNTRIES ARE AWARDED GRANT FUNDS TO REIMBURSE THE ACTUAL EXPENSES INCURRED, UP TO A CERTAIN THRESHOLD, TO ATTEND THE AHA SCIENTIFIC SESSIONS CONFERENCE AND THE WORLD CONGRESS OF CARDIOLOGY CONFERENCE. WITH RESPECT TO GRANTS MADE BY THE AHA TO FOREIGN ORGANIZATIONS, THE AHA'S POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION OF FOREIGN ORGANIZATION RECIPIENTS. THIS PROCESS IS COMPRISED OF OBTAINING THE RECIPIENT ORGANIZATION'S MISSION STATEMENT, FINANCIAL RESULTS, ORGANIZATIONAL DOCUMENTS, SUCH AS BYLAWS AND ARTICLES OF INCORPORATION, AND RENDERING AN OPINION AS TO WHETHER OR NOT THE ORGANIZATION WOULD QUALIFY AS A 501(C)(3) PUBLIC CHARITY IN THE UNITED STATES. RESULTS OF GRANT INITIATIVES ARE MADE AVAILABLE TO THE AHA BY THE RECIPIENT ORGANIZATION.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 194,000 EAST ASIA AND THE PACIFIC 0 22,286,000 EUROPE (INCL ICELAND AND GREENLAND) 0 51,143,000 MIDDLE EAST AND NORTH AFRICA 0 391,000 NORTH AMERICA 0 7,780,000 RUSSIA AND NEIGHBORING STATES 0 220,000 SOUTH AMERICA 0 730,000 SOUTH ASIA 0 84,000 SUB-SAHARAN AFRICA 0 485,000 CENTRAL AMERICA AND CARIBBEAN 2,680 0 EAST ASIA AND THE PACIFIC 743,222 0 EUROPE (INCL ICELAND AND GREENLAND) 531,038 0 MIDDLE EAST AND NORTH AFRICA 965,552 0 NORTH AMERICA 405,101 0 SOUTH AMERICA 1,025,370 0 SOUTH ASIA 718,461 0 SUB-SAHARAN AFRICA 4,929 0 EAST ASIA AND THE PACIFIC 1,267,317 0 EUROPE (INCL ICELAND AND GREENLAND) 33,343 0 SOUTH AMERICA 18,823 0 MIDDLE EAST AND NORTH AFRICA 2,242 0 SUB-SAHARAN AFRICA 2,500 0 SOUTH ASIA 13,475 0 CENTRAL AMERICA AND CARIBBEAN 1,623 0 NORTH AMERICA 15,815 0 RUSSIA AND NEIGHBORING STATES 1,500 0

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 5, PART V	PART I, LINE 3 THE AHA'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE AHA'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE AHA'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS. PARTS II AND III THE ORGANIZATION HAS REPORTED GRANTS BASED ON THE ACCRUAL METHOD OF ACCOUNTING AS REFLECTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. PART IV, LINE 6 THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE). ALTHOUGH UAE IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.

Additional Data

Software ID:  
Software Version:  
EIN: 13-5613797  
Name: AMERICAN HEART ASSOCIATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		194,000
EAST ASIA AND THE PACIFIC	3	2	INVESTMENTS		22,286,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCL ICELAND AND GREENLAND)	1	2	INVESTMENTS		51,143,000
MIDDLE EAST AND NORTH AFRICA	1	6	INVESTMENTS		391,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		7,780,000
RUSSIA AND NEIGHBORING STATES			INVESTMENTS		220,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			INVESTMENTS		730,000
SOUTH ASIA			INVESTMENTS		84,000



Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			INVESTMENTS		485,000
CENTRAL AMERICA AND CARIBBEAN			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	2,680

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	3	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	743,222
EUROPE (INCL ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	531,038

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	1	6	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	965,552
NORTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	405,101

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	1,025,370
SOUTH ASIA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	718,461

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	4,929
EAST ASIA AND THE PACIFIC	3	2	GRANTMAKING		1,267,317

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCL ICELAND AND GREENLAND)	1	2	GRANTMAKING		33,343
SOUTH AMERICA			GRANTMAKING		18,823

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	1	6	GRANTMAKING		2,242
SUB-SAHARAN AFRICA			GRANTMAKING		2,500

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			GRANTMAKING		13,475
CENTRAL AMERICA AND CARIBBEAN			GRANTMAKING		1,623



Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANTMAKING		15,815
RUSSIA AND NEIGHBORING STATES			GRANTMAKING		1,500

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH PRIZE	EAST ASIA AND THE PACIFIC	10	8,524	WIRE TRANSFER			
RESEARCH PRIZE	EUROPE	11	10,437	WIRE TRANSFER			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH PRIZE	NORTH AMERICA	8	9,346	WIRE TRANSFER			
RESEARCH PRIZE	SOUTH ASIA	1	1,500	WIRE TRANSFER			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT	AFRICA	1	2,500	WIRE TRANSFER			
TRAVEL GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1	1,623	WIRE TRANSFER			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT	EAST ASIA AND THE PACIFIC	20	20,558	WIRE TRANSFER			
TRAVEL GRANT	EUROPE	24	22,906	WIRE TRANSFER			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT	MIDDLE EAST AND NORTH AFRICA	1	2,242	WIRE TRANSFER			
TRAVEL GRANT	SOUTH AMERICA	11	20,573	WIRE TRANSFER			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT	SOUTH ASIA	6	11,975	WIRE TRANSFER			
TRAVEL GRANT	NORTH AMERICA	8	6,469	WIRE TRANSFER			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT	RUSSIA AND NEIGHBORING STATES	1	1,500	WIRE TRANSFER			





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

		(a) Event #1 <b>BAY AREA HTWK</b> (event type)	(b) Event #2 <b>DAL HEARTWALK</b> (event type)	(c) Other events <b>4,954</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	4,900,619	4,119,529	240,921,268	249,941,416
	<b>2</b> Less: Contributions . . . . .	4,900,619	4,119,529	224,536,775	233,556,923
	<b>3</b> Gross income (line 1 minus line 2) . . . . .			16,384,493	16,384,493
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	39,091	45,335	5,462,618	5,547,044
	<b>6</b> Rent/facility costs . . . . .	208,735	374,045	10,515,302	11,098,082
	<b>7</b> Food and beverages . . . . .	61,644	7,527	4,741,747	4,810,918
	<b>8</b> Entertainment . . . . .		40,600	1,475,334	1,515,934
	<b>9</b> Other direct expenses . . . . .	7,633	27,631	1,991,403	2,026,667
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				24,998,645
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-8,614,152

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .	31,755		41,507	73,262
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d). . . . . ▶				73,262

**9** Enter the state(s) in which the organization conducts gaming activities: AL, AZ, FL, MS, TN, TX

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

**b** If "No," explain: SOME STATES DO NOT REQUIRE SPECIFIC LICENSURE OR THE ACTIVITY IS

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

**b** If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☒ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	100.000 %

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CYNTHIA ROBERTS

Address ▶ 7272 GREENVILLE AVE DALLAS, TX 75231

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$.

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$.

Part IV

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

Return Reference	Explanation
SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (III)	INSURANCE AUTO AUCTIONS X
SCHEDULE G, PART IV	PART I, LINE 2B, COLUMN (III) INSURANCE AUTO AUCTIONS 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. AHA PAYS A FIXED MANAGEMENT FEE PER VEHICLE BASED ON VOLUME. INSURANCE AUTO AUCTIONS RETAINS CUSTODY OF THE SALE PROCEEDS UNTIL THEY ARE DEPOSITED IN AHA'S ACCOUNT. PART I, LINE 2B COLUMN (V) INFOCISION PROVIDES SERVICES RELATED TO VARIOUS TELEPHONE MARKETING CAMPAIGNS, INCLUDING VOLUNTEER RECRUITMENT AND TRAINING, SENDING OF FOLLOW-UP MAILINGS, AND REPORTING OF RESULTS. THE CONTRACT WITH INFOCISION PROVIDES THAT AHA REIMBURSE INFOCISION FOR POSTAGE AND OTHER MAILING MATERIALS. OF THE 1,386,505 PAID TO INFOCISION DURING THE YEAR, 1,795 IS REIMBURSEMENT OF POSTAGE AND OTHER MAILING MATERIALS. PART III, LINE 16 THE ASSOCIATION DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE STAFF RESPONSIBLE FOR THE EVENT(S) AT THAT LOCATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN HEART ASSOCIATION INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
13-5613797

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 347

3 Enter total number of other organizations listed in the line 1 table . . . . . 7

Part IIIPart III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ABSTRACT AWARDS	15	13,250			
(2) ACHIEVEMENT AWARDS	24	17,806			
(3) INVESTIGATOR AWARDS/PRIZE	85	69,717			
(4) LECTURE HONORARIA	33	40,250			
(5) POSTER AWARDS	26	8,000			
(6) SCHOLARSHIPS	51	136,500			
(7) TRAVEL TO CONFERENCES	366	266,892			
(7)					

Part IV

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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 AHA RESEARCH PROGRAMS ARE AS FOLLOWS: -PREDOCTORAL FELLOWSHIPS 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 FELLOWSHIPS 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 AWARDS 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 SCIENTIST DEVELOPMENT GRANT. AT AWARD ACTIVATION, NO MORE THAN FOUR 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 AWARDS 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. APPLICANTS MUST HAVE CURRENT FUNDING AS PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E.G. VA MERIT AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO AN R01. -AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARDS THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT. INSTITUTIONAL ELIGIBILITY FOR AWARDS - ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE. - THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS COLLEGE. - TO BE ELIGIBLE TO APPLY FOR THIS 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. INSTITUTIONS WITH HEALTH PROFESSIONAL SCHOOLS OR COLLEGES FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.). - HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARM.D, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM). - ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION. - HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY. - OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY). PRINCIPAL INVESTIGATOR ELIGIBILITY - THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION. - THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION. TRANSFORMATIONAL PROJECT AWARDS THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGHPROBABILITY 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. INNOVATIVE PROJECT AWARDS THIS PROGRAM IS INTENDED TO SUPPORT RESEARCH OF UNEXPLORED IDEAS. CONCEPTS DEEMED AS INNOVATIVE, THAT MAY INTRODUCE A NEW PARADIGM, CHALLENGE CURRENT PARADIGMS, LOOK AT EXISTING PROBLEMS FROM NEW PERSPECTIVES, OR EXHIBIT OTHER UNIQUELY CREATIVE QUALITIES. 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. INSTITUTIONAL UNDERGRADUATE STUDENT FELLOWSHIPS THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS. THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE A FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE O
SCHEDULE I, PAGE 4, PART IV	PART I, LINE 2 - CONTINUED COLLABORATIVE SCIENCES AWARDS - THE PROPOSAL MUST FOCUS ON THE COLLABORATIVE RELATIONSHIP, SUCH THAT THE SCIENTIFIC OBJECTIVES COULD NOT BE ACHIEVED WITHOUT THE EFFORTS OF AT LEAST TWO CO-PRINCIPAL INVESTIGATORS AND THEIR RESPECTIVE DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY BY AT LEAST TWO CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD FACULTY/STAFF APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE INDEPENDENT RESEARCHERS. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH TRAINING OR FELLOWSHIP POSITIONS. CO-PIS MUST HOLD A M.D., PH.D., D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE. MERIT AWARDS - THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT CREDENTIALS: - HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT). - HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. - IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING. - BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER- REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY. STRATEGICALLY FOCUSED RESEARCH NETWORK - DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION. PROGRAMS OFFERED ONLY TO STRATEGICALLY FOCUSED RESEARCH NETWORK AWARD RECIPIENTS INCLUDE THE STRATEGIC COLLABORATIVE GRANT AND THE STRATEGIC RENEWAL GRANT. INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE GRANT QUALIFICATIONS: FACULTY/ STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR (PI) MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT TERMINAL DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. OTHER THAN THE REQUIREMENT THAT THE PRINCIPAL INVESTIGATOR BE INDEPENDENT, ELIGIBILITY FOR THE AHA DATA GRANTS ARE IN NO WAY RESTRICTED UPON EXPERIENCE LEVEL OR SENIORITY. FELLOWSHIP QUALIFICATIONS: FELLOWS MUST HOLD A PH.D., M.D., D.O., D.V.M. OR EQUIVALENT DOCTORAL DEGREE AND COMMIT AT LEAST 80% EFFORT TO RESEARCH TRAINING. A FELLOW MAY NOT HOLD ANOTHER FELLOWSHIP AWARD, ALTHOUGH THE INSTITUTION MAY PROVIDE SUPPLEMENTAL FUNDING. FELLOWS MAY NOT HOLD A FACULTY OR STAFF APPOINTMENT, WITH THE EXCEPTION OF M.D. OR M.D./PH.D. WITH CLINICAL RESPONSIBILITIES WHO NEEDS INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING. FELLOWS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. FELLOWS WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY. TRAINING GRANTS QUALIFICATIONS: APPLICANTS MAY BE STUDENTS WITH A BACHELOR'S, MASTER'S, OR DOCTORAL DEGREE. IF THE APPLICANT IS A POSTDOCTORAL FELLOW, AT THE TIME OF AWARD ACTIVATION, THE CANDIDATE MAY HAVE NO MORE THAN FIVE YEARS OF POSTDOCTORAL RESEARCH TRAINING OR EXPERIENCE (EXCLUDING CLINICAL TRAINING). APPLICANTS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. AWARDEES WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY. PROGRAMS OFFERED THROUGH THE INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE ARE: - AI AND ML (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING) - AI AND ML TRAINING GRANTS AHA-ALLEN INITIATIVE IN BRAIN HEALTH AND COGNITIVE IMPAIRMENT AWARD THIS AWARD IS INTENDED FOR INDIVIDUALS WITH A PH.D. AND/OR M.D. (OR THE EQUIVALENT) AND HOLDING A FACULTY APPOINTMENT AT AN ELIGIBLE NONPROFIT INSTITUTION IN THE U.S. OR EQUIVALENT FACULTY POSITION AT A FOREIGN UNIVERSITY THAT MEETS FOREIGN EQUIVALENCY DETERMINANTS FOR A NON-PROFIT IN THE UNITED STATES. U.S. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. ANOTHER MAJOR ELIGIBILITY REQUIREMENT FOR INDIVIDUALS IS CITIZENSHIP AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A) UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AHA CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE AWARD. OTHER ELIGIBILITY REQUIREMENTS OR RESTRICTIONS THE APPROPRIATE AHA BODY OR ITS DESIGNEE GOVERNING THE PROGRAM OFFERING HAS THE AUTHORITY TO ADD MORE LENIENT OR RESTRICTIVE ELIGIBILITY CRITERIA TO A RESEARCH GRANT OR AWARD PROGRAM. FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES.

Additional Data

Software ID:  
Software Version:  
EIN: 13-5613797  
Name: AMERICAN HEART ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A WORLD FIT FOR KIDS 678 SOUTH LAFAYETTE PARK PLACE LOS ANGELES, CA 90057	33-0550994	(C)(3)	10,000				COMMUNITY HEALTH
ACCESS COMMUNITY HEALTH & RESEARCH 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	(C)(3)	14,590				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANTAGE HEALTHCARE CENTERS 100 RIVER PLACE DRIVE STE 450 DETROIT, MI 48207	38-2724796	(C)(3)	14,590				COMMUNITY HEALTH
AFTERSCHOOL ALLIANCE INC 1101 14TH STREET NORTHWEST STE 700 WASHINGTON, DC 20005	52-2275123	(C)(3)	5,300				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA ARISE PO BOX 1188 MONTGOMERY, AL 36107	63-1186365	(C)(3)	25,000				CHILDHOOD OBESITY
ALEGENT HEALTH BERGAN MERCY HEALTH 7500 MERCY ROAD OMAHA, NE 68124	47-0484764	(C)(3)	19,415				STROKE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY GROW COUNCIL 1 NORTH WASHINGTON AVENUE LOLA, KS 66749	84-2905334	(C)(3)	10,000				COMMUNITY NUTRITION
ALLIANCE FOR A HEALTHIER GENERATION 1028 SE WATER AVENUE STE 215 PORTLAND, OR 97214	27-2028308	(C)(3)	1,070,868				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE GRAND FORKS, ND 58201	45-0368330	(C)(3)	18,000				STROKE PROGRAMS
AMERICAN ASSOCIATION OF FAMILY & CO 400 N COLUMBUS ST STE 202 ALEXANDRIA, VA 22314	53-0025870	(C)(3)	14,500				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY CANCER ACTI 555 11TH STREET NW STE 300 WASHINGTON, DC 20004	52-2340031	(C)(3)	10,000				COMMUNITY HEALTH
AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY STREET NORTHEAST STE MINNEAPOLIS, MN 55413	27-0300026	(C)(3)	31,500				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANS FOR NONSMOKERS RIGHT 2530 SAN PABLO AVENUE STE J BERKELEY, CA 94702	94-2598713	(C)(4)	68,601				ANTI-TOBACCO ADVOCAC
ANNIE JEFFREY MEMORIAL COUNTY HEALT 531 BEEBE STREET OSCEOLA, NE 68651	47-6000710	GOV	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN REGIONAL HEALTHCARE 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	(C)(3)	6,308				STROKE PROGRAMS
ACCESS ARAB COMMUNITY CENTER FOR EC 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	(C)(3)	25,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA HEALTH CARE INC 960 NORTH 12TH STREET MILWAUKEE, WI 53233	39-1442285	(C)(3)	63,000				COMMUNITY HEALTH
BAYLOR UNIVERSITY ONE BEAR PLACE 97096 WACO, TX 76798	74-1159753	(C)(3)	40,635				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	(C)(3)	10,000				STROKE PROGRAMS
BELLEVUE MEDICAL CENTER LLC 2500 BELLEVUE MEDICAL CENTER DRIVE BELLEVUE, NE 68123	20-4305186	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEYOND HOUSING INC 6506 WRIGHT WAY PINE LAWN, MO 63121	51-0179471	(C)(3)	24,250				CHILDHOOD OBESITY
BJC HEALTH SYSTEM 4901 FOREST PARK AVENUE STE 1200 SAINT LOUIS, MO 63108	43-1617558	(C)(3)	9,000				COMMUNITY HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF PUERTO RICO PO BOX 79526 CAROLINA, PR 00984	66-0327584	(C)(3)	25,000				CHILDHOOD OBESITY
BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	(C)(3)	402,600				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COMMUNITY AND FAMILY HEALTH 5010-5012 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	59-3489664	(C)(3)	20,160				BLOOD PRESSURE PROGR
BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET LINCOLN, NE 68506	47-0376552	(C)(3)	25,340				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER COUNTY HEALTH CARE CENTER 372 SOUTH 9TH STREET DAVID CITY, NE 68632	47-0551144	GOV	6,125				STROKE PROGRAMS
CALIFORNIA WALKS 1300 CLAY STREET STE 600 OAKLAND, CA 94612	81-0618523	(C)(3)	150,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMINO COMMUNITY CENTER 133 STETSON DRIVE CHARLOTTE, NC 28262	56-2015959	(C)(3)	7,500				COMMUNITY HEALTH
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200 WASHINGTON, DC 20005	52-1969967	(C)(3)	87,500				ANTI-TOBACCO ADVOCAC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL ROOTS INC 594 RIVER STREET TROY, NY 12180	14-1596291	(C)(3)	30,000				COMMUNITY IMPACT
CENTER FOR FAMILY LIFE AND RECOVERY 502 COURT STREET STE 401 UTICA, NY 13502	27-4295905	(C)(3)	5,625				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH PROGRESS PO BOX 18877 DENVER, CO 80218	43-2007393	(C)(3)	24,933				CHILDHOOD OBESITY
CENTER FOR PUBLIC POLICY PRIORITIES 7020 EASY WIND DRIVE STE 200 AUSTIN, TX 78752	74-2898197	(C)(3)	25,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RURAL AFFAIRS 145 MAIN STREET LYONS, NE 68038	47-0553823	(C)(3)	85,000				COMMUNITY NUTRITION
CENTER FOR SCIENCE IN THE PUBLIC IN 1220 L ST NW SUITE 300 WASHINGTON, DC 20005	23-7122879	(C)(3)	91,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR SCIENCE IN THE PUBLIC IN 1221 L ST NW SUITE 300 WASHINGTON, DC 20005	23-7122879	(C)(3)	18,450				COMMUNITY NUTRITION
CHANGELAB SOLUTIONS INC 2201 BROADWAY STE 502 OAKLAND, CA 94612	26-3710746	(C)(3)	27,000				CHILDHOOD OBESITY



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE MECKLENBURG FOOD POLICY C 2401 DISTRIBUTION STREET CHARLOTTE, NC 28203	45-2040409	(C)(3)	6,000				COMMUNITY HEALTH
CHERRY HEALTH 100 CHERRY STREET SOTUHEAST GRAND RAPIDS, MI 49503	38-2853534	(C)(3)	11,600				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI HEALTH GOOD SAMARITAN PO BOX 1990 KEARNEY, NE 68848	47-0379755	(C)(3)	19,415				STROKE PROGRAMS
CHI HEALTH IMMANUEL 6901 NORTH 72ND STREET OMAHA, NE 68122	47-0376615	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI HEALTH LAKESIDE 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	(C)(3)	19,415				STROKE PROGRAMS
CHI HEALTH MIDLANDS 11111 SOUTH 84TH STREET PAPILLION, NE 68046	47-0757164	(C)(3)	9,840				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI HEALTH PLAINVIEW HOSPITAL 704 NORTH THIRD STREET PLAINVIEW, NE 68769	47-0757164	(C)(3)	6,125				STROKE PROGRAMS
CHI HEALTH SAINT ELIZABETH 555 SOUTH 70TH STREET LINCOLN, NE 68510	47-0379836	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI HEALTH SAINT FRANCIS 2620 WEST FAIDLEY AVENUE GRAND ISLAND, NE 68803	47-0376601	(C)(3)	19,415				STROKE PROGRAMS
CHI HEALTH SCHUYLER 104 WEST 17TH STREET SCHUYLER, NE 68661	47-0399853	(C)(3)	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILD CARE AWARE OF AMERICA 1515 NORTH COURTHOUSE ROAD 3RD FLOOR ARLINGTON, VA 22201	94-3060756	(C)(3)	76,950				CHILDHOOD OBESITY
CHILDRENS ADVOCACY ALLIANCE 5258 SOUTH EASTERN AVENUE STE 151 LAS VEGAS, NV 89119	88-0394078	(C)(3)	98,728				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITIZENS HOUSING AND PLANNING ASSOC ONE BEACON STREET 5TH FLOOR BOSTON, MA 02108	04-6138418	(C)(3)	50,000				COMMUNITY HEALTH
COLUMBUS COMMUNITY HOSPITAL 4600 38TH STREET COLUMBUS, NE 68601	47-0542043	(C)(3)	7,750				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY HEALTH COUNCIL OF WYANDOT 803 ARMSTRONG AVENUE KANSAS CITY, KS 66101	01-0674969	(C)(3)	39,998				CHILDHOOD OBESITY
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET STE 240 LOS ANGELES, CA 90012	95-4302067	(C)(3)	13,734				CHILDHOOD OBESITY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CONE HEALTH 1200 NORTH ELM STREET GREENSBORO, NC 27401	58-1588823	(C)(3)	6,500				COMMUNITY HEALTH
CORNELL COOPERATIVE EXTENSION 121 SECOND STREET ORISKANY, NY 13424	16-6072888	(C)(3)	6,943				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT COMMUNITY CARE INC 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	(C)(3)	14,590				COMMUNITY HEALTH
COZAD COMMUNITY HOSPITAL PO BOX 108 COZAD, NE 69130	47-6007486	GOV	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE, NE 68333	47-0841285	(C)(3)	6,125				STROKE PROGRAMS
DC GREENS 2000 P ST NW STE 240 WASHINGTON, DC 20036	26-4527988	(C)(3)	147,065				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DIZZY FEET FOUNDATION 12655 JEFFERSON BLVD LOS ANGELES, CA 90066	26-4501295	(C)(3)	250,000				COMMUNITY HEALTH
EAT SMART & MOVE MORE SOUTH CAROLIN 2711 MIDDLEBURG DRIVE STE 301 COLUMBIA, SC 29204	57-1096619	(C)(3)	49,999				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EATWELL MEAL KITS 31 STATION STREET APT 3 BROOKLINE, MA 02245	84-4389189		50,000				COMMUNITY NUTRITION
FAITH REGIONAL HEALTH SERVICES PO BOX 869 NORFOLK, NE 68702	47-0796875	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY CHRISTIAN HEALTH CENTER 31 WEST 155TH STREET HARVEY, IL 60426	36-4346917	(C)(3)	23,851				COMMUNITY HEALTH
FAMILY MEDICAL CENTER OF MICHIGAN 8765 LEWIS AVENUE TEMPERANCE, MI 48182	38-2308659	(C)(3)	11,600				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FARMER FOODSHARE INC 902 NORTH MANGUM STREET DURHAM, NC 27701	27-3717889	(C)(3)	8,400				COMMUNITY IMPACT
FATHERS UPLIFT INC 12 SOUTHERN AVENUE DORCHESTER, MA 02124	46-1407932	(C)(3)	50,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CARE HEALTH CENTER 115 VIVIAN STREET PARK RIVER, ND 58270	45-0232743	(C)(3)	17,400				STROKE PROGRAMS
FLINT FRESH MOBILE MARKET 3325 EAST COURT STREET FLINT, MI 48506	81-2840219	(C)(3)	130,000				COMMUNITY NUTRITION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FORTY ACRES FRESH MARKET 1510 WEST GRAND AVENUE APT 2W CHICAGO, IL 60642	83-3588129		210,000				COMMUNITY NUTRITION
FOUNDATION FOR HEALTHY GENERATIONS 2132 3RD AVENUE STE 226 SEATTLE, WA 98121	91-6186093	(C)(3)	132,175				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRANKLIN COUNTY COMMUNITY DEVELOPME 324 WELLS STREET GREENFIELD, MA 01301	04-2678309	(C)(3)	27,674				COMMUNITY HEALTH
FRANKLIN COUNTY FOOD POLICY COUNCIL 1418 SOUTH MAIN STE 1 OTTAWA, KS 66067	48-6038022	GOV	15,000				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRESH TRUCK INC 69 SHIRLEY STREET BOSTON, MA 02119	46-2848535	(C)(3)	50,000				COMMUNITY IMPACT
FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101 MENOMONEE FALLS, WI 53051	39-2014409	(C)(3)	24,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY REGION YMCA WESTLINE INDUSTRIAL DRIVE STE 232 MARYLAND HEIGHTS, MO 63146	43-0653616	(C)(3)	36,800				BLOOD PRESSURE PROGR
GENESEE HEALTH SYSTEM 420 WEST FIFTH AVENUE FLINT, MI 48503	46-1377563	GOV	11,600				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GLOBAL TO LOCAL 2800 SOUTH 192ND STREET STE 104 SEATAC, WA 98188	27-3133200	(C)(3)	11,500				COMMUNITY HEALTH
GOTHENBURG MEMORIAL HOSPITAL 910 20TH STREET GOTHENBURG, NE 69138	47-0532605	GOV	7,600				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREAT PLAINS HEALTH 601 WEST LEOTA STREET NORTH PLATTE, NE 69101	47-0662290	(C)(3)	19,415				STROKE PROGRAMS
GROUNDWORK CENTER FOR RESILIENT COM 148 EAST FRONT STREET STE 301 TRAVERSE CITY, MI 49684	38-2314954	(C)(3)	75,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HAWAII APPLESEED CENTER FOR LAW & E 733 BISHOP STREET STE 1180 HONOLULU, HI 96813	76-0748976	(C)(3)	85,989				COMMUNITY NUTRITION
HEALTHWORKS COMMUNITY FITNESS 450 WASHINGTON STREET DORCHESTER, MA 02124	04-3431534	(C)(3)	50,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEALTHY FOOD AMERICA PO BOX 22260 SEATTLE, WA 98122	47-2926810	(C)(3)	54,270				CHILDHOOD OBESITY
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	59-2230272	(C)(3)	18,261				CHILDHOOD OBESITY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOMESTART INC 105 CHAUNCY STREET STE 502 BOSTON, MA 02111	04-3311270	(C)(3)	100,000				COMMUNITY IMPACT
HORIZON FOUNDATION OF HOWARD COUNTY 10221 WINCOPIN CIRCLE STE 200 COLUMBIA, MD 21044	52-2119011	(C)(3)	125,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOUSTON HEALTHCARE 1601 WATSON BLVD WARNER ROBINS, GA 31093	71-1045290	(C)(3)	30,222				STROKE PROGRAMS
HSHS ST MARYS HOSPITAL 1800 EAST LAKE SHORE DRIVE DECATUR, IL 62521	37-0661244	(C)(3)	10,000				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IMMIGRANT FAMILY SERVICES INSTITUTE 575 AMERICAN LEGION HIGHWAY ROSLINDALE, MA 02131	47-4400495	(C)(3)	50,000				COMMUNITY HEALTH
INGALLS MEMORIAL HOSPITAL 27691 NETWORK PLACE CHICAGO, IL 60673	36-2170866	(C)(3)	5,500				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INGLEWOOD COUNCIL OF PTAS 5354 WEST 64TH STREET INGLEWOOD, CA 90302	23-7128444	(C)(3)	7,500				COMMUNITY HEALTH
INNOVIS HEALTH LLC 502 EAST SECOND STREET DULUTH, MN 55805	26-1175213	(C)(3)	39,937				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INSTITUTE FOR LOCAL SELF-RELIANCE 1710 CONNECTICUT AVENUE NW 4TH FLR WASHINGTON, DC 20009	23-7394104	(C)(3)	57,614				COMMUNITY IMPACT
INTERNATIONAL HEALTH COMMISSION OF PO BOX 225 WILLINGBORO, NJ 08046	53-0204696	(C)(3)	25,000				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTERNATIONAL PRE-DIABETES CENTER 14500 ROSCOE BL 4TH FLOOR PANORAMA CITY, CA 91402	47-1341290	(C)(3)	99,988				COMMUNITY HEALTH
INVOLVEDDAD 2712 SAGINAW STREET STE 103 FLINT, MI 48505	47-4368803	(C)(3)	50,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ISLAND HARVEST LTD 15 GRUMMAN ROAD WEST STE 1450 BETHPAGE, NY 11714	11-3136350	(C)(3)	15,000				COMMUNITY IMPACT
JENNIE M MELHAM MEMORIAL MEDIC 145 MEMORIAL DRIVE BROKEN BOW, NE 68822	47-0426530	(C)(3)	17,285				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JESSIE TRICE COMMUNITY HEALTH SYST 5607 NW 27TH AVENUE MIAMI, FL 33142	59-1235617	(C)(3)	15,360				BLOOD PRESSURE PROGR
JOHN MUIR HEALTH 2540 EAST STREET CONCORD, CA 94520	94-2650855	(C)(3)	6,500				COMMUNITY HEALTH



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JOHNS HOPKINS UNIVERSITY 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	(C)(3)	37,500				STROKE PROGRAMS
JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	(C)(3)	65,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KEARNEY REGIONAL MEDICAL CENTER 804 22ND AVENUE KEARNEY, NE 68845	27-0860326	GOV	18,840				STROKE PROGRAMS
KIMBALL COUNTY HOSPITAL 505 SOUTH BURG STREET KIMBALL, NE 69145	47-6007155	GOV	7,600				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAWRENCE LIVERMORE NATIONAL SECURIT 7000 EAST AVENUE L435 LIVERMORE, CA 94550	20-5624386	GOV	1,757,896				RESEARCH
LEXINGTON REGIONAL HEALTH CENTER 1201 NORTH ERIE STREET LEXINGTON, NE 68850	45-6029692	GOV	7,600				STROKE PROGRAMS

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MADE INSTITUTE 605 EAST PARKWAY AVENUE FLINT, MI 48505	47-3281597	(C)(3)	110,000				COMMUNITY HEALTH
MAINE CONSUMERS FOR AFFORDABLE HEAL 12 CHURCH STREET AUGUSTA, ME 04330	04-3366975	(C)(3)	18,000				CHILDHOOD OBESITY

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MAKE THE ROAD NEW YORK INC 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	(C)(3)	25,000				CHILDHOOD OBESITY
MARY LANNING HEALTHCARE 715 NORTH SAINT JOSEPH HASTINGS, NE 68901	47-0378779	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEMORIAL AND MANOR BAINBRIDGE 1500 EAST SHOTWELL STREET BAINBRIDGE, GA 39819	58-6011888	GOV	5,037				STROKE PROGRAMS
MEMORIAL COMMUNITY HEALTH INC 1423 7TH STREET AURORA, NE 68818	47-0461859	(C)(3)	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEMORIAL COMMUNITY HOSPITAL & HEALT 610 NORTH 22ND STREET BLAIR, NE 68008	47-0426285	(C)(3)	6,125				STROKE PROGRAMS
METHODIST WOMENS HOSPITAL PO BOX 2797 OMAHA, NE 68114	47-0376604	(C)(3)	7,750				STROKE PROGRAMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN STE 1000 CHICAGO, IL 60602	36-2167940	(C)(3)	10,000				COMMUNITY NUTRITION
MIAMI BEACH COMMUNITY HEALTH CENTER 11645 BISCAYNE BLVD STE 207 MIAMI, FL 33181	59-1829984	(C)(3)	12,800				COMMUNITY HEALTH



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MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DRIVE LANSING, MI 48917	38-2294018	(C)(3)	40,250				COMMUNITY HEALTH
MISSISSIPPI LOW INCOME CHILD CARE I PO BOX 204 BILOXI, MS 39533	64-0943404	(C)(3)	24,080				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI BAPTIST MEDICAL CENTER PO BOX 958361 SAINT LOUIS, MO 63195	43-0652656	(C)(3)	24,000				COMMUNITY HEALTH
MIZELL MEMORIAL HOSPITAL INC 702 NORTH MAIN STREET OPPA, AL 36467	63-0307951	(C)(3)	9,646				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MPRO HELPING HEALTHCARE GET BETTER 22670 HAGGERTY ROAD SUITE 100 FARMINGTON HILLS, MI 48335	38-2536610	(C)(3)	52,500				COMMUNITY HEALTH
NATIONAL HEAD START ASSOCIATIO 1651 PRINCE STREET ALEXANDRIA, VA 22314	52-1282065	(C)(3)	76,950				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEBRASKA APPLESEED CENTER 941 O STREET STE 920 LINCOLN, NE 68508	47-0798343	(C)(3)	18,206				CHILDHOOD OBESITY
NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NE 68114	47-0376604	(C)(3)	19,415				STROKE PROGRAMS
NEW MEXICO CENTER ON LAW AND POVERT 924 PARK AVENUE SOUTHWEST STE C ALBUQUERQUE, NM 87102	85-0437960	(C)(3)	25,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN MEDICINE CENTRAL DUPAG 25 NORTH WINFIELD ROAD WINFIELD, IL 60190	36-2513909	(C)(3)	10,000				COMMUNITY HEALTH
NORTHWESTERN MEDICINE DELNOR HOSPIT 300 RANDALL ROAD GENEVA, IL 60134	36-3484281	(C)(3)	10,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA INSTITUTE FOR CHILDHOOD AD 2915 NORTH CLASSEN STE 320 OKLAHOMA CITY, OK 73106	73-1192768	(C)(3)	50,000				CHILDHOOD OBESITY
ORGANIZE FLORIDA EDUCATION FUND 134 EAST COLONIAL DRIVE ORLANDO, FL 32801	27-4384675	(C)(3)	62,500				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSMOND GENERAL HOSPITAL INC 402 NORTH MAPLE STREET OSMOND, NE 68765	23-7161473	(C)(3)	7,600				STROKE PROGRAMS
PALMETTO CYCLING COALITION 141F PELHAM DRIVE STE 116 COLUMBIA, SC 29209	57-1020701	(C)(3)	44,492				CHILDHOOD OBESITY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAN AMERICAN SANITARY BUREAU 525 23RD STREET NORTHWEST WASHINGTON, DC 20037	52-1804954	GOV	75,145				COMMUNITY NUTRITION
PAWNEE COUNTY MEMORIAL HOSPITAL 600 I STREET PAWNEE CITY, NE 68420	36-3169688	GOV	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC FOUNDATION OF MICHIGAN 106 WEST ALLEGAN STREET STE 310 LANSING, MI 48933	33-1065901	(C)(3)	49,946				CHILDHOOD OBESITY
PENDER COMMUNITY HOSPITAL 100 HOSPITAL DRIVE PENDER, NE 68047	47-0711662	(C)(3)	6,125				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENTECOSTAL CHURCH OF JESUS CHRIST 5918 HULMELVILLE ROAD BENSALEM, PA 19020	23-3057525	(C)(3)	10,000				COMMUNITY NUTRITION
PERKINS COUNTY HEALTH SERVICE 900 LINCOLN AVENUE GRANT, NE 69140	47-6014365	GOV	7,600				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETE BROWN JR TENNIS PROGRAM PO BOX 8114 LOS ANGELES, CA 90008	80-0800003	(C)(3)	10,000				COMMUNITY HEALTH
PINNACLE PREVENTION CORP 250 SOUTH ARIZONA AVENUE STE 6 CHANDLER, AZ 85225	46-4574172	(C)(3)	141,432				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE ROAD WAYNE, NE 68787	47-0566524	(C)(3)	6,125				STROKE PROGRAMS
PUBLIC ALLIES INC 735 NORTH WATER STREET STE 550 MILWAUKEE, WI 53202	52-1759564	(C)(3)	68,601				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVENUE ST PAUL, MN 55105	41-1896367	(C)(3)	40,635				CHILDHOOD OBESITY
REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF, NE 69361	47-0385129	(C)(3)	19,415				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REINVESTMENT PARTNERS 110 EAST GEER STREET DURHAM, NC 27701	31-1587628	(C)(3)	50,000				COMMUNITY NUTRITION
RENO COUNTY HEALTH DEPARTMENT 209 WEST 2ND HUTCHINSON, KS 67501	48-6015542	GOV	15,000				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RHODE ISLAND PUBLIC HEALTH INSTITUT 383 WEST FOUNTAIN STREET STE 101 PROVIDENCE, RI 02903	05-0474726	(C)(3)	124,997				COMMUNITY NUTRITION
RICHLAND HOSPITAL 333 EAST SECOND STREET RICHARD CENTER, WI 53581	39-0808498	(C)(3)	55,000				COMMUNITY HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RIDE HEALTH INC 29 WEST 17TH STREET FLOOR 6 NEW YORK, NY 10011	82-3442492		125,000				COMMUNITY HEALTH
RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	(C)(3)	75,000				BLOOD PRESSURE PROGR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE ROUTES TO SCHOOL NATIONAL PART 12587 FAIR LAKES CIRCLE 251 FAIRFAX, VA 22033	46-2694434	(C)(3)	27,000				CHILDHOOD OBESITY
SAFE ROUTES TO SCHOOL NATIONAL PART 12587 FAIR LAKES CIRCLE 251 FAIRFAX, VA 22033	46-2694434	(C)(3)	85,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS MEMORIAL HOSPITA 430 NORTH MONITOR STREET WEST POINT, NE 68788	47-0486026	(C)(3)	7,600				STROKE PROGRAMS
SANFORD BISMARCK 300 NORTH 7TH STREET BISMARCK, ND 58501	45-0226700	(C)(3)	39,765				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SANFORD HEALTH NETWORK NORTH 332 2ND AVENUE NORTH WAHPETON, ND 58075	45-0409348	(C)(3)	7,125				STROKE PROGRAMS
SANFORD MEDICAL CENTER FARGO PO BOX 2010 FARGO, ND 58122	45-0226909	(C)(3)	40,700				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SIERRA HEALTH FOUNDATION CENTER 1321 GARDEN HIGHWAY STE 210 SACRAMENTO, CA 95833	45-5282243	(C)(3)	24,475				CHILDHOOD OBESITY
SMART FROM THE START 68 ANNUNCIATION ROAD BOSTON, MA 02120	45-4952663	(C)(3)	200,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOCIEDAD LATINA INC 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	(C)(3)	10,000				COMMUNITY NUTRITION
SOUTHEAST HEALTH FOUNDATION 1922 FAIRVIEW AVENUE DOTHAN, AL 36301	20-8726030	(C)(3)	7,500				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHERN JAMAICA PLAIN HEALTH 640 CENTRE STREET JAMAICA PLAIN, MA 02130	42-0312909	(C)(3)	10,000				COMMUNITY HEALTH
SPUR 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	(C)(3)	14,311				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58506	45-0226711	(C)(3)	18,000				STROKE PROGRAMS
ST FRANCIS HEALTH LLC 2122 MANCHESTER EXPRESSWAY COLUMBUS, GA 31904	47-5259919	(C)(3)	15,000				STROKE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST MARY'S COMMUNITY HOSPITAL 1301 GRUNDMAN BLVD NEBRASKA CITY, NE 68410	47-0443636	(C)(3)	6,125				STROKE PROGRAMS
STAND UP NASHVILLE PO BOX 292583 NASHVILLE, TN 37229	83-0602074	(C)(3)	60,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STONY BROOK RESEARCH FOUNDATION STONY BROOK UNIVERSITY STONY BROOK, NY 11794	14-1368361	(C)(3)	10,000				COMMUNITY HEALTH
STRENGTHENING THE EMPOWERMENT PO BOX 1712 INGLEWOOD, CA 90308	47-3496071	(C)(3)	10,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SWEET POTATO PATCH CHICAGO 8123 SOUTH LANGLEY CHICAGO, IL 60619	83-4342911		129,500				COMMUNITY NUTRITION
TEACHERS COLLEGE COLUMBIA UNIV 525 WEST 120TH STREET NEW YORK, NY 10027	13-1624202	(C)(3)	34,135				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TEMPLE UNIVERSITY 2450 WEST HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-1365971	(C)(3)	10,000				STROKE PROGRAMS
TENANTS AND WORKERS UNITED 3801 MOUNT VERNON AVENUE ALEXANDRIA, VA 22305	54-1515305	(C)(3)	25,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THAYER COUNTY HEALTH SERVICE 120 PARK AVENUE HEBRON, NE 68370	47-0627838	GOV	6,125				STROKE PROGRAMS
THE FOOD TRUST 1617 JFK BLVD STE 900 PHILADELPHIA, PA 19103	23-2678383	(C)(3)	200,000				CHILDHOOD OBESITY

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THEA BOWMAN HOUSE INC 731 LAFAYETTE STREET UTICA, NY 13502	16-1488620	(C)(3)	5,261				COMMUNITY IMPACT
TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200 WASHINGTON, DC 20005	52-1974904	(C)(4)	237,500				ANTI-TOBACCO ADVOCAC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 34 CAMBRIDGE, NE 69022	47-6028103	(C)(3)	7,600				STROKE PROGRAMS
TRINITY HEALTH 305 11TH AVE SW MINOT, ND 58701	41-2002771	(C)(3)	39,060				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TROY REGIONAL MEDICAL CENTER 1330 HIGHWAY 231 SOUTH TROY, AL 36081	27-1534178	GOV	10,342				STROKE PROGRAMS
TRUMAN MEDICAL CENTER INC PO BOX 957924 SAINT LOUIS, MO 63195	44-0661018	(C)(3)	5,375				COMMUNITY HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNION COUNTY GOVERNMENT 2330 CONCORD AVENUE MONROE, NC 28110	56-6000345	GOV	6,000				COMMUNITY HEALTH
UNION GENERAL HOSPITAL 35 HOSPITAL ROAD BLAIRSVILLE, GA 30512	58-6025393	(C)(3)	5,246				STROKE PROGRAMS

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UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN, TX 78767	74-1587488	(C)(3)	27,000				CHILDHOOD OBESITY
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297	GOV	15,000				STROKE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF KENTUCKY RESEARCH FOU 500 SOUTH LIMESTONE LEXINGTON, KY 40526	61-6033693	GOV	19,444				COMMUNITY NUTRITION
URBAN FARMING INSTITUTE OF BOSTON 487R NORFOLK STREET MATTAPAN, MA 02126	45-3961022	(C)(3)	90,000				COMMUNITY NUTRITION

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URBAN RENAISSANCE CENTER 2505 NORTH CHEVROLET AVENUE FLINT, MI 48504	47-5270395	(C)(3)	40,000				COMMUNITY IMPACT
VOICES FOR GEORGIAS CHILDREN 75 MARIETTA STREET NW STE 401 ATLANTA, GA 30303	02-0678823	(C)(3)	25,000				CHILDHOOD OBESITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WATERVILLE AREA FOOD PANTRY 234 WHITE STREET WATERVILLE, NY 13480	47-5546457	(C)(3)	7,125				COMMUNITY IMPACT
WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVENUE DETROIT, MI 48202	38-2008890	(C)(3)	11,600				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WEST HOLT MEMORAL HOSPITAL 406 WEST NEELY STREET ATKINSON, NE 68713	47-0544098	(C)(3)	7,600				STROKE PROGRAMS
WESTERN PRAIRIE FOOD FARM ALLIANCE 210 W FIRST ST ST FRANCIS, KS 67756	48-0823838	GOV	14,740				COMMUNITY NUTRITION

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WESTERN PRAIRIE FOOD FARM ALLIANCE 1261 R LN OBERLIN, KS 67749	48-6014616	GOV	14,992				COMMUNITY NUTRITION
WESTERN PRAIRIE FOOD FARM ALLIANCE BOX 366 GOODLAND, KS 67735	48-6013889	GOV	15,000				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN PRAIRIE FOOD FARM ALLIANCE BOX 366 GOODLAND, KS 67735	48-0950931	(C)(3)	15,000				COMMUNITY NUTRITION
WESTERN WAYNE FAMILY HEALTH CENTER 2700 HAMLIN BLVD INSKSTER, MI 48141	30-0281587	(C)(3)	14,590				COMMUNITY HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON SALEM STATE UNIVERSITY 601 MARTIN LUTHER KING JR DRIVE WINSTONSALEM, NC 27110	56-0989620	(C)(3)	65,000				COMMUNITY HEALTH
WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149 FARMERS BRANCH, TX 75234	75-2616002	(C)(3)	70,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF FLORIDA'S FIRST COAST 40 EAST ADAMS STREET STE 210 JACKSONVILLE, FL 32202	59-0638514	(C)(3)	7,550				BLOOD PRESSURE PROGR
YMCA OF GREATER LOUISVILLE INC 545 SOUTH SECOND STREET LOUISVILLE, KY 40202	61-0444843	(C)(3)	6,450				BLOOD PRESSURE PROGR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK GENERAL HEALTHCARE SERVICE 2222 NORTH LINCOLN AVENUE YORK, NE 68467	47-0379039	(C)(3)	6,125				STROKE PROGRAMS
314 EASY MATH LLC 615 SAGINAW STREET STE 5006 FLINT, MI 48502	82-0690595		60,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	(C)(3)	37,500				STROKE PROGRAMS
CHANGELAB SOLUTIONS INC 2201 BROADWAY STE 502 OAKLAND, CA 94612	26-3710746	(C)(3)	35,000				COMMUNITY NUTRITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	(C)(3)	500,000				COMMUNITY HEALTH
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE NEW YORK, NY 10461	83-0621846	(C)(3)	128,836				RESEARCH
AUGUSTA UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912	58-6002053	(C)(3)	252,144				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	(C)(3)	423,868				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	(C)(3)	128,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	10-4277444	(C)(3)	959,200				RESEARCH
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	04-3314093	(C)(3)	230,869				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY MEDICAL CAMPUS 715 ALBANY STREET BOSTON, MA 02118	04-2103547	(C)(3)	10,698,126				RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	(C)(3)	16,551,400				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURKE MEDICAL RESEARCH INSTITUTE 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-3434924	(C)(3)	131,356				RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	(C)(3)	399,528				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	(C)(3)	331,000				RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	(C)(3)	2,931,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY 230 KAPPA STREET STROM CLEMSON, SC 29634	57-6000254	GOV	154,000				RESEARCH
CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	34-0714585	(C)(3)	1,308,385				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	(C)(3)	1,148,462				RESEARCH
COLUMBIA UNIVERSITY IRVING MEDICAL 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598073	(C)(3)	259,416				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	(C)(3)	321,448				RESEARCH
DARTMOUTH COLLEGE 10 S MAIN STREET HANOVER, NH 03755	02-0222111	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREXEL UNIVERSITY 1505 RACE ST 10TH FLOOR PHILADELPHIA, PA 19102	23-1352630	(C)(3)	93,048				RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 2200 W MAIN STREET SUITE 710 DURHAM, NC 27705	56-0532129	(C)(3)	365,220				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TENNESSEE STATE UNIVERSITY 247 S DOSSETT DR JOHNSON CITY, TN 37614	62-6021046	GOV	216,032				RESEARCH
EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH NORFOLK, VA 23501	54-6055378	(C)(3)	216,032				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	(C)(3)	867,832				RESEARCH
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY 3RD FLOOR TALLAHASSEE, FL 32306	59-1961248	GOV	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE N SEATTLE, WA 98109	23-7156071	(C)(3)	128,836				RESEARCH
GEORGE WASHINGTON UNIVERSITY 2300 EYE STREET NW WASHINGTON, DC 20037	53-0196584	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY 38 PEACHTREE CENTER AVENUE SUITE 5 ATLANTA, GA 30302	58-6002050	(C)(3)	131,356				RESEARCH
HARVARD UNIVERSITY 25 SHATTUCK STREET SUITE 509A BOSTON, MA 02115	04-2103580	(C)(3)	522,148				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGO W MOSER RESEARCH INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205	52-1524967	(C)(3)	190,112				RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	(C)(3)	1,185,360				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673	GOV	60,000				RESEARCH
INDIANA UNIVERSITY INDIANAPOLIS 541 CLINICAL DRIVE INDIANAPOLIS, IN 46202	35-6001673	GOV	499,172				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY 716 FARMHEALTH LANE AMES, IA 50010	42-6004224	GOV	31,016				RESEARCH
JOAN & SANFORD I WEILL MEDICAL COL 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	(C)(3)	359,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY-SCHOOL OF 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	(C)(3)	7,620,665				RESEARCH
JOSLIN DIABETES CENTER INC ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	(C)(3)	131,356				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER FOUNDATION RESEARCH INSTITUT 1800 HARRISON STREET 16TH FLOOR OAKLAND, CA 94612	94-1105628	(C)(3)	75,000				RESEARCH
LA JOLLA INSTITUTE FOR ALLERGY AND 10355 SCIENCE CENTER DRIVE SAN DIEGO, CA 92121	33-0328688	(C)(3)	231,000				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA UNIVERSITY 24887 TAYLOR STREET SUITE 201 LOMA LINDA, CA 92350	95-1816009	(C)(3)	62,032				RESEARCH
LOUISIANA STATE UNIVERSITY HEALTH S 1501 KINGS HWY SHREVEPORT, LA 71103	72-0702002	GOV	394,788				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY HEALTH S 433 BOLIVAR ST NEW ORLEANS, LA 70112	72-6087770	GOV	190,112				RESEARCH
LOYOLA UNIVERSITY CHICAGO 1032 W SHERIDAN ROAD CHICAGO, IL 60660	36-1408475	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGEE-WOMENS RESEARCH INSTITUTE & F 3240 CRAFT PLACE SUITE 100 PITTSBURGH, PA 15213	25-1462312	(C)(3)	247,300				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	(C)(3)	3,127,026				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	(C)(3)	360,192				RESEARCH
MCLEAN HOSPITAL 115 MILL STREET BELMONT, MA 02478	04-2697981	(C)(3)	229,932				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	(C)(3)	934,672				RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLIN 1 SOUTH PARK CIRCLE BUILDING 1 SUI CHARLESTON, SC 29407	57-6000722	GOV	488,900				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	(C)(3)	62,032				RESEARCH
MIAMI UNIVERSITY 501 E HIGH STREET OXFORD, OH 45056	31-6402089	GOV	154,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWESTERN UNIVERSITY 19555 NORTH 59TH AVENUE GLENDALE, AZ 85308	36-3377698	(C)(3)	152,735				RESEARCH
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310	58-1438873	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDIC ONE PARK AVENUE 6TH FLOOR NEW YORK, NY 10016	13-5562308	(C)(3)	7,906,495				RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	(C)(3)	1,387,529				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN CALIFORNIA INSTITUTE FOR R 4150 CLEMENT STREET SAN FRANCISCO, CA 94121	94-3084159	(C)(3)	270,692				RESEARCH
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	(C)(3)	1,231,913				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	GOV	6,107,208				RESEARCH
OKLAHOMA MEDICAL RESEARCH FOUNDATIO 825 NE 13TH STREET OKLAHOMA CITY, OK 73104	73-0580274	(C)(3)	359,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA STATE UNIVERSITY 203 WHITEHURST STILLWATER, OK 74078	73-1383996	GOV	153,802				RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	GOV	355,064				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALO ALTO VETERANS INSTITUTE FOR RE 3801 MIRANDA AVENUE PALO ALTO, CA 94304	77-0207331	(C)(3)	75,000				RESEARCH
PENNINGTON BIOMEDICAL RESEARCH CENT 6400 PERKINS ROAD BATON ROUGE, LA 70808	72-6000848	GOV	131,356				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER UNIVERSITY PARK, PA 16802	24-6000376	GOV	31,016				RESEARCH
PRINCETON UNIVERSITY PO BOX 36 PRINCETON, NJ 08544	21-0634501	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 155 S GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	GOV	228,877				RESEARCH
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180	14-1340095	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	(C)(3)	122,032				RESEARCH
RUTGERS THE STATE UNIVERSITY OF NE 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	GOV	1,597,352				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST LOUIS, MO 63103	43-0654872	(C)(3)	135,352				RESEARCH
SALK INSTITUTE FOR BIOLOGICAL STUDI 10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	95-2160097	(C)(3)	62,032				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY RESEARCH 5250 CAMPANILE DR SAN DIEGO, CA 92182	95-6042721	(C)(3)	62,032				RESEARCH
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	51-0197108	(C)(3)	819,896				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	(C)(3)	128,836				RESEARCH
STANFORD UNIVERSITY 269 CAMPUS DRIVE WEST STANFORD, CA 94063	94-1156365	(C)(3)	5,207,493				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF NEW YORK 1400 WASHINGTON AVENUE ALBANY, NY 12222	14-1368361	GOV	93,048				RESEARCH
SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	(C)(3)	154,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY 2450 WEST HUNTING PARK AVENUE PHILADELPHIA, PA 19129	23-1365971	(C)(3)	598,376				RESEARCH
TEXAS TECH UNIVERSITY BOX 41035 LUBBOCK, TX 79409	75-6002622	GOV	154,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	(C)(3)	260,192				RESEARCH
THE METHODIST HOSPITAL RESEARCH INS 7550 GREENBRIAR DR HOUSTON, TX 77030	87-0721923	(C)(3)	590,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA, PA 19107	23-1352651	(C)(3)	274,688				RESEARCH
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	(C)(3)	319,704				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY 1430 TULANE AVENUE NEW ORLEANS, LA 70112	72-0423889	(C)(3)	348,468				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM 720 20TH STREET BRIMINGHAM, AL 35233	63-6005396	GOV	855,039				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	GOV	197,384				RESEARCH
UNIVERSITY OF ARIZONA COLLEGE OF ME 550 E VAN BUREN STREET PHOENIX, AZ 85004	74-2652689	GOV	366,352				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS PO BOX 1404 FAYETTEVILLE, AR 72703	71-6003252	GOV	62,032				RESEARCH
UNIVERSITY OF CALIFORNIA BERKELEY 336 SPROUL HALL 5940 BERKELEY, CA 94720	94-6002123	GOV	190,868				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVENUE DAVIS, CA 95616	94-9036494	GOV	255,420				RESEARCH
UNIVERSITY OF CALIFORNIA IRVINE 141 INNOVATION DR 250 IRVINE, CA 92697	95-2226406	GOV	602,460				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA LOS ANGEL 10889 WILSHIRE BOULEVARD LOS ANGELES, CA 90095	95-6006143	GOV	1,122,749				RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE SAN DIEGO, CA 92093	95-6006144	GOV	1,399,776				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANC 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94143	94-6036493	GOV	1,786,236				RESEARCH
UNIVERSITY OF CHICAGO 929 E 57TH STREET DALIAN, IL 60637	36-2177139	(C)(3)	314,932				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	GOV	614,480				RESEARCH
UNIVERSITY OF COLORADO DENVER 12631 E 17TH AVE AURORA, CO 80045	84-6000555	GOV	1,022,784				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO-BOULDER 3100 MARINE STREET BOULDER, CO 80309	84-6000555	GOV	336,720				RESEARCH
UNIVERSITY OF CONNECTICUT FARMINGT 263 FARMINGTON AVE FARMINGTON, CT 06030	52-1725543	GOV	248,128				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716	51-6000297	GOV	128,836				RESEARCH
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	GOV	321,448				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA ATHENS 475 N LUMPKIN ST ATHENS, GA 30601	58-6001998	GOV	62,032				RESEARCH
UNIVERSITY OF ILLINOIS AT CHICAGO 1737 W POLK STREET IL CHICAGO, IL 60612	37-6000511	GOV	252,900				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS CHAMPAIGN-U 901 WEST ILLINOIS STREET URBANA, IL 61801	37-6000511	GOV	62,032				RESEARCH
UNIVERSITY OF IOWA 125 N MADISON ST IOWA CITY, IA 52242	42-6004813	GOV	2,029,936				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	(C)(3)	124,064				RESEARCH
UNIVERSITY OF MAINE ROOM 401 CORBETT HALL ORONO, ME 04469	01-6000769	GOV	128,080				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE 620 W LEXINGTON STREET BALTIMORE, MD 21201	52-6002033	GOV	266,708				RESEARCH
UNIVERSITY OF MASSACHUSETTS LOWELL ONE UNIVERSITY AVENUE LOWELL, MA 01854	04-3167352	GOV	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	GOV	100,000				RESEARCH
UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BOULEVARD BOSTON, MA 02125	04-3167352	GOV	154,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY SUITE 650 CORAL GABLES, FL 33146	59-0624458	(C)(3)	474,784				RESEARCH
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	GOV	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 4414 KRESGE III 200 ZINA PITCHER PL ANN ARBOR, MI 48109	38-6005955	GOV	4,074,428				RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK ST NE MINNEAPOLIS, MN 55455	41-6007513	GOV	319,416				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL C 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	GOV	345,948				RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENT 600 42ND DEWEY OMAHA, NE 68198	47-0049123	GOV	224,060				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEVADA RENO 1664 N VIRGINIA ST RENO, NV 89557	88-6000024	GOV	62,032				RESEARCH
UNIVERSITY OF NEW MEXICO MSC09 5220 1 UNIVERSITY OF NEW MEXI ALBUQUERQUE, NM 87131	85-6000642	GOV	128,836				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL, NC 27599	56-6001393	GOV	317,452				RESEARCH
UNIVERSITY OF NORTH TEXAS HEALTH SC 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	GOV	193,388				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA HEALTH SCIEN 865 RESEARCH PKWY OKLAHOMA CITY, OK 73104	73-1563627	GOV	124,064				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	(C)(3)	870,676				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 3420 FORBES AVENUE PITTSBURGH, PA 15260	25-0965591	(C)(3)	600,120				RESEARCH
UNIVERSITY OF ROCHESTER MEDICAL CEN 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	(C)(3)	186,096				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA, SC 29208	57-6001153	GOV	62,032				RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIE 62 S DUNLAP SUITE 300 MEMPHIS, TN 38163	62-6001636	GOV	131,356				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT ARLINGTON 701 S NEDDERMAN DRIVE ARLINGTON, TX 76019	75-6000121	GOV	193,388				RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE 7000 FANNIN HOUSTON, TX 77030	74-1761309	GOV	2,551,995				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	GOV	591,452				RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN ME 5323 HARRY HINES BLVD MC 9105 DALLAS, TX 75390	75-6002868	GOV	534,540				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 75 S 2000 E RM 215 SALT LAKE CITY, UT 84112	87-6000525	GOV	617,776				RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	GOV	590,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	GOV	652,804				RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	GOV	252,900				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN MADISON 480 LINCOLN DRIVE MADISON, WI 53706	39-6006492	GOV	486,420				RESEARCH
URSINUS COLLEGE 601 E MAIN ST COLLEGEVILLE, PA 19426	23-1177930	(C)(3)	154,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH STATE UNIVERSITY 1415 OLD MAIN HILL LOGAN, UT 84322	87-6000528	GOV	131,356				RESEARCH
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	(C)(3)	128,836				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 110 21ST AVENUE SOUTH NASHVILLE, TN 37203	62-0476822	(C)(3)	1,508,486				RESEARCH
VERSITI WISCONSIN INC PO BOX 2178 MILWAUKEE, WI 53201	39-0807235	(C)(3)	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND, VA 23298	54-6001758	GOV	184,064				RESEARCH
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	(C)(3)	986,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY 5057 WOODWARD STE 13202 DETROIT, MI 48202	38-6028429	GOV	93,048				RESEARCH
WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26506	55-0665758	GOV	62,032				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	(C)(3)	154,000				RESEARCH
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	(C)(3)	4,787,088				RESEARCH

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

ABSTRACT AWARDS	15	13,250			
ABSTRACT AWARDS	15	13,250			
ACHIEVEMENT AWARDS	24	17,806			
INVESTIGATOR AWARDS/PRIZE	85	69,717			
LECTURE HONORARIA	33	40,250			
POSTER AWARDS	26	8,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
SCHOLARSHIPS	51	136,500			
SCHOLARSHIPS	51	136,500			
TRAVEL TO CONFERENCES	366	266,892			



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization AMERICAN HEART ASSOCIATION INC		Employer identification number 13-5613797

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	- 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. - TRAVEL TO A LIMITED NUMBER OF EVENTS AND FUNCTIONS MAY BE PROVIDED FOR SPOUSES OR COMPANIONS OF THE CEO AND OFFICERS OF THE ORGANIZATION. AMOUNTS DEEMED TAXABLE INCOME ARE REPORTED AS SUCH WHEN APPLICABLE. - TO ENCOURAGE GOOD HEALTH PRACTICES AND AWARENESS, THE ORGANIZATION PROVIDES EXTENSIVE PHYSICAL ASSESSMENTS TO SENIOR MANAGEMENT. THE VALUE OF SUCH ASSESSMENTS ARE GROSSED UP FOR INCOME TAX PURPOSES. THE FOLLOWING PERSON RECEIVED TAX INDEMNIFICATION FOR THEIR ASSESSMENTS: NANCY BROWN. THE ORGANIZATION ALSO MAKES MEMBERSHIPS TO A LOCAL FITNESS CENTER AVAILABLE TO SENIOR MANAGEMENT. THE FOLLOWING PERSONS PARTICIPATE IN THE PROGRAM - NANCY BROWN, LESLIE UPTON, AND MEIGHAN VAFA. THESE BENEFITS ARE TREATED AS TAXABLE INCOME. - NANCY BROWN, LESLIE UPTON, ROSE MARIE ROBERTSON, AND MEIGHAN VAFA RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.
SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE/CHANGE OF CONTROL PAYMENTS IN CALENDAR YEAR 2019, THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS UPON SEPARATION FROM SERVICE: DAVID MARKIEWICZ, 270,000 AND MEIGHAN VAFA, 331,500. PART I, LINE 4B - NONQUALIFIED RETIREMENT PLAN AHA PROVIDES A 457(F) RETIREMENT RESTORATION PLAN TO CERTAIN MEMBERS OF SENIOR MANAGEMENT. WHILE AHA EMPLOYEES ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN, CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE RETIREMENT RESTORATION PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON THE AMOUNT A PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE RETIREMENT CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE ON A MONTHLY BASIS. THE PAYMENTS ARE CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN REACHED THEIR VESTING DATE OR 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 17,688; MIDGE EPSTEIN, 22,064; ROSE MARIE ROBERTSON, 16,477; AND JOHN MEINERS, 19,642. PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED CERTAIN MEMBERS OF SENIOR MANAGEMENT RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES ADVISORY COMMITTEE. PRIOR TO APPROVING THE INCENTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO REVIEW AND OPINE ON THE REASONABLENESS OF EXECUTIVE COMPENSATION. SCHEDULE J SUPPLEMENTAL INFORMATION JEREMY BEAUCHAMP, KEVIN HARKER, AND NICOLE SAPIO ARE REPORTED AS FORMER KEY EMPLOYEES BUT STILL EMPLOYED BY THE ORGANIZATION. THE COMPENSATION AND HOURS REPORTED ARE FOR THE POSITIONS HELD DURING THE REPORTING PERIOD.



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
AMERICAN HEART ASSOCIATION INC

Employer identification number  
13-5613797

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	399	133,134	SALES PRICE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		8,281	SALES PRICE
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	463	383,375	SALES PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	415	8,475,561	AVG PRICE/SHARE
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 . . . . .	X	1,069	312,264	SALES PRICE & FMV
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>REC/TRAVEL</u> )	X	4,995	3,009,383	SALES PRICE & FMV
26 Other ► ( <u>FOOD/DRINK</u> )	X	3,801	858,750	SALES PRICE & FMV
<u>TANG PERS</u>	X	6,395	846,818	SALES PRICE & FMV
27 Other ► ( <u>PROP</u> )				
28 Other ► ( <u>OTHER</u> )	X	2,721	2,435,264	SALES PRICE

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

Yes

No

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

33

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

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS. THE ASSOCIATION USES A THIRD PARTY, REDLANDS GROUP, LLC, TO SELL CERTAIN DONATED ILLIQUID ASSETS.
SCHEDULE M, PAGE 2, PART II	PART I, LINE 28 OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES GIFT CARDS AND MISCELLANEOUS ITEMS. IRA INTEREST A) CHECK IF APPLICABLE = X B) NUMBER OF CONTRIBUTIONS = 25 C) REVENUE REPORTED ON FORM 990, PART VIII 1,855,025 D) METHOD OF DETERMING VALUE: SALES PRICE OF UNDERLYING INVESTMENT PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS) A) CHECK IF APPLICABLE = X B) NUMBER OF CONTRIBUTIONS = 2,171 C) REVENUE REPORTED ON FORM 990, PART VIII 489,915 D) METHOD OF DETERMING VALUE: SALES PRICE MISCELLANEOUS A) CHECK IF APPLICABLE = X B) NUMBER OF CONTRIBUTIONS = 525 C) REVENUE REPORTED ON FORM 990, PART VIII 90,324 D) METHOD OF DETERMING VALUE: SALES PRICE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493068004301
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization AMERICAN HEART ASSOCIATION INC		Employer identification number 13-5613797	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III	<p>LINE 4A, SCIENCE AND TECHNOLOGY CONTINUED -WITH NEARLY 17 MILLION IN FUNDING FROM THE AMERICAN HEART ASSOCIATION (AHA), SCIENTISTS FROM BOSTON UNIVERSITY, OHIO STATE UNIVERSITY AND YALE UNIVERSITY WILL LEAD MULTIPLE END NICOTINE ADDICTION IN CHILDREN AND TEENS (ENACT) RESEARCH INITIATIVES. -RESEARCH GOES RED LAUNCHED TWO GROUNDBREAKING STUDIES: ONE TO ENGAGE DIVERSE MILLENNIAL WOMEN IN HEART DISEASE RESEARCH AND ANOTHER TO EVALUATE HOW MENOPAUSAL WEIGHT CHANGES AFFECT CARDIOVASCULAR HEALTH. -THE AHA AWARDED MORE THAN 14 MILLION IN SCIENTIFIC RESEARCH GRANTS TO CREATE THE STRATEGICALLY FOCUSED RESEARCH NETWORK ON HEALTH TECHNOLOGIES AND INNOVATION. -THE AHA FUNDED 2.5 MILLION TO FAST-TRACK RESEARCH ON COVID-19, AWARDING 1.6 MILLION IN GRANTS TO ONE COORDINATING CENTER AND 15 TEAMS CONDUCTING RAPID RESEARCH ON HOW THE VIRUS INTERACTS WITH THE HEART AND BRAIN. SUPPLEMENTAL GRANTS TOTALING 800,000 WERE AWARDED TO FOUR CENTERS WITHIN THE HEALTH TECHNOLOGIES &amp; INNOVATION STRATEGICALLY FOCUSED RESEARCH NETWORK STUDYING COVID-19 TECHNOLOGY SOLUTIONS. -THE AHA ESTABLISHED THE COVID-19 CVD REGISTRY, POWERED BY ITS GET WITH THE GUIDELINES HOSPITAL QUALITY PROGRAM, TO TRACK DEIDENTIFIED PATIENT DATA AND INFORM CURRENT TREATMENT AND FUTURE RESEARCH. -AHA LAUNCHED A COVID-19 DATA CHALLENGE ON ITS PRECISION MEDICINE PLATFORM TO EXAMINE THE RELATIONSHIPS BETWEEN COVID-19, OTHER HEALTH CONDITIONS, HEALTH DISPARITIES AND/OR SOCIAL DETERMINANTS OF HEALTH. SPONSORED BY HITACHI VANTARA, WITH DATA SUPPORT BY BURSTIQ, THE CHALLENGE WILL AWARD 15,000 TO THE WINNING RESEARCHER AND 10,000 TO THE RUNNER-UP. -LAWRENCE LIVERMORE NATIONAL LABORATORY IS USING AHA CENTER FOR ACCELERATED DRUG DISCOVERY TECHNOLOGIES - SPECIFICALLY, A DRUG DISCOVERY PIPELINE, SCALABLE VIRTUAL SCREENING, MACHINE LEARNING ALGORITHMS AND A DRAFT DATABASE - AND APPLYING THEM TO A COVID-19 RESPONSE. THIS INCLUDES A SEARCHABLE DATA PORTAL ACCESSIBLE TO SCIENTISTS WORLDWIDE. -THE AHA'S INTERIM CPR GUIDELINES HELPED FIRST RESPONDERS SAFELY AND EFFECTIVELY TREAT CARDIAC ARREST PATIENTS WHO MIGHT ALSO HAVE COVID-19. -SARAH (SALLY) ROSS SOTER AND HER HUSBAND, BILL, GAVE 5.6 MILLION TO THE SARAH ROSS SOTER CENTER FOR WOMEN'S CARDIOVASCULAR RESEARCH AT NEW YORK UNIVERSITY LANGONE HEALTH, WHICH IS PART OF THE GO RED FOR WOMEN STRATEGICALLY FOCUSED RESEARCH NETWORK. A FAMILY GIFT OF 300,000 FROM THE SOTER KAY FOUNDATION, RUN BY SALLY'S DAUGHTER AND GRANDCHILDREN, WILL SUPPORT HYPERTENSION AND DIABETES INITIATIVES IN PALM BEACH COUNTY. -THE APPLE HEART AND MOVEMENT STUDY WITH BRIGHAM AND WOMEN'S HOSPITAL IS EXAMINING FACTORS THAT AFFECT HEART HEALTH AND MOVEMENT OVER TIME. USING THE APPLE WATCH, RESEARCHERS ARE GAINING A BETTER UNDERSTANDING OF POTENTIAL EARLY WARNING SIGNS TO CREATE INTERVENTIONS AND HEALTH PRODUCTS. -THROUGH THE RAPIDSOS CLEARINGHOUSE, PEOPLE CAN CREATE A FREE HEALTH PROFILE EXCLUSIVELY AND IMMEDIATELY ACCESSIBLE TO FIRST RESPONDERS IN AN EMERGENCY. THIS SECURE EMERGENCY RESPONSE DATA PLATFORM</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>IS A COLLABORATION BETWEEN TECHNOLOGY COMPANY RAPIDSOS, THE AMERICAN HEART ASSOCIATION, THE AMERICAN RED CROSS AND DIRECT RELIEF. LINE 4B, PUBLIC/CONSUMER EDUCATION CONTINUED -IN ITS 16TH YEAR, GO RED FOR WOMEN CONTINUED TO INSPIRE WOMEN TO LOWER THEIR RISKS FOR HEART DISEASE AND STROKE. SIGNATURE LUNCHEONS AND FIRST- EVER DIGITAL EXPERIENCES RALLIED SUPPORTERS IN 170 U.S. COMMUNITIES AND RAISED 39 MILLION. -FACEBOOK SOUGHT THE AHA'S GUIDANCE, CONTENT AND RESOURCES TO BETTER INFORM USERS ON WAYS TO MANAGE BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR. ALONG WITH OTHER PUBLIC HEALTH ORGANIZATIONS, THE AHA COLLABORATED ON A PREVENTIVE HEALTH TOOL FOR U.S. FACEBOOK USERS. -THE AHA UNITED A COMMUNITY OF PATIENTS WITH QUESTIONS AND A COMMUNITY OF PHYSICIANS WITH ANSWERS EACH WEEK DURING HOUSE CALLS: REAL DOCS, REAL TALK LIVESTREAM. -WITH THE PANDEMIC UNDERWAY, THE AHA'S DON'T DIE OF DOUBT CAMPAIGN REASSURED PEOPLE THAT THE EMERGENCY ROOM REMAINS THE SAFEST PLACE TO GO IN A MEDICAL EMERGENCY, NAMELY, AT THE FIRST SIGN OF A HEART ATTACK OR STROKE. -THE AHA JOINED A NATIONAL COALITION OF PHYSICIAN ORGANIZATIONS AND HEART HEALTH EXPERTS TEAMING WITH ESSENCE MAGAZINE TO HELP BLACK WOMEN IMPROVE THEIR HEART HEALTH AND CONTROL THEIR BLOOD PRESSURE. CALLED "RELEASE THE PRESSURE," THE YEAR-LONG CAMPAIGN PROVIDES BLACK WOMEN WITH RESOURCES TO KNOW AND TRACK THEIR BLOOD PRESSURE AND DEVELOP A WELLNESS PLAN. -NEW DRINK RECOMMENDATIONS FROM THE AHA AND OTHER LEADING HEALTH ORGANIZATIONS STATE CHILDREN 5 AND YOUNGER SHOULD AVOID FLAVORED MILK, NON-DAIRY MILK (LIKE ALMOND AND RICE), CAFFEINATED DRINKS AND BEVERAGES SWEETENED WITH SUGAR OR SUGAR SUBSTITUTES. -WITH DEPRESSION IMPACTING ABOUT 22% OF PEOPLE WITH HEART DISEASE, THE AHA AND HAPPIFY HEALTH DEBUTED THE HAPPIFY HEART AND MIND APP TO OFFER TIPS ON REDUCING STRESS, EATING HEALTHY AND MOVING MORE. LINE 4C, PROFESSIONAL EDUCATION CONTINUED -RQI PARTNERS, LLC., A PARTNERSHIP BETWEEN THE AMERICAN HEART ASSOCIATION AND LAERDAL MEDICAL, EXPANDED ITS RESUSCITATION TRAINING PROGRAMS. SELF-PACED DIGITAL TRAINING ENABLED MEDICAL PROFESSIONALS TO REMAIN AT THE POINT OF CARE AND AVOID THE CLOSENESS OF A CLASSROOM SETTING IN COMPLIANCE WITH COVID-19 PROTOCOL. -IN RESPONSE TO THE SHORTAGE OF ICU PERSONNEL TRAINED TO UTILIZE VENTILATORS, WE LAUNCHED A COURSE FOR OXYGENATION &amp; VENTILATION OF THE COVID-19 PATIENT. -AS AN ADDITION TO THE PROFESSIONAL RESOURCES THE AHA OFFERS, WE DEBUTED THE AHA COVID-19 PROFESSIONAL FORUM - WHERE HEALTH CARE PROFESSIONALS AND RESEARCHERS CAN SHARE IDEAS AND CHALLENGES, ASK QUESTIONS, LEND EXPERTISE AND NETWORK WITH PEERS IN REAL-TIME. -WE SUPPORTED CLINICS IN ACHIEVING SUSTAINABLE IMPROVEMENTS IN CARE THROUGH PLATFORMS TARGETING BLOOD PRESSURE, DIABETES AND CHOLESTEROL; AND BY SUPPORTING EXPANSION OF BLOOD PRESSURE SELF-MONITORING AND TELEMEDICINE. -IN COOPERATION WITH THE INTERNATIONAL LIAISON COMMITTEE ON RESUSCITATION, WE PUBLISHED THE 2019 AHA FOCUSED UPDATES ON SYSTEMS OF CARE AND CONTINUOUS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	S QUALITY IMPROVEMENT, ADULT ADVANCED CARDIOVASCULAR LIFE SUPPORT, PEDIATRIC BASIC AND ADVANCED LIFE SUPPORT, AND NEONATAL RESUSCITATION. HIGHLIGHTS INCLUDE DISPATCHER-ASSISTED CPR FOR ADULTS AND PEDIATRIC PATIENTS, USE OF ADVANCED AIRWAYS DURING CPR, TARGETED TEMPERATURE MANAGEMENT AND ADMINISTRATION OF OXYGEN TO INITIATE VENTILATION SUPPORT FOR NEWBORNS AND INFANTS. -WE CREATED THE CPR & FIRST AID IN YOUTH SPORTS TRAINING KIT TO TEACH YOUTH COACHES AND PARENTS HANDS-ONLY CPR, PROPER AED USE AND OTHER EMERGENCY INTERVENTIONS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>COMMUNITY SERVICES: QUALITY OF CARE/SYSTEMS OF CARE -VOICES FOR HEALTHY KIDS AWARDED 1 MIL LION IN GRANTS TO 22 NONPROFITS ACROSS 19 STATES, PUERTO RICO AND THE LUMMI NATION IN WASH INGTON TO SUPPORT SYSTEMS AND POLICY WORK AT THE STATE, LOCAL AND TRIBAL LEVELS THAT BENEF IT FAMILIES IN NEED. -OVER 40 COMMUNITIES RECEIVED GREATER ACCESS TO HEALTHY NUTRITION THR OUGH STRATEGIES ALIGNED TO LOCAL NEEDS. THIS INCLUDED ENSURING ACCEPTANCE OF SNAP ELECTRON IC BENEFIT TRANSFER CARDS AT MOBILE OR FARMERS' MARKETS, EXPANDING ACCESS TO CHILD NUTRITI ON PROGRAMS AFTER SCHOOL AND AT NON-SCHOOL SITES, AND IMPROVING THE NUTRITION STANDARDS IN WORKPLACES AND HOUSES OF WORSHIP. -WITH EXPANSION TO PUERTO RICO, THE AHA'S EMPOWERED TO SERVE BUSINESS ACCELERATOR HOSTED ITS FIRST BILINGUAL EVENT AND AWARDED 15,000 IN GRANTS T O SOCIAL ENTREPRENEURS SHATTERING BARRIERS TO HEALTH. -LIKEWISE, EMPOWERED SCHOLARS GRANTE D 10,000 TO 10 COLLEGE STUDENTS ENTERPRISING EQUITY SOLUTIONS IN THEIR LOCAL COMMUNITIES. -IN ITS FIRST YEAR, THE AHA SOCIAL IMPACT FUND GRANTED 3 MILLION TO 19 ORGANIZATIONS BREAK ING DOWN BARRIERS TO HEALTHY LIVING. -THE AHA CREATED THE BERNARD J. TYSON IMPACT FUND TO SUPPORT COMMUNITY- INSPIRED SOLUTIONS TO HEALTH INEQUITIES IN HONOR OF ITS NAMESAKE, A FEA RLESS CHAMPION OF SOCIAL JUSTICE. TYSON, WHO DIED SUDDENLY IN 2019, WAS CHAIRMAN AND CEO O F KAISER PERMANENTE AND A MEMBER OF THE AHA BOARD OF DIRECTORS AND THE AHA CEO ROUNDTABLE. -BY THE END OF 2019-20, 2.6 MILLION HAD BEEN DONATED OR COMMITTED TO THE BERNARD J. TYSON IMPACT FUND TO SUPPORT SOCIAL ENTREPRENEURS AND ORGANIZATIONS WORKING TO EXPAND ACCESS TO HEALTHY FOODS, QUALITY HEALTH CARE, AFFORDABLE HOUSING AND MORE. -FAITH AND FITNESS CONVE RGED WITH THE DEBUT OF THE EMPOWERED AND WELL HEALTHIER CHURCH CHALLENGE, A 12-WEEK HEALTH -AND-WELLNESS CHALLENGE TARGETED TO BLACK WOMEN THROUGH HOUSES OF WORSHIP. -FAMILIES FACIN G FOOD INSECURITY IN LOS ANGELES, CHICAGO, PHILADELPHIA AND BIRMINGHAM RECEIVED FREE PRODU CE DELIVERIES, THANKS TO A 1 MILLION GIFT FROM CAULIPOWER TO THE AHA. COMMUNITY SERVICES: PUBLIC ADVOCACY -AHA ADVOCACY STAFF ACHIEVED 123 POLICY WINS AT THE STATE AND COMMUNITY LE VELS IN TOBACCO CONTROL, ACCESS TO CARE AND FOOD SECURITY, AMONG OTHER VITAL AREAS. -THE A HA RELEASED NEW PRINCIPLES ON HEALTH CARE REFORM, A BLUEPRINT TO ENSURE HEALTH CARE IS ADE QUATE, ACCESSIBLE AND AFFORDABLE FOR ALL PEOPLE LIVING IN THE UNITED STATES. WE JOINED OTH ER NATIONAL HEALTH ORGANIZATIONS IN FILING A FRIEND-OF-THE-COURT BRIEF IN CALIFORNIA V. TE XAS, URGING THE SUPREME COURT TO PRESERVE KEY PROVISIONS AND PATIENT PROTECTIONS OF THE AF FORDABLE CARE ACT. -THE AHA DOUBLED DOWN ON ITS COMMITMENT TO PATIENTS IN RURAL COMMUNITIE S, WHO FACE A 40% HIGHER PREVALENCE OF HEART DISEASE AND A 30% INCREASED RISK OF DEATH FRO M STROKE COMPARED TO THEIR URBAN NEIGHBORS. IN A PRESIDENTIAL ADVISORY, THE AHA ISSUED A C ALL TO PRIORITIZE RURAL COMMUNITIES IN POLICIES, SYSTEMS AND SERVICES. -THE AHA'S BOLD ADV OCATES CHAMPIONED PROVISIONS I</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>N THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) AND THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. CURRENT PRIORITIES INCLUDE MEDICAID EXPANSION, TELEHEALTH, OPEN ENROLLMENT REACTIVATION, HEALTH CARE REFORM, FOOD SECURITY AND ROLLBACK OF PREEMPTION LAW. -LUNGS BLACKENED BY CIGARETTE TAR AND A HEART PATIENT'S ZIPPER INCISION ARE AMONG 13 GRAPHIC WARNING LABELS FOR CIGARETTE PACKAGES AND ADVERTISEMENTS PROPOSED BY THE FOOD AND DRUG ADMINISTRATION TO DETER TOBACCO USE. THE WARNING LABELS ARE A DIRECT RESULT OF A LAW SUIT WE FILED TO COMPEL THE FDA TO COMPLY WITH PROVISIONS OF THE 2009 FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT. -YOUTH ACROSS THE COUNTRY HOSTED QUITLYING DAY EVENTS IN 106 SCHOOL DISTRICTS TO CALL OUT THE E-CIGARETTE INDUSTRY FOR DECEIVING THE PUBLIC ABOUT THE HEALTH EFFECTS OF VAPING AND LURING TEENS WITH FLAVORED PRODUCTS. -AHA SCIENCE AND PUBLIC POLICY SUCCESSES WERE ON DISPLAY DURING THE WORLD CONGRESS OF CARDIOLOGY &amp; CARDIOVASCULAR HEALTH, WHERE DISCUSSIONS FOCUSED ON THE GLOBAL BURDEN OF ATRIAL FIBRILLATION AND THE AHA'S STRATEGICALLY FOCUSED RESEARCH NETWORKS. -FOR THE FIRST TIME, MENTAL HEALTH AND NEUROLOGICAL DISORDERS WERE TOPICS DURING THE UNITED NATIONS' HIGH-LEVEL MEETING ON NON-COMMUNICABLE DISEASES. PARTICIPANTS PROPOSED MORE ROBUST LAWS AND FISCAL MEASURES BANNING TOBACCO, RESTRICTING ALCOHOL ADVERTISING, REDUCING ALCOHOL USE, INCREASING ACCESS TO HEALTHY FOODS AND TAXING SUGARY DRINKS.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CHINA, PEOPLES REPUB, UNITED ARAB EMIRATES, INDIA

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS AND STAFF OF AHA. A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH INCLUDES THE CONFLICT OF INTEREST AND ETHICS POLICIES, IS REQUIRED TO BE COMPLETED BY ALL AHA BOARD OF DIRECTORS, COMMITTEE AND SUBCOMITTEE MEMBERS, TASK FORCE MEMBERS, WRITING GROUP MEMBERS, DESIGNATED STAFF, AND AHA SPOKESPERSONS UPON THEIR APPOINTMENT, AND TO OFFICERS AND JOURNAL EDITORS PRIOR TO THEIR ELECTION OR APPOINTMENT. AFTER THE INITIAL COMPLETION OF THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE, VOLUNTEERS AND DESIGNATED STAFF ARE REQUESTED TO COMPLETE A NEW DISCLOSURE QUESTIONNAIRE ANNUALLY AND WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE. AHA HAS IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL CONFLICTS OF INTEREST: DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE; THE AWARD OF ANY GRANT, CONTRACT, OR SUBCONTRACT; OR THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA. CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH HE OR SHE HAS AN INTEREST AND OTHERWISE REFRAIN FROM EXERTING ANY INFLUENCE ON AHA TO AFFECT A DECISION. ADDITIONALLY, OTHER MEASURES MAY BE REQUIRED BY AHA, DEPENDING ON THE NATURE OF, AND THE ABILITY TO, REASONABLY MANAGE A CONFLICT.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 15A	<p>AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION, BENEFITS, AND HUMAN RESOURCES ADVISORY COMMITTEE TO OVERSEE COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION. BASED UPON THE ADVICE OF AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE IS RESPONSIBLE FOR MAKING DETERMINATIONS ABOUT COMPENSATION FOR THE CEO AND DISQUALIFIED PERSONS, INCLUDING EMPLOYED OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF FIVE BOARD MEMBERS. THE COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO AND DISQUALIFIED PERSONS' COMPENSATION AS COMPARED TO EXTERNAL BENCHMARKING, AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. SEVERAL SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON, INCLUDING SURVEYS FROM VARIOUS COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY. DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2019-20 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2019, AND FEBRUARY OF 2020. KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND QUALIFICATIONS OF THE CANDIDATE, MARKET COMPETITIVENESS, AND COMPENSATION REQUIREMENTS AND HISTORY OF THE CANDIDATE. COMPONENTS OF COMPENSATION THAT ARE ROUTINELY REVIEWED BY THE COMPENSATION COMMITTEE INCLUDE BASE SALARY, INCENTIVE OPPORTUNITY, BOTH SHORT AND LONG TERM, RETIREMENT, BENEFITS, AND PERQUISITES.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	REFER TO PART VI, LINE 15A EXPLANATION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA, INDIANA

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE AHA MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM 990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE, WWW.HEART.ORG. FORM 990-T IS AVAILABLE UPON REQUEST. THE AHA DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	BOARD MEMBERS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. COMPENSATION REPORTED TO BOARD MEMBERS ON PART VII, SECTION A IS FOR EDITORIAL SERVICES PROVIDED TO THE ORGANIZATION PRIOR TO BEGINNING THEIR BOARD TERM, WHICH ARE OUTSIDE THE SCOPE OF THE BOARD MEMBERS' BOARD OF DIRECTOR RESPONSIBILITIES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE VALUE SPLIT INT AGMTS 623,975 NET UNREALIZED LOSS BEN INT PERP TRUST -5,307,070 POST RETIREMENT FAS 158 ADJ -1,074,866 CHANGE IN BEGINNING NET ASSETS -19,145 TOTAL -5,777,106

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
AMERICAN HEART ASSOCIATION INC

Employer identification number  
13-5613797

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMHAS LLC AMHAS LLC 7272 GREENVILLE AVENUE 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797	INVESTMENT	DE	-258,411	74,762,235	AHA

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> APHELION CARDEATION LLC APHELION CARDEATION LLC 100 TIBURON BOULEVARD STE 215 100 TIBURON BOULEVARD STE 215 MILL VALLEY, CA 94941 82-1740310	INVESTMENT	DE	AHA	RELATED	-266,823	1,481,892		No			No	33.330 %
<b>(2)</b> RQI PARTNERS LLC  7272 GREENVILLE AVENUE SUITE P2020 DALLAS, TX 75231 83-0935798	TRAINING	DE	AHA	RELATED	2,165,582	17,450,108		No			No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> VARIOUS PERPETUAL TRUSTS (44) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE 7272 GREENVILLE AVENUE DALLAS, TX 75231 99-9999999	FIDUCIARY	TX	N/A						No
<b>(2)</b> VARIOUS CHARITABLE RMDR TRUSTS (7) VARIOUS CHARITABLE RMDR TRUSTS (7) 7272 GREENVILLE AVENUE 7272 GREENVILLE AVENUE DALLAS, TX 75231 99-9999999	FIDUCIARY	TX	N/A						No
<b>(3)</b> HEARTCENTRAL INC HEARTCENTRAL INC 7272 GREENVILLE AVENUE 7272 GREENVILLE AVENUE DALLAS, TX 75231 46-4881302	HEALTH	DE	N/A					Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k

1l Yes

1m Yes

1n

1o

1p

1q Yes

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019



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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	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.

Additional Data

Software ID:  
Software Version:  
EIN: 13-5613797  
Name: AMERICAN HEART ASSOCIATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PERPETUAL TRUSTS (44)	C	1,957,818	CASH CONTRIBUTIONS RECEIV
CHARITABLE REMAINDER TRUSTS (7)	C	1,180,173	CASH CONTRIBUTIONS RECEIV
APHELION CARDEATION LLC	B	1,300,000	CAPITAL CONTRIBUTION
RQI PARTNERS LLC	A	25,809,875	ACCRUAL
RQI PARTNERS LLC	J	105,130	ACCRUAL
RQI PARTNERS LLC	L	1,032,036	ACCRUAL
RQI PARTNERS LLC	M	35,975,193	ACCRUAL
RQI PARTNERS LLC	Q	486,337	ACCRUAL