

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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

C Name of organization: **AMERICAN HEART ASSOCIATION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7272 GREENVILLE AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
DALLAS TX 75231

D Employer identification number: **13-5613797**
E Telephone number: **214-373-6300**
G Gross receipts: \$ **944,245,221**

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)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.HEART.ORG** **H(c)** Group exemption number **U**

K Form of organization: Corporation Trust Association Other **U** **L** Year of formation: **1924** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4434
	6 Total number of volunteers (estimate if necessary)	6	35,800,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	154,949
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	659,678,567	591,046,382
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,636,836	43,778,355
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,937,365	30,633,502
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,553,966	80,974,150
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	851,806,734	746,432,389
	14 Benefits paid to or for members (Part IX, column (A), line 4)	172,500,615	193,482,172
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	372,069,721	366,187,041
	b Total fundraising expenses (Part IX, column (D), line 25) U 99,531,754	3,860,402	2,614,898
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,629,093	207,420,334
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	827,059,831	769,704,445
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	24,746,903	-23,272,056
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,412,915,908	1,437,669,656
	22 Net assets or fund balances. Subtract line 21 from line 20	461,117,432	492,106,677
		951,798,476	945,562,979

Part II Signature Block

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

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

Paid Preparer Use Only Print/Type preparer's name: **WHITNEY E. BLAIR** Preparer's signature: _____ Date: **03/11/20** Check if PTIN self-employed **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

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

2018

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization <u>AMERICAN HEART ASSOCIATION, INC.</u>	Employer identification number <u>13-5613797</u>
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>746,432,389</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Cyndi Roberto | 12/16/19 | CFO
Signature of officer Date Title

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

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

ERO's signature <u>Cyndi Roberto</u>	Date <u>3/6/20</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code	<u>AMERICAN HEART ASSOCIATION, INC.</u>		EIN <u>13-5613797</u>	
	<u>7272 GREENVILLE AVE DALLAS TX 75231</u>		Phone no. <u>214-373-6300</u>	

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

Paid Preparer Use Only	Print/Type preparer's name <u>WHITNEY E. BLAIR</u>	Preparer's signature <u>Whitney E. Blair</u>	Date <u>12/17/19</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>PO1226647</u>
	Firm's name <u>KPMG LLP</u>	Firm's EIN <u>13-5565207</u>			
	Firm's address <u>303 PEACHTREE STREET, ATLA GA 30308</u>	Phone no. <u>404-739-5994</u>			

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 192,922,713 including grants of \$ 175,832,821) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 275,052,140 including grants of \$ 9,052,277) (Revenue \$ 2,089,886)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 68,941,206 including grants of \$ 3,462,089) (Revenue \$ 63,196,079)

SEE SCHEDULE O

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

(Expenses \$ 58,831,979 including grants of \$ 5,134,985) (Revenue \$ 34,544,462)

4e Total program service expenses u 595,748,038

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	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):		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4434		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: u SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **u**
 CYNTHIA ROBERTS 7272 GREENVILLE AVE
 DALLAS TX 75231 214-373-6300

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) JAMES POSTL CHAIRMAN	6.00 0.00	X		X				0	0	0
(2) BERTRAM SCOTT CHAIRMAN-ELECT	5.00 0.00	X		X				0	0	0
(3) ALVIN ROYSE IMMEDIATE PAST CHAIR	4.00 0.00	X		X				0	0	0
(4) IVOR BENJAMIN PRESIDENT	11.00 0.00	X		X				0	0	0
(5) ROBERT HARRINGTON PRESIDENT-ELECT	9.00 0.00	X		X				0	0	0
(6) JOHN WARNER IMMEDIATE PAST PRES	10.00 0.00	X		X				0	0	0
(7) RAYMOND VARA, JR. TREASURER	3.00 0.00	X		X				0	0	0
(8) MARY ANN BAUMAN BOARD MEMBER	2.00 0.00	X						1,000	0	0
(9) EMELIA BENJAMIN BOARD MEMBER	2.00 0.00	X						0	0	0
(10) DOUGLAS BOYLE BOARD MEMBER	2.00 0.00	X						0	0	0
(11) KEITH CHURCHWELL BOARD MEMBER	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) LLOYD DEAN	2.00									
BOARD MEMBER	0.00	X						0	0	
(13) MITCHELL ELKIND	2.00									
BOARD MEMBER	0.00	X						1,000	0	
(14) J. DONALD FANCHER	2.00									
BOARD MEMBER	0.00	X						0	0	
(15) LINDA GOODEN	2.00									
BOARD MEMBER	0.00	X						0	0	
(16) RON HADDOCK	2.00									
BOARD MEMBER	0.00	X						0	0	
(17) MARSHA JONES	2.00									
BOARD MEMBER	0.00	X						0	0	
(18) JOSEPH LOSCALZO	2.00									
BOARD MEMBER	0.00	X						0	0	
(19) LEE SHAPIRO	2.00									
BOARD MEMBER	0.00	X						0	0	
1b Sub-total								2,000		
c Total from continuation sheets to Part VII, Section A								9,629,199	850,172	
d Total (add lines 1b and 1c)								9,631,199	850,172	

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 **u 440**

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

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. VIENNA VA 22182	1953 GALLOWS ROAD, STE 500 DIRECT MAIL MKTG	9,856,212
FREEMAN CO DALLAS TX 75231	1600 VICEROY DRIVE, STE 500 AUDIO/VIDEO	7,992,060
ORORA VISUAL TX LLC MESQUITE TX 75149	3210 INNOVATIVE WAY PRINTING	6,128,819
CRISPIN PORTER BOGUSKY BOULDER CO 80301	6450 GUNPARK DRIVE MARKETING	4,449,356
BLACKBAUD INC AUSTIN TX 78758	11501 DOMAIN DRIVE WEB SERVICES	3,655,158

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 **u**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	2,519,460				
	b Membership dues	1b					
	c Fundraising events	1c	346,179,084				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,843,034				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	238,504,804				
	g Noncash contributions included in lines 1a-1f: \$	1a-1f:	16,758,885				
	h Total. Add lines 1a-1f	u	591,046,382				
Program Service Revenue	2a CONFERENCES & SEMINARS	Busn. Code	611430	16,999,319	16,999,319		
	b HOSPITAL ACCREDITATION		900099	6,161,634	6,161,634		
	c GET W THE GUIDELINES REGISTRY		611430	6,009,928	6,009,928		
	d EDITORIAL REVENUE		511120	5,459,500	5,459,500		
	e MEMBERSHIP DUES & ASSESSMENTS		813920	4,927,213	4,927,213		
	f All other program service revenue		900099	4,220,761	4,220,761		
	g Total. Add lines 2a-2f	u	43,778,355				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	22,099,753		-3,562	22,103,315
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u	37,764,295			37,764,295	
6a Gross rents		(i) Real		1,023,740			
		(ii) Personal					
		b Less: rental exps.		312,584			
c Rental inc. or (loss)			711,156				
d Net rental income or (loss)		u	711,156			711,156	
7a Gross amount from sales of assets other than inventory		(i) Securities		127,998,459			
		(ii) Other		1,689,714			
		b Less: cost or other basis & sales exps.		120,176,299	978,125		
		c Gain or (loss)		7,822,160	711,589		
d Net gain or (loss)		u	8,533,749			8,533,749	
8a Gross income from fundraising events (not including \$ 346,179,084 of contributions reported on line 1c). See Part IV, line 18		a		25,862,672			
		b Less: direct expenses	b	41,092,401			
		c Net income or (loss) from fundraising events	u	-15,229,729			-15,229,729
9a Gross income from gaming activities. See Part IV, line 19		a		114,149			
		b Less: direct expenses	b	1,647			
	c Net income or (loss) from gaming activities	u	112,502		25,652	86,850	
10a Gross sales of inventory, less returns and allowances	a		93,999,296				
	b Less: cost of goods sold	b	35,251,776				
	c Net income or (loss) from sales of inventory	u	58,747,520	58,747,520			
Miscellaneous Revenue		Busn. Code					
11a ROIP CONTROLLING INTEREST		900099	3,398,691	3,398,691			
b OTHER REVENUE		900099	1,696,713		132,859	1,563,854	
c LOSS ON UNCOLL ACCT		900099	-6,226,998	-6,226,998			
d All other revenue							
e Total. Add lines 11a-11d	u		-1,131,594				
12 Total revenue. See instructions.	u		746,432,389	99,697,568	154,949	55,533,490	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	191,964,926	191,964,926		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	583,226	583,226		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	934,020	934,020		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,711,544		5,711,544	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,540,283	2,180	1,538,103	
7 Other salaries and wages	280,575,333	200,563,361	32,551,533	47,460,439
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,452,566	16,590,711	2,883,964	3,977,891
9 Other employee benefits	33,815,258	24,140,073	4,449,987	5,225,198
10 Payroll taxes	21,092,057	13,756,962	4,181,437	3,153,658
11 Fees for services (non-employees):				
a Management				
b Legal	1,792,863	1,190,564	546,047	56,252
c Accounting	1,032,267		1,032,267	
d Lobbying	1,428,676	1,428,676		
e Professional fundraising services. See Part IV, line 7	2,614,898			2,614,898
f Investment management fees	2,193,611		2,193,611	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	46,490,341	44,239,988	681,414	1,568,939
12 Advertising and promotion	6,089,188	6,089,188		
13 Office expenses	38,909,684	16,976,644	5,107,609	16,825,431
14 Information technology	13,785,738	9,938,508	1,695,305	2,151,925
15 Royalties	469,573	469,573		
16 Occupancy	18,615,164	13,947,167	1,780,841	2,887,156
17 Travel	19,862,638	12,835,088	2,808,893	4,218,657
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,764,107	22,372,569	1,577,781	1,813,757
20 Interest	58,942		58,942	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,488,525	10,927,351	1,540,241	2,020,933
23 Insurance	1,111,589	240,306	853,778	17,505
24 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.)				
a BANK LOCKBOX CC FEES	9,094,733	3,651,939	2,328,848	3,113,946
b MEMBERSHIP DUES	1,963,709	1,348,652	462,698	152,359
c YOUTH MARKET ACTIVITY	1,668,859			1,668,859
d UBI TAX	275,000		275,000	
e All other expenses	2,325,127	1,556,366	164,810	603,951
25 Total functional expenses. Add lines 1 through 24e	769,704,445	595,748,038	74,424,653	99,531,754
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	230,532,776	152,448,303	22,569,589	55,514,884

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	36,561,400	1	21,745,766
	2 Savings and temporary cash investments	28,355,760	2	39,176,614
	3 Pledges and grants receivable, net	287,677,324	3	288,424,446
	4 Accounts receivable, net	27,069,273	4	35,434,878
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,522,578	8	4,962,803
	9 Prepaid expenses and deferred charges	9,718,909	9	7,103,014
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 198,421,984		
	b Less: accumulated depreciation	10b 128,687,370	10c	69,734,614
	11 Investments—publicly traded securities	729,560,248	11	655,212,042
	12 Investments—other securities. See Part IV, line 11	3,326,265	12	87,803,231
	13 Investments—program-related. See Part IV, line 11		13	4,941,286
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	218,422,759	15	223,130,962
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,412,915,908	16	1,437,669,656	
Liabilities	17 Accounts payable and accrued expenses	76,074,760	17	69,066,875
	18 Grants payable	340,531,435	18	362,490,504
	19 Deferred revenue	10,606,669	19	21,602,280
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,904,568	25	38,947,018
	26 Total liabilities. Add lines 17 through 25	461,117,432	26	492,106,677
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	373,439,379	27	358,986,605
	28 Temporarily restricted net assets	384,690,442	28	388,675,826
	29 Permanently restricted net assets	193,668,655	29	197,900,548
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	951,798,476	33	945,562,979	
34 Total liabilities and net assets/fund balances	1,412,915,908	34	1,437,669,656	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	746,432,389
2	Total expenses (must equal Part IX, column (A), line 25)	2	769,704,445
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,272,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	951,798,476
5	Net unrealized gains (losses) on investments	5	15,125,110
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,911,449
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	945,562,979

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?	X	
3b	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.	X	

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			
(20) DAVID SPINA	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(21) BERNARD TYSON	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) THOMAS PINA WINDSOR	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) JOSEPH WU	2.00									
BOARD MEMBER	0.00	X					2,560	0	0	
(24) NANCY BROWN	38.00									
CEO	0.00			X			3,408,415	0	66,020	
(25) LARRY CANNON	38.00									
CAO/CORP SECRETARY	0.00			X			520,033	0	7,743	
(26) CYNTHIA ROBERTS	38.00									
CFO	0.00			X			363,749	0	55,944	
(27) LESLIE UPTON	38.00									
COO	0.00				X		731,770	0	74,781	
1b Sub-total							5,026,527		204,488	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

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

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

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 **u**

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			
(28) ROSE MARIE ROBERTSON CHF SC/MED THRU 9/18	38.00 0.00				X			719,805	0	49,498
(29) JOHN J MEINERS CHIEF - MISSION-ALIG	38.00 0.00				X			457,585	0	52,695
(30) DAVID MARKIEWICZ EVP SOUTHEAST	38.00 0.00					X		438,825	0	68,167
(31) MIDGE EPSTEIN EVP SOUTHWEST	38.00 0.00					X		523,861	0	58,727
(32) KATHLEEN ROGERS EVP WESTERN STATES	38.00 0.00					X		546,982	0	80,551
(33) KEVIN HARKER EVP MIDWEST	38.00 0.00					X		416,570	0	74,340
(34) MEIGHAN VAFA CHIEF MKTG/PROGRAMS	38.00 0.00					X		513,417	0	78,327
(35) LYNNE DARROUZET CORP SEC THRU 10/17	38.00 0.00						X	278,319	0	56,013
1b Sub-total							u	3,895,364		518,318
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u**

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

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

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	653,927,887	696,658,685	634,662,727	664,906,760	589,746,597	3239902656
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	653,927,887	696,658,685	634,662,727	664,906,760	589,746,597	3239902656
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						117,613,193
6 Public support. Subtract line 5 from line 4.						3122289463

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	653,927,887	696,658,685	634,662,727	664,906,760	589,746,597	3239902656
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,116,248	37,973,731	39,397,248	39,640,300	60,837,788	218,965,315
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	447,664		8,290,774	3,515,714	1,493,762	13,747,914
11 Total support. Add lines 7 through 10						3472615885
12 Gross receipts from related activities, etc. (see instructions)					12	781,633,230
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.91 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89.17 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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 in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined 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 Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 13,747,914

SUPPLEMENTAL INFORMATION

SCHEDULE A, PART II, SECTION B, LINE 10, YEARS 2014-2017 - OTHER INCOME

OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. YEAR 2018 OTHER INCOME IS COMPRISED OF MISCELLANEOUS TRADE SHOW REVENUE.

Schedule of Contributors

2018

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

Name of the organization <u>AMERICAN HEART ASSOCIATION, INC.</u>	Employer identification number <u>13-5613797</u>
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON NJ 08540	\$ 23,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

U Complete if the organization is described below.

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **U** \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **U** \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **U** \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes 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)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		413,197
d Mailings to members, legislators, or the public?	X		119,413
e Publications, or published or broadcast statements?	X		149,587
f Grants to other organizations for lobbying purposes?	X		3,834,459
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		332,046
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		128,744
i Other activities?		X	
j Total. Add lines 1c through 1i			4,977,446
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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.

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

PART II-B LINE 1, LOBBYING ACTIVITIES:

IN SUPPORT OF ITS MISSION TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES, THE AMERICAN HEART ASSOCIATION (AHA) PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. AT THE NATIONAL LEVEL, THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF

Part IV Supplemental Information (continued)

CONGRESS. SIMILAR RELATIONSHIPS ARE BUILT AT THE STATE AND LOCAL LEVELS. TO GUIDE ITS FEDERAL, STATE AND LOCAL EFFORTS, THE ASSOCIATION IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS; ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION STATEMENTS, FACT SHEETS AND PUBLISHED PAPERS; MEDIA ADVOCACY, INCLUDING LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES; MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES; MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE, CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF LOCAL, STATE AND FEDERAL LEGISLATIVE BODIES. THE AMERICAN HEART ASSOCIATION IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN OUR COUNTRY. THE ASSOCIATION ENCOURAGES CONGRESS, STATE LEGISLATURES, LOCAL GOVERNMENTS, FEDERAL AGENCIES AND STATE AGENCIES 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, TRANSLATIONAL 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 ORGANIZATION ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTE OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.

Part IV Supplemental Information (continued)

- 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

Part IV Supplemental Information (continued)

VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND, AS APPROPRIATE,
OPPOSING 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 u \$, b Assets included in Form 990, Part X u \$.

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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	65,321,730	61,764,937	57,605,436	58,787,778	59,247,803
b Contributions	2,957,620	655,251	52,738	320,261	1,000,570
c Net investment earnings, gains, and losses	3,744,761	5,093,973	6,183,220	416,395	724,008
d Grants or scholarships					
e Other expenditures for facilities and programs	2,255,714	2,192,431	2,076,457	1,918,998	2,184,603
f Administrative expenses					
g End of year balance	69,768,397	65,321,730	61,764,937	57,605,436	58,787,778

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u** 69.83 %
 - c Temporarily restricted endowment **u** 30.17 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,812,267		7,812,267
b Buildings	2,132,551	74,418,669	45,126,656	31,424,564
c Leasehold improvements		4,496,259	3,397,279	1,098,980
d Equipment		109,327,645	79,928,842	29,398,803
e Other		234,593	234,593	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** 69,734,614

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 HEDGE FUNDS	71,020,677	MARKET
(A) REAL ESTATE FUND	16,782,554	MARKET
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	87,803,231	

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.) u		

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	148,919,393
(2) SPLIT INTEREST AGREEMENTS	71,037,224
(3) OTHER ASSETS	2,815,658
(4) POOLED INCOME FUND A/R	252,475
(5) OTHER A/R	106,212
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	223,130,962

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFITS	13,258,257
(3) CHARITABLE GIFT ANNUITIES	11,942,704
(4) SUPPLEMENTAL RETIREMENT PLAN	6,126,121
(5) DUE FROM RELATED ORG	2,785,727
(6) RENT DEFERRALS/AMORTIZATION	2,421,562
(7) CAPITAL LEASE OBLIGATIONS	1,208,530
(8) OTHER PAYABLES	733,171
(9) FEDERAL INC TAX PAYABLE	470,946
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	38,947,018

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.

1	Total revenue, gains, and other support per audited financial statements		1	887,420,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,125,111	
b	Donated services and use of facilities	2b	38,412,414	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	54,161,318	
e	Add lines 2a through 2d	2e	107,698,843	
3	Subtract line 2e from line 1	3	779,721,522	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,193,611	
b	Other (Describe in Part XIII.)	4b	-35,482,744	
c	Add lines 4a and 4b	4c	-33,289,133	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	746,432,389	

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

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

1	Total expenses and losses per audited financial statements		1	892,248,216
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	38,412,414	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	86,415,801	
e	Add lines 2a through 2d	2e	124,828,215	
3	Subtract line 2e from line 1	3	767,420,001	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,193,611	
b	Other (Describe in Part XIII.)	4b	90,833	
c	Add lines 4a and 4b	4c	2,284,444	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	769,704,445	

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS.

PART X - FIN 48 FOOTNOTE

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT

Part XIII Supplemental Information (continued)

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, 2019 AND 2018. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

UNREAL GAIN/LOSS BEN INT PERP TRST	\$ 324,096
CHANGE IN VALUE SPLIT INT AGMT	\$ 3,014,143
CONSOLIDATED ENTITY REVENUE	\$ 77,375,252
CONSOLIDATED ELIMINATING REV	\$ -26,461,340
CGA FEES	\$ -90,833

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF GOODS SOLD	\$ -35,251,776
RENTAL EXPENSE	\$ -312,584
FUNDRAISING EXPENSE	\$ 81,616

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CONSOLIDATED ENTITY EXPENSES	\$ 70,673,610
CONSOLIDATED ELIMINATING EXP	\$ -23,024,357
COST OF GOODS SOLD	\$ 35,251,776
RENTAL EXPENSE	\$ 312,584
FUNDRAISING EXPENSE	\$ -81,616
NON CONTROLLING INTEREST	\$ 3,283,804

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

CGA FEES	\$ 90,833
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2018

u Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		228,223
(2) EAST ASIA AND THE PACIFIC	4	2	INVESTMENTS		26,302,746
(3) EUROPE (INCL ICELAND AND GREENLAND)	1	2	INVESTMENTS		78,513,814
(4) MIDDLE EAST AND NORTH AFRICA	1	5	INVESTMENTS		493,274
(5) NORTH AMERICA			INVESTMENTS		18,669,851
(6) RUSSIA AND NEIGHBORING STATES			INVESTMENTS		111,316
(7) SOUTH AMERICA			INVESTMENTS		2,583,649
(8) SOUTH ASIA			INVESTMENTS		507,554
(9) SUB-SAHARAN AFRICA			INVESTMENTS		733,877
(10) CENTRAL AMERICA AND CARIBBEAN			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	34,027
(11) EAST ASIA AND THE PACIFIC	4	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	1,255,278
(12) EUROPE (INCL ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	639,553
(13) MIDDLE EAST AND NORTH AFRICA	1	5	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	1,502,482
(14) NORTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	847,797
(15) SOUTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	654,246
(16) SOUTH ASIA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	734,353
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	111,417
3a Subtotal	6	9			133,923,457
b Total from continuation sheets to Part I	0	0			934,020
c Totals (add lines 3a and 3b)	6	9			134,857,477

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

Schedule F (Form 990) 2018

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	4	2	GRANTMAKING		28,716
(1) EUROPE (INCL ICELAND AND GREENLAND)	1	2	GRANTMAKING		27,460
(2) NORTH AMERICA			GRANTMAKING		17,702
(3) SOUTH AMERICA			GRANTMAKING		8,750
(4) MIDDLE EAST AND NORTH AFRICA	1	5	GRANTMAKING		1,250
(5) SUB-SAHARAN AFRICA			GRANTMAKING		22,492
(6) SOUTH ASIA			GRANTMAKING		10,000
(7) SOUTH AMERICA			GRANTMAKING		480,000
(8) EAST ASIA AND THE PACIFIC	4	2	GRANTMAKING		337,650
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			934,020
b Total from continuation sheets to Part I	6	9			
c Totals (add lines 3a and 3b)	6	9			

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	PROF EDUCATION	480,000	WIRE TRANSFER			
(2)			EAST ASIA	PROF EDUCATION AND THE PACIFIC	337,650	WIRE TRANSFER			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **u** 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH PRIZE	EAST ASIA AND THE PACIFIC	21	15,375	WIRE TRANSFER			
(2) RESEARCH PRIZE	EUROPE (INCL ICELAND AND GREENLAND)	34	27,460	WIRE TRANSFER			
(3) RESEARCH PRIZE	NORTH AMERICA	26	17,702	WIRE TRANSFER			
(4) TRAVEL GRANT	SUB-SAHARAN AFRICA	9	22,492	WIRE TRANSFER			
(5) TRAVEL GRANT	EAST ASIA AND THE PACIFIC	7	13,341	WIRE TRANSFER			
(6) TRAVEL GRANT	MIDDLE EAST AND NORTH AFRICA	1	1,250	WIRE TRANSFER			
(7) TRAVEL GRANT	SOUTH AMERICA	4	8,750	WIRE TRANSFER			
(8) TRAVEL GRANT	SOUTH ASIA	6	10,000	WIRE TRANSFER			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 WITH RESPECT TO RESEARCH GRANTS MADE BY THE AMERICAN HEART ASSOCIATION 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 AMERICAN HEART ASSOCIATION 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 AMERICAN HEART ASSOCIATION 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.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 0	\$ 228,223
EAST ASIA AND THE PACIFIC	\$ 0	\$ 26,302,746
EUROPE (INCL ICELAND AND GREENLAND)	\$ 0	\$ 78,513,814
MIDDLE EAST AND NORTH AFRICA	\$ 0	\$ 493,274

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.

NORTH AMERICA	\$	0	\$	18,669,851
RUSSIA AND NEIGHBORING STATES	\$	0	\$	111,316
SOUTH AMERICA	\$	0	\$	2,583,649
SOUTH ASIA	\$	0	\$	507,554
SUB-SAHARAN AFRICA	\$	0	\$	733,877
CENTRAL AMERICA AND CARIBBEAN	\$	34,027	\$	0
EAST ASIA AND THE PACIFIC	\$	1,255,278	\$	0
EUROPE (INCL ICELAND AND GREENLAND)	\$	639,553	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	1,502,482	\$	0
NORTH AMERICA	\$	847,797	\$	0
SOUTH AMERICA	\$	654,246	\$	0
SOUTH ASIA	\$	734,353	\$	0
SUB-SAHARAN AFRICA	\$	111,417	\$	0
EAST ASIA AND THE PACIFIC	\$	28,716	\$	0
EUROPE (INCL ICELAND AND GREENLAND)	\$	27,460	\$	0
NORTH AMERICA	\$	17,702	\$	0
SOUTH AMERICA	\$	8,750	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	1,250	\$	0
SUB-SAHARAN AFRICA	\$	22,492	\$	0
SOUTH ASIA	\$	10,000	\$	0
SOUTH AMERICA	\$	480,000	\$	0
EAST ASIA AND THE PACIFIC	\$	337,650	\$	0

PART V - ADDITIONAL INFORMATION

PART I, LINE 3

THE ASSOCIATION'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE

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.

MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE ASSOCIATION'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE ASSOCIATION'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 ASSOCIATION 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 ASSOCIATION DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MANAGEMENT 33 SPRINGSIDE DRIVE AKRON OH 44333	TELEMKTG		X	3,072,908	2,533,282	539,626
2 INSURANCE AUTO AUCTIONS 13085 HAMILTON CROSSING, SUITE 500 CARMEL IN 46032	AUCTION	X		303,175	81,616	221,559
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,376,083	2,614,898	761,185

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

ALL STATES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DAL HEARTWALK</u> (event type)	<u>BAY AREA HTWK</u> (event type)	<u>6049</u> (total number)	(add col. (a) through col. (c))
Revenue	1	5,840,763	5,526,957	325,805,767	337,173,487
	2	5,840,763	5,526,957	299,943,095	311,310,815
	3			25,862,672	25,862,672
Direct Expenses	4				
	5	93,580	49,134	8,656,984	8,799,698
	6	426,215	217,885	13,882,245	14,526,345
	7		103,220	8,029,566	8,132,786
	8	41,451	2,810	2,426,832	2,471,093
	9	4,285	14,008	3,120,773	3,139,066
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-11,206,316

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	25,652		88,497
Direct Expenses	2				
	3				
	4				
	5			1,647	1,647
	6	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				1,647
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				112,502

9 Enter the state(s) in which the organization conducts gaming activities: LA, SD, TX, NY, PA, CA, AZ
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

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

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

b If "Yes," explain:

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

Supplemental Information

2018

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

SCH G, PART I, LINE 2B, COL (III) - CUSTODY OR CONTROL ARRANGEMENT

INSURANCE AUTO AUCTIONS

X

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

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 CAMPAGINS, 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 \$3,072,908 PAID TO INFOCISION DURING THE YEAR, \$5,325 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1	(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)	412 FOOD RESCUE 6022 BROAD ST PITTSBURGH PA 15206	47-3476140	(C)(3)	50,000				COMMUNITY IMPACT
(2)	ACTION IN MONTGOMERY INC 8900 GEORGIA AVE SILVER SPRING MD 20910	52-2032072	(C)(3)	45,000				COMMUNITY IMPACT
(3)	AFTERSCHOOL ALLIANCE INC 1101 14TH ST NW #700 WASHINGTON DC 20005	52-2275123	(C)(3)	73,700				COMMUNITY IMPACT
(4)	ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE ALBANY NY 12208	14-1338310	(C)(3)	314,220				RESEARCH
(5)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	(C)(3)	909,648				RESEARCH
(6)	ALEGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA NE 68154	47-0757164	(C)(3)	35,320				EQUIPMENT UPGRADE
(7)	ALEGENT HEALTH BERGAN MERCY HEALTH 7500 MERCY RD OMAHA NE 68124	47-0484764	(C)(3)	23,880				EQUIPMENT UPGRADE
(8)	ALEGENT HEALTH-IMMANUEL MEDICAL CTR 6901 N 72ND ST OMAHA NE 68122	47-0376615	(C)(3)	23,880				EQUIPMENT UPGRADE
(9)	ALEGENT HLTH-MEMORIAL HOSP SCHUYLER 104 W 17TH ST SCHUYLER NE 68661	47-0399853	(C)(3)	7,975				EQUIPMENT UPGRADE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 383**
- 3** Enter total number of other organizations listed in the line 1 table **u 5**

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2018

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Inspection**

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(1)	ALLIANCE FOR A HEALTHIER GENERATION 55 W 125TH ST NEW YORK NY 10027	27-2028308	(C)(3)	1,646,468				ANTI-OBESITY
(2)	ALTRU HEALTH FOUNDATION PO BOX 6002 GRAND FORKS ND 58206	45-0368330	(C)(3)	45,399				EQUIPMENT UPGRADE
(3)	AMERICANS FOR NONSMOKERS RIGHTS 2530 SAN PABLO AVE #J BERKELEY CA 94702	94-2598713	(C)(4)	68,601				ANTI-TOBACCO
(4)	ANN&ROBERT H. LURIE CHILDREN'S HOSP 225 E CHICAGO AVE CHICAGO IL 60611	36-2170833	(C)(3)	284,688				RESEARCH
(5)	ARKANSAS CHILDRENS HOSPITAL 1 CHILDRENS WAY LITTLE ROCK AR 72202	71-0236857	(C)(3)	300,000				RESEARCH
(6)	ASCENSION PROVIDENCE ROCHESTER HOSP 16001 W 9 MILE RD SOUTHFIELD MI 48075	38-1358212	(C)(3)	7,027				EQUIPMENT UPGRADE
(7)	ASCENSION SETON 1345 PHILOMENA ST AUSTIN TX 78723	74-1109643	(C)(3)	60,000				EQUIPMENT UPGRADE
(8)	ASHLEY MEDICAL CTR DBA AMC CLINIC PO BOX 450 ASHLEY ND 58413	45-0255914	(C)(3)	5,800				EQUIPMENT UPGRADE
(9)	AUGUSTA UNIVERSITY RESEARCH INST 1120 15TH ST AUGUSTA GA 30912	58-1418202	(C)(3)	3,332,576				RESEARCH

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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(1)	AURORA HEALTH CARE INC PO BOX 343910 MILWAUKEE WI 53234	39-1136738	(C)(3)	10,500				EQUIPMENT UPGRADE
(2)	BARAKA COMMUNITY WELLNESS 130 WARREN ST 3 FL ROXBURY MA 02119	46-2584139	(C)(3)	20,000				COMMUNITY IMPACT
(3)	BATON ROUGE SPONSORING COMMITTEE 2019 GOVERNMENT ST BATON ROUGE LA 70806	80-0581861	(C)(3)	49,937				COMMUNITY IMPACT
(4)	BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS TX 75303	74-1613878	(C)(3)	1,921,979				RESEARCH
(5)	BE MORE AMERICA INC 7 GATES AVE #7E BROOKLYN NY 11238	81-0914438	(C)(3)	8,000				COMMUNITY IMPACT
(6)	BECKMAN RESEARCH INSTITUTE 1500 E DUARTE RD DUARTE CA 91010	95-3432210	(C)(3)	160,220				RESEARCH
(7)	BED-STUY CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN NY 11233	20-0934854	(C)(3)	25,000				COMMUNITY IMPACT
(8)	BELLEVUE MEDICAL CENTER LLC 2500 BELLEVUE MEDICAL CENTER DRIVE BELLEVUE NE 68123	20-4305186		23,880				EQUIPMENT UPGRADE
(9)	BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVE BOSTON MA 02215	04-2103881	(C)(3)	988,644				RESEARCH

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**SCHEDULE I
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OMB No. 1545-0047

2018

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Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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(1)	BLESSING HOSPITAL 1005 BROADWAY ST QUINCY IL 62301	37-0661183	(C)(3)	20,000				EQUIPMENT UPGRADE
(2)	BLOODWORKS NORTHWEST 921 TERRY AVE SEATTLE WA 98104	91-1019655	(C)(3)	228,690				RESEARCH
(3)	BOSTON UNIVERSITY MEDICAL CAMPUS 85 E NEWTON ST BOSTON MA 02118	04-2103547	(C)(3)	365,220				RESEARCH
(4)	THE BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON MA 02115	04-2312909	(C)(3)	7,247,334				RESEARCH
(5)	BRIGHTON AREA FIRE AUTHORITY 615 W GRAND RIVER AVE BRIGHTON MI 48116	38-3538846	GOV	11,200				EQUIPMENT UPGRADE
(6)	BROWARD COMMUNITY AND FAMILY HEALTH 6015 WASHINGTON ST 2 FL HOLLYWOOD FL 33023	59-3489664	(C)(3)	13,440				EQUIPMENT UPGRADE
(7)	BROWN UNIVERSITY 164 AGNELL ST PROVIDENCE RI 02912	05-0258809	(C)(3)	300,000				RESEARCH
(8)	BRYAN MEDICAL CENTER 1600 S 48TH ST LINCOLN NE 68506	47-0376552	(C)(3)	29,840				EQUIPMENT UPGRADE
(9)	BUTLER COUNTY HEALTH CARE CENTER 372 S 9TH ST DAVID CITY NE 68632	47-0551144	GOV	7,975				EQUIPMENT UPGRADE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

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(1)	CALIFORNIA BICYCLE COALITION ED FND 1017 L ST #288 SACRAMENTO CA 95814	68-0417507	(C)(3)	123,417				COMMUNITY IMPACT
(2)	CALIFORNIA FOOD PLCY ADVOCATES INC 1970 BROADWAY #760 OAKLAND CA 94612	94-3163142	(C)(3)	62,500				COMMUNITY IMPACT
(3)	CALIFORNIA HEAD START ASSOCIATION 1107 9TH ST #300 SACRAMENTO CA 95814	77-0412315	(C)(3)	119,966				COMMUNITY IMPACT
(4)	CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA CA 91125	95-1643307	(C)(3)	300,000				RESEARCH
(5)	CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW #1200 WASHINGTON DC 20005	52-1969967	(C)(3)	275,000				ANTI-TOBACCO
(6)	CAMPAIGN TO END OBESITY ACTION FUND 1341 G ST NW 6 FL WASHINGTON DC 20005	26-0389702	(C)(3)	9,000				ANTI-OBESITY
(7)	CARRINGTON HEALTH CENTER 800 N 4TH ST N CARRINGTON ND 58421	45-0227311	(C)(3)	13,600				EQUIPMENT UPGRADE
(8)	CAVALIER CNTY MEMORIAL HOSP ASSOC 909 2ND ST LANGDON ND 58249	45-0306787	(C)(3)	5,800				EQUIPMENT UPGRADE
(9)	CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD #1150 LOS ANGELES CA 90048	95-1644600	(C)(3)	1,293,000				RESEARCH

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(1)	CTR FOR SCIENCE IN THE PUBLIC INT 1220 L ST NW #300 WASHINGTON DC 20005	23-7122879	(C)(3)	49,500				COMMUNITY IMPACT
(2)	CHAPMAN UNIVERSITY ONE UNIVERSITY DR ORANGE CA 92866	95-1643992	(C)(3)	200,000				RESEARCH
(3)	CHI LISBON HEALTH 905 MAIN ST LISBON ND 58054	82-0558836	(C)(3)	5,800				EQUIPMENT UPGRADE
(4)	CHILDRENS ADVOCACY ALLIANCE 5258 S EASTERN AVENUE #151 LAS VEGAS NV 89119	88-0394078	(C)(3)	98,729				COMMUNITY IMPACT
(5)	CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON MA 02115	04-2774441	(C)(3)	1,023,048				RESEARCH
(6)	CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI OH 45229	31-0833936	(C)(3)	1,879,604				RESEARCH
(7)	CHILDREN'S HOSP PITTSBURGH FDTN 4401 PENN AVE 3 FL PITTSBURGH PA 15224	25-1865744	(C)(3)	25,000				EQUIPMENT UPGRADE
(8)	CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON DC 20010	52-1654453	(C)(3)	110,456				RESEARCH
(9)	CHRISTIAN UNITY HOSPITAL CORP 164 W 13TH ST GRAFTON ND 58237	45-0310159	(C)(3)	5,800				EQUIPMENT UPGRADE

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(1)	CLARINDA REGIONAL HEALTH CENTER 220 ESSIE DAVISON DR CLARINDA IA 51632	42-6005819	GOV	15,000				EQUIPMENT UPGRADE
(2)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND OH 44195	34-0714585	(C)(3)	919,968				RESEARCH
(3)	CODMAN SQUARE NEIGHBORHOOD COUNCIL 14 EUCLID ST DORCHESER MA 02124	22-3315109	(C)(3)	6,500				ANTI-OBESITY
(4)	COLORADO NONPROFIT DEVELOPMENT CTR 789 SHERMAN ST #250 DENVER CO 80203	84-1493585	(C)(3)	62,140				COMMUNITY IMPACT
(5)	COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK NY 10087	13-5598093	(C)(3)	1,099,532				RESEARCH
(6)	COLUMBUS COMMUNITY HOSPITAL INC 4600 38TH ST COLUMBUS NE 68601	47-0542043	(C)(3)	9,350				EQUIPMENT UPGRADE
(7)	COMMUNITY AMBULANCE SERVICE INC PO BOX 100 ROLLA ND 58367	45-0317568	(C)(3)	8,500				DEFIB/MONITORS
(8)	COMMUNITY HEALTH OF SOUTH FL INC 10300 SW 216TH ST MIAMI FL 33190	59-1372690	(C)(3)	7,680				COMMUNITY IMPACT
(9)	COMMUNITY PARTNERS 1000 N ALAMEDA ST #240 LOS ANGELES CA 90012	95-4302067	(C)(3)	228,735				COMMUNITY IMPACT

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(1)	COMMUNITY SERVICE CARE INC 36 PERKINS ST JAMAICA PLAIN MA 02130	04-2754281	(C)(3)	15,000				EQUIPMENT UPGRADE
(2)	COOPERSTOWN MEDICAL CENTER 1200 ROBERTS AVE NE COOPERSTOWN ND 58425	45-0227753	(C)(3)	5,075				EQUIPMENT UPGRADE
(3)	CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA NY 14850	13-0532082	(C)(3)	270,676				RESEARCH
(4)	COZAD HOSPITAL FOUNDATION PO BOX 108 COZAD NE 69130	47-0634575	(C)(3)	7,975				EQUIPMENT UPGRADE
(5)	CRETE AREA MEDICAL CENTER 2910 BETTEN DR CRETE NE 68333	47-0841285	(C)(3)	7,975				EQUIPMENT UPGRADE
(6)	CULTURETRUST GREATER PHILADELPHIA 1315 WALNUT ST #320 PHILADELPHIA PA 19107	46-3109411	(C)(3)	20,000				COMMUNITY IMPACT
(7)	DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON MA 02115	04-2263040	(C)(3)	328,152				RESEARCH
(8)	DC GREENS INC 2000 P ST NW #240 WASHINGTON DC 20036	26-4527988	(C)(3)	92,065				ANTI-OBESITY
(9)	DENVER RESEARCH INSTITUTE 3401 QUEBEC ST #5000 DENVER CO 80207	84-1392442	(C)(3)	231,000				RESEARCH

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DIZZY FEET FOUNDATION 12655 W JEFFERSON BLVD LOS ANGELES CA 90066	26-4501295	(C)(3)	250,000				ANTI-OBESITY
(2)	DOUGLAS COUNTY FOOD COUNCIL 1100 MASSACHUSETTS ST LAWRENCE KS 66044	48-6033538	GOV	24,995				COMMUNITY IMPACT
(3)	DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA PA 19104	23-1352630	(C)(3)	231,000				RESEARCH
(4)	DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE NC 28260	56-0532129	(C)(3)	1,564,280				RESEARCH
(5)	EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD GREENVILLE NC 27858	56-6000403	GOV	53,688				RESEARCH
(6)	EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY TN 37614	62-6021046	GOV	153,962				RESEARCH
(7)	EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH 303 NORFOLK VA 23507	54-6055378	(C)(3)	350,866				RESEARCH
(8)	EMORY UNIVERSITY PO BOX 935084 ATLANTA GA 31193	58-0566256	(C)(3)	2,153,464				RESEARCH
(9)	FAIR FOOD NETWORK 205 E WASHINGTON ST #B ANN ARBOR MI 48104	26-4143394	(C)(3)	148,243				COMMUNITY IMPACT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	FAITH IN TEXAS 1111 W MOCKINGBIRD LN #595 DALLAS TX 75247	47-3005234	(C)(3)	63,756				COMMUNITY IMPACT
(2)	FAITH REGIONAL HEALTH SERVICES 1500 KOENIGSTEIN AVE NORFOLK NE 68701	47-0796875	(C)(3)	23,880				EQUIPMENT UPGRADE
(3)	FAMILY CHRISTIAN HEALTH CENTER 31 WEST 155TH ST HARVEY IL 60426	36-4346917	(C)(3)	10,000				EQUIPMENT UPGRADE
(4)	FATHERS UPLIFT INC 12 SOUTHERN AVE DORCHESTER MA 02124	46-1407932	(C)(3)	100,000				COMMUNITY IMPACT
(5)	FIRE DEPARTMENT OF NEW YORK 9 METROTECH CENTER ROOM 5E-5 BROOKLYN NY 11201	13-6400434	GOV	830,325				EQUIPMENT UPGRADE
(6)	FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST 2 FL LONGMONT CO 80501	54-1254491	(C)(3)	300,000				COMMUNITY IMPACT
(7)	FLINT FRESH 3325 E COURT ST FLINT MI 48506	81-2840219	(C)(3)	100,000				COMMUNITY IMPACT
(8)	FLORIDA ATLANTIC UNIVERSITY 777 GLADES RD BOCA RATON FL 33431	65-0385507	GOV	154,000				RESEARCH
(9)	FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI FL 33199	65-0177616	GOV	304,058				RESEARCH

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(1)	FLORIDA STATE UNIVERSITY 600 W COLLEGE AVE TALLAHASSEE FL 32306	59-1961248	GOV	53,688				RESEARCH
(2)	F-M AMBULANCE SERVICE INC PO BOX 5039 SIOUX FALLS SD 57117	45-0344371	(C)(3)	8,500				DEFIB/MONITORS
(3)	FOUNDATION FOR ANNIE JEFFREY PO BOX 428 OSCEOLA NE 68651	20-8143443	(C)(3)	7,975				EQUIPMENT UPGRADE
(4)	FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVE W SEATTLE WA 98119	91-6186093	(C)(3)	141,786				COMMUNITY IMPACT
(5)	FRANKLIN COUNTY COMMUNITY DEV CORP 324 WELLS ST GREENFIELD MA 01301	04-2678309	GOV	124,451				COMMUNITY IMPACT
(6)	FRED HUTCHINSON CANCER RESEARCH CTR 1100 FAIRVIEW AVE N SEATTLE WA 98109	23-7156071	(C)(3)	103,328				RESEARCH
(7)	FREEPORT MEMORIAL HOSPITAL 1045 W STEPHENSON ST FREEPORT IL 61032	36-2181997	(C)(3)	74,000				EQUIPMENT UPGRADE
(8)	FRESH TRUCK INC 69 SHIRLEY ST BOSTON MA 02119	46-2848535	(C)(3)	120,000				COMMUNITY IMPACT
(9)	FUND FOR A HEALTHIER COLORADO 1536 WYNKOOP ST #224 DENVER CO 80202	47-4101801	(C)(3)	19,980				COMMUNITY IMPACT

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Schedule I (Form 990) (2018)

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Department of the Treasury
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(1)	GARRISON MEMORIAL HOSPITAL 407 3RD AVE SE GARRISON ND 58540	45-0227752	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL #240V ASHBURN VA 20147	53-0196584	(C)(3)	1,668,346				RESEARCH
(3)	GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW WASHINGTON DC 20007	53-0196603	(C)(3)	802,532				RESEARCH
(4)	GEORGIA STATE UN RSCH FDTN INC PO BOX 3999 ATLANTA GA 30302	58-1845423	(C)(3)	1,024,356				RESEARCH
(5)	GEORGIA TECH RESEARCH CORPORATION PO BOX 101117 ATLANTA GA 30384	58-0603146	(C)(3)	498,596				RESEARCH
(6)	GLADSTONE INSTITUTE, SAN FRANCISCO 1650 OWENS ST SAN FRANCISCO CA 94158	23-7203666	(C)(3)	106,532				RESEARCH
(7)	GOOD SAMARITAN HOSPITAL 10 E 31ST ST KEARNEY NE 68848	47-0379755	(C)(3)	23,880				EQUIPMENT UPGRADE
(8)	GOOD SAMARITAN HOSPITAL ASSOCIATION 800 S MAIN AVE RUGBY ND 58368	45-0226419	(C)(3)	5,800				EQUIPMENT UPGRADE
(9)	GRADY MEMORIAL HOSPITAL CORPORATION 50 HURT PLAZA #301 ATLANTA GA 30303	26-2037695	(C)(3)	110,000				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2018)

**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Employer identification number

13-5613797

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(1)	GROVE HALL NEIGHBORHOOD DEVELOPMENT 7 CHENEY ST DORCHESTER MA 02121	04-2886494	(C)(3)	20,000				COMMUNITY IMPACT
(2)	HARRIS COUNTY HOSPITAL DISTR FDTN 2525 HOLLY HALL #292 HOUSTON TX 77054	74-1536936	(C)(3)	6,012				EQUIPMENT UPGRADE
(3)	HAWAII APPLESEED CTR LAW ECON JTCE 733 BISHOP ST #1180 HONOLULU HI 96813	76-0748976	(C)(3)	61,304				COMMUNITY IMPACT
(4)	HAZEN MEMORIAL HOSPITAL ASSOCIATION 510 8TH AVE NE HAZEN ND 58545	45-0308379	(C)(3)	22,550				EQUIPMENT UPGRADE
(5)	HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE MN 56520	76-0761782	(C)(3)	11,900				EQUIPMENT UPGRADE
(6)	HEALTHY SCHOOLS CAMPAIGN 175 N FRANKLIN ST #300 CHICAGO IL 60606	36-4308068	(C)(3)	125,000				COMMUNITY IMPACT
(7)	HENRY COUNTY MEMORIAL HOSPITAL 1000 N 16TH ST NEW CASTLE IN 47362	35-6001583	(C)(3)	46,782				EQUIPMENT UPGRADE
(8)	HENRY FORD MACOMB HOSPITAL CORP ONE FORD PLACE 5F DETROIT MI 48202	38-2947657	(C)(3)	21,250				EQUIPMENT UPGRADE
(9)	HIGHMARK HEALTH 320 E NORTH AVE PITTSBURGH PA 15212	25-1838458	(C)(3)	30,400				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2018)

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

2018

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Employer identification number

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(1)	HIP HOP PUBLIC HEALTH INC 515 EDGEcombe AVE #14 NEW YORK NY 10032	80-0722635	(C)(3)	50,000				COMMUNITY IMPACT
(2)	HOMESTART INC 105 CHAUNCY ST #502 BOSTON MA 02111	04-3311270	(C)(3)	150,000				COMMUNITY IMPACT
(3)	HOPE COLLEGE 141 E 12TH ST HOLLAND MI 49422	38-1381271	(C)(3)	154,000				RESEARCH
(4)	HORIZON FOUNDATION OF HOWARD COUNTY 10480 LITTLE PATUXENT PKWY COLUMBIA MD 21044	52-2119011	(C)(3)	125,000				COMMUNITY IMPACT
(5)	HUNGER SOLUTIONS MINNESOTA 555 PARK ST #400 SAINT PAUL MN 55103	36-3567366	(C)(3)	42,181				COMMUNITY IMPACT
(6)	IAF NORTHWEST 649 STRANDER BLVD #B TUKWILA WA 98188	91-1499816	(C)(3)	86,500				COMMUNITY IMPACT
(7)	ICAHN SCHOOL OF MEDICINE-MT SINAI ONE GUSTAVE L LEVY PL NEW YORK NY 10029	13-6171197	(C)(3)	134,376				RSCH & EQUIP UPGRADE
(8)	IDAHO HEAD START ASSOCIATION INC 223 N 6TH ST # 435 BOISE ID 83702	82-0416273	(C)(3)	124,992				COMMUNITY IMPACT
(9)	IDAHO SMART GROWTH, INC. 910 MAIN ST #314 BOISE ID 83702	82-0522757	(C)(3)	30,003				COMMUNITY IMPACT

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(1)	IDAHO WALK BIKE ALLIANCE PO BOX 1594 BOISE ID 83701	27-1334849	(C)(3)	60,377				COMMUNITY IMPACT
(2)	ILLINOIS INSTITUTE OF TECHNOLOGY 3424 SOUTH ST CHICAGO IL 60453	36-2170136	(C)(3)	352,426				RESEARCH
(3)	ILLINOIS VALLEY COMMUNITY HOSPITAL 925 WEST ST PERU IL 61354	36-2852553	(C)(3)	5,070				EQUIPMENT UPGRADE
(4)	INCLUSIVE ACTION FOR THE CITY 553 S CLARENCE ST LOS ANGELES CA 90033	27-0584116	(C)(3)	25,000				COMMUNITY IMPACT
(5)	INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS IN 46266	35-6001673	GOV	2,038,201				RESEARCH
(6)	INNOVIS HEALTH LLC 3000 32ND AVE S FARGO ND 58103	26-1175213	(C)(3)	57,909				EQUIPMENT UPGRADE
(7)	INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE WA 98109	91-2003593	(C)(3)	104,060				RESEARCH
(8)	IOWA STATE UNIVERSITY 2433 UNION DR AMES IA 50011	42-6004224	GOV	253,688				RESEARCH
(9)	JACKSONVILLE JAGUARS FOUNDATION INC ONE TIAA BANK FIELD DRIVE JACKSONVILLE FL 32202	59-3249687	(C)(3)	25,000				COMMUNITY IMPACT

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(1)	JACOBSON MEMORIAL HOSPITAL CARE CTR 601 EAST ST N ELGIN ND 58533	45-0222079	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	JESSIE TRICE COMMUNITY HEALTH CTR 5607 NW 27TH AVE #1 MIAMI FL 33142	59-1235617	(C)(3)	5,120				EQUIPMENT UPGRADE
(3)	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO IL 60693	52-0595110	(C)(3)	4,842,968				RESEARCH
(4)	JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON MA 02215	04-2203836	(C)(3)	160,220				RESEARCH
(5)	KAISER FOUNDATION HOSPITALS 2701 NW VAUGHN #490 PORTLAND OR 97210	94-1105628	(C)(3)	252,216				RESEARCH
(6)	KANSAS STATE UNIVERSITY 118 ANDERSON HALL MANHATTAN KS 66506	48-0771751	GOV	53,688				RESEARCH
(7)	KEARNEY REGIONAL MEDICAL CENTER 804 22ND AVENUE KEARNEY NE 68845	27-0860326		11,440				EQUIPMENT UPGRADE
(8)	KENTUCKY YOUTH ADVOCATES INC 10200 LINN STATION RD #310 LOUISVILLE KY 40223	61-0929390	(C)(3)	125,000				COMMUNITY IMPACT
(9)	LA JOLLA INST. ALLERGY/IMMUNOLOGY 9420 ATHEN CIR LA JOLLA CA 92037	33-0328688	(C)(3)	224,824				RESEARCH

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(1)	LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY NM 88021	27-2486484	(C)(3)	74,337				COMMUNITY IMPACT
(2)	LAWRENCE LIVERMORE NATL LABORATORY 700 EAST AVE LIVERMORE CA 94550	20-5624386	GOV	2,311,823				RESEARCH
(3)	LAWRENCE TECHNOLOGICAL UNIVERSITY 21000 WEST TEN MILE RD SOUTHFIELD MI 48075	38-1369604	(C)(3)	151,734				RESEARCH
(4)	LEXINGTON FARMERS MARKET PO BOX 553 LEXINGTON KY 40588	03-0426444		7,800				COMMUNITY IMPACT
(5)	LINTON HOSPITAL 518 N BROADWAY ST LINTON ND 58552	45-0253272	(C)(3)	5,800				EQUIPMENT UPGRADE
(6)	LIVEWELL COLORADO 1490 LAFAYETTE ST #404 DENVER CO 80218	26-2464764	(C)(3)	115,793				COMMUNITY IMPACT
(7)	LIVING STREETS ALLIANCE PO BOX 2641 TUCSON AZ 85702	27-4678502	(C)(3)	73,733				COMMUNITY IMPACT
(8)	LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST #619 NEW ORLEANS LA 70112	72-6087770	GOV	859,288				RESEARCH
(9)	LOYOLA UNIVERSITY MEDICAL CENTER 820 N MICHIGAN AVE CHICAGO IL 60611	36-1408475	(C)(3)	270,676				RESEARCH

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- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

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

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

1	(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)	LUTHERAN CHARITY ASSOCIATION 2422 20TH ST SW JAMESTOWN ND 58401	45-0231181	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	MADE INSTITUTE 605 E PARKWAY AVE FLINT MI 48505	47-3281597	(C)(3)	50,000				COMMUNITY IMPACT
(3)	MAGEE-WOMENS RSCH INST & FDTN 3339 WARD ST PITTSBURGH PA 15213	25-1462312	(C)(3)	178,340				RESEARCH
(4)	MAINE MEDICAL CENTER 81 RESEARCH DR SCARBOROUGH ME 04074	01-0238552	(C)(3)	300,000				RESEARCH
(5)	MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE WI 53201	39-0806251	(C)(3)	257,328				RESEARCH
(6)	MARSHALL UNIVERSITY RESEARCH CORP 1 JOHN MARSHALL DR HUNTINGTON WV 25755	55-0683361	(C)(3)	207,688				RESEARCH
(7)	MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEEKER ST UTICA NY 13502	13-5648611	(C)(3)	12,000				RESEARCH
(8)	THE MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON MA 02114	04-1564655	(C)(3)	2,947,068				RSCH & EQUIP UPGRADE
(9)	MAYO CLINIC, ROCHESTER 200 FIRST ST SW ROCHESTER MN 55905	41-6011702	(C)(3)	1,137,632				RESEARCH

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Schedule I (Form 990) (2018)

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OMB No. 1545-0047

2018

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Inspection**

Department of the Treasury
Internal Revenue Service

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(1)	MCKENZIE COUNTY HEALTHCARE SYS INC 709 4TH AVENUE NE WATFORD CIRY ND 58854	77-0637498	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE WI 53226	39-0806261	(C)(3)	300,000				RESEARCH
(3)	MEDICAL UNIV. OF SOUTH CAROLINA 19 HAGOOD AVE #303 CHARLESTON SC 29425	57-6000722	GOV	853,688				RESEARCH
(4)	MEMORIAL COMMUNITY HEALTH INC 1423 7TH ST AURORA NE 68818	47-0461859	(C)(3)	7,975				EQUIPMENT UPGRADE
(5)	MEMORIAL COMMUNITY HOSPITAL CORP 810 N 22ND ST BLAIR NE 68008	47-0426285	(C)(3)	7,975				EQUIPMENT UPGRADE
(6)	MERCY HOSPITAL 570 CHAULAUQUA BLVD VALLEY CITY ND 58072	45-0226553	(C)(3)	5,800				EQUIPMENT UPGRADE
(7)	MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE ND 58301	45-0227012	(C)(3)	5,800				EQUIPMENT UPGRADE
(8)	MERCY HOSPITAL SOUTH 10010 KENNERLY RD ST. LOUIS MO 63128	43-0980256	(C)(3)	9,000				EQUIPMENT UPGRADE
(9)	MERCY MEDICAL CENTER 1301 15TH AVE W WILLISTON ND 58801	45-0231183	(C)(3)	5,800				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2018)

**SCHEDULE I
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OMB No. 1545-0047

2018

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Department of the Treasury
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(1)	METHODIST HOSPITAL 6565 FANNIN ST HOUSTON TX 77030	87-0721923	(C)(3)	800,000				RESEARCH
(2)	METRO BICYCLE COALITION 2100 ORETHA CASTLE HALEY BLVD NEW ORLEANS LA 70113	80-0100169	(C)(3)	58,996				COMMUNITY IMPACT
(3)	MIAMI BEACH COMM HEALTH CENTER INC 11645 BISCAYNE BLVD #207 MIAMI FL 33181	59-1829984	(C)(3)	7,680				EQUIPMENT UPGRADE
(4)	MICHIGAN FARMERS MARKET ASSOCIATION 480 WILSON ROAD #172 EAST LANSING MI 48824	45-2119498	(C)(3)	29,694				COMMUNITY IMPACT
(5)	MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD #2 EAST LANSING MI 48824	38-6005984	GOV	553,522				RESEARCH
(6)	MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR HOUGHTON MI 49931	38-6005955	GOV	258,060				RESEARCH
(7)	MIDATLANTIC ASSOC OF COMM HLTH CTRS 4319 FORBES BLVD LANHAM MD 20706	52-1344933	(C)(3)	25,000				EQUIPMENT UPGRADE
(8)	MILL CITY GROWS INC. 650 SUFFOCK ST #G10 LOWELL MA 01854	47-2096070	(C)(3)	10,000				COMMUNITY IMPACT
(9)	MISSISSIPPI STATE UNIVERSITY PO BOX 5227 MISSISSIPPI STATE MS 39762	64-6000819	GOV	6,175				ANTI-OBESITY

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Schedule I (Form 990) (2018)

**SCHEDULE I
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Department of the Treasury
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(1)	MOUNTRAIL COUNTY MEDICAL CENTER INC 615 6TH ST SE STANLEY ND 58784	45-0447670	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	NACCRRRA 1515 NORTH COURTHOUSE RD 3 FL ARLINGTON VA 22201	94-3060756	(C)(3)	47,700				COMMUNITY IMPACT
(3)	NATIONAL HEAD START ASSOCIATION 1651 PRINCE STREET ALEXANDRIA VA 22314	52-1282065	(C)(3)	47,700				COMMUNITY IMPACT
(4)	NATIONWIDE CHILDREN'S HOSPITAL PO BOX 715245 COLUMBUS OH 43271	31-6056230	(C)(3)	460,220				RESEARCH
(5)	NCSL FDTN FOR STATE LEGISLATURES 7700 E 1ST PL DENVER CO 80230	74-2232576	(C)(3)	12,500				COMMUNITY IMPACT
(6)	NEBRASKA METHODIST HOSPITAL 825 S 166TH ST OMAHA NE 68118	47-0376604	(C)(3)	33,230				EQUIPMENT UPGRADE
(7)	NELSON COUNTY HEALTH SYSTEM 200 N MAIN ST MCVILLE ND 58254	45-0119890	(C)(3)	11,900				EQUIPMENT UPGRADE
(8)	NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS RM 3 NEWARK NJ 07102	22-1714037	(C)(3)	154,000				RESEARCH
(9)	NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA NY 10595	13-1099420	(C)(3)	300,000				RESEARCH

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13-5613797

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(1)	NEW YORK UNIVERSITY 700 WASHINGTON SQUARE S NEW YORK NY 10012	13-5562309	(C)(3)	651,452				RESEARCH
(2)	NORTH CAROLINA ALLIANCE FOR HEALTH 3131 RDU CENTER DR #100 MORRISVILLE NC 27560	81-4271401	(C)(3)	68,426				COMMUNITY IMPACT
(3)	NORTH CAROLINA PTA 3501 GLENWOOD AVE RALEIGH NC 27612	56-0340503	(C)(3)	104,509				COMMUNITY IMPACT
(4)	NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH NC 27695	56-6000756	GOV	738,376				RESEARCH
(5)	NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE BISMARCK ND 58505	45-0309764	GOV	26,347				COMMUNITY IMPACT
(6)	NORTH DAKOTA HEAD START ASSOC 1326 1ST ST N FARGO ND 58102	45-0456112	(C)(3)	124,888				COMMUNITY IMPACT
(7)	NORTH DAKOTA STATE UNIVERSITY 1340 ADMINISTRATION AVE FARGO ND 58105	45-6002439	GOV	150,887				RESEARCH
(8)	NORTH KANSAS CITY HOSPITAL 2800 CLAY EDWARDS DR NORTH KANSAS CITY MO 64116	44-6005747	(C)(3)	5,088				EQUIPMENT UPGRADE
(9)	NORTH PLATTE NEBRASKA HOSPITAL CORP 601 W LEOTA ST NORTH PLATTE NE 69101	47-0662290	(C)(3)	23,880				EQUIPMENT UPGRADE

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(1)	NORTHEAST OHIO MEDICAL UNIVERSITY PO BOX 95 ROOTSTOWN OH 44272	34-1264220	(C)(3)	454,000				RESEARCH
(2)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON MA 02115	04-1679980	(C)(3)	333,376				RESEARCH
(3)	NORTHERN ARIZONA UNIVERSITY 600 S KNOLES DR FLAGSTAFF AZ 86011	74-2579628	GOV	153,995				RESEARCH
(4)	NORTHERN CAL. INST. RESEARCH AND 4150 CLEMENT ST #151 SAN FRANCISCO CA 94121	94-3084159	(C)(3)	110,456				RESEARCH
(5)	NORTHWEST COMMUNITY HOSPITAL 800W CENTRAL RD ARLINGTON HEIGHTS IL 60005	36-2340313	(C)(3)	10,000				EQUIPMENT UPGRADE
(6)	NORTHWESTERN MEDICAL CENTER INC 133 FAIRFIELD ST SAINT ALBANS VT 05478	30-0266986	(C)(3)	28,773				COMMUNITY IMPACT
(7)	NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON IL 60208	36-2167817	(C)(3)	7,049,921				RESEARCH
(8)	NORTHWOOD DEACONESS HEALTH CENTER PO BOX 190 NORTHWOOD ND 58267	45-0226472	(C)(3)	5,075				EQUIPMENT UPGRADE
(9)	NYU WINTHROP HOSPITAL 259 1ST ST MINEOLA NY 11501	11-1633486	(C)(3)	213,064				RESEARCH

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(1)	OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES ND 58474	45-0231675	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	OAKLAND UNIVERSITY 2200 N SQUIRREL RD ROCHESTER MI 48309	38-1714400	(C)(3)	214,000				RESEARCH
(3)	OAKWOOD HEALTHCARE INC 26901 BEAUMONT BLVD SOUTHFIELD MI 48033	38-1405141	(C)(3)	14,054				EQUIPMENT UPGRADE
(4)	OCCIDENTAL COLLEGE 1600 CAMPUS RD LOS ANGELES CA 90041	95-1667177	(C)(3)	154,000				RESEARCH
(5)	OHIO UNIVERSITY OHIO UNIVERSITY ATHENS OH 45701	31-6402113	GOV	157,748				RESEARCH
(6)	OHIO HEALTH CORPORATION 1000 MCKINLEY PARK DR MARION OH 43302	31-1070877	(C)(3)	90,000				EQUIPMENT UPGRADE
(7)	OKLAHOMA MEDICAL RESEARCH FDN 825 NE 13TH ST OKLAHOMA CITY OK 73104	73-0580274	(C)(3)	447,988				RESEARCH
(8)	ON EAGLES WINGS INC 1 MEDICAL PKWY #149 FARMERS BRANCH TX 75234	75-2616002	(C)(3)	75,000				EQUIPMENT UPGRADE
(9)	OREGON HEALTH & SCIENCE UNIVERSITY 690 SW BANCROFT ST PORTLAND OR 97239	93-1176109	GOV	521,743				RESEARCH

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(1)	PALMETTO CYCLING COALITION 141F PELHAM DR #116 COLUMBIA SC 29209	57-1020701	(C)(3)	44,492				COMMUNITY IMPACT
(2)	PALO ALTO VETERANS INST FOR RSCH 3801 MIRANDA AVE PALO ALTO CA 94304	77-0207331	(C)(3)	200,000				RESEARCH
(3)	PAN-AMERICAN HEALTH ORGANIZATION 525 23RD ST NW WASHINGTON DC 20037	52-1804954		50,000				COMMUNITY IMPACT
(4)	PAWNEE COUNTY MEMORIAL HOSPITAL 600 I ST PAWNEE CITY NE 68420	36-3169688	GOV	7,975				EQUIPMENT UPGRADE
(5)	PEMBINA COUNTY MEMORIAL HOSP ASSOC 301 MOUNTAIN ST E CAVALIER ND 58220	45-6013474	(C)(3)	5,800				EQUIPMENT UPGRADE
(6)	PENDER COMMUNITY HOSPITAL DISTRICT 100 HOSPITAL DR PENDER NE 68047	47-0711662	(C)(3)	7,975				EQUIPMENT UPGRADE
(7)	PENNSYLVANIA STATE UNIVERSITY 227 W BEAVER ST #401 STATE COLLEGE PA 16801	24-6000376	GOV	491,124				RESEARCH
(8)	PHOENIX CHILDRENS HOSPITAL 2929 E CAMELBACK RD #122 PHOENIX AZ 85016	86-0422559	(C)(3)	231,000				RESEARCH
(9)	PRESENTATION MEDICAL CENTER PO BOX 759 ROLLA ND 58367	45-0227391	(C)(3)	5,800				EQUIPMENT UPGRADE

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(1)	PRESIDENT AND FELLOWS OF HARVARD 1033 MASSACHUSETTS AVE #3 CAMBRIDGE MA 02138	04-2103580	(C)(3)	962,936				RESEARCH
(2)	PRINCETON UNIVERSITY 701 CARNEGIE CTR PRINCETON NJ 08540	21-0634501	(C)(3)	106,532				RESEARCH
(3)	PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE RD WAYNE NE 68787	47-0566524	(C)(3)	7,975				EQUIPMENT UPGRADE
(4)	PUBLIC ALLIES INC 735 N WATER ST #550 MILWAUKEE WI 53202	52-1759564	(C)(3)	68,601				COMMUNITY IMPACT
(5)	PUBLIC HLTH INST OF METRO CHICAGO 180 N MICHIGAN AVENUE, STE 1200 CHICAGO IL 60601	36-3959353	(C)(3)	8,000				EQUIPMENT UPGRADE
(6)	PURDUE UNIVERSITY, WEST LAFAYETTE 155 S GRANT ST WEST LAFAYETTE IN 47907	35-6002041	GOV	106,532				RESEARCH
(7)	REGENTS OF THE UN OF COLORADO 1800 N GRANT ST #400 DENVER CO 80203	84-6000555	GOV	25,000				EQUIPMENT UPGRADE
(8)	REGIONAL WEST MEDICAL CENTER 4021 AVE B SCOTTSBLUFF NE 69361	47-0385129	(C)(3)	23,880				EQUIPMENT UPGRADE
(9)	REINVESTMENT PARTNERS 110 E GEER ST DURHAM NC 27701	31-1587628	(C)(3)	45,005				COMMUNITY IMPACT

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1	(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)	RESEARCH FOUNDATION CITY OF NEW YORK 230 W 41ST ST NEW YORK NY 10036	13-1988190	(C)(3)	199,234				RESEARCH
(2)	RESEARCH FDTN FOR STATE UNIV OF NY PO BOX 9 ALBANY NY 12201	14-1368361	GOV	378,896				RESEARCH
(3)	RHODE ISLAND PUBLIC HEALTH FDTN 383 W FOUNTAIN ST #101 PROVIDENCE RI 02903	50-0474726	(C)(3)	124,999				COMMUNITY IMPACT
(4)	RILEY COUNTY FOOD AND FARM COUNCIL 2627 KFB PLAZA MANHATTAN KS 66502	48-6023850	GOV	30,000				COMMUNITY IMPACT
(5)	RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST #250 CHICAGO IL 60612	36-2174823	(C)(3)	20,000				EQUIPMENT UPGRADE
(6)	RUTGERS, THE STATE UNIV. OF NJ 65 DAVIDSON RD #306 PISCATAWAY NJ 08854	46-2354111	GOV	653,688				RESEARCH
(7)	SAFE ROUTES TO SCHOOL NTL PSHIP PO BOX 44328 FORT WASHINGTON MD 20749	46-2694434	(C)(3)	101,950				COMMUNITY IMPACT
(8)	SAINTE ELIZABETH REGIONAL MED CTR 555 S 70TH ST LINCOLN NE 68510	47-0379836	(C)(3)	23,880				EQUIPMENT UPGRADE
(9)	SAINTE FRANCIS MEDICAL CENTER 2620 W FAIDLEY AVE GRAND ISLAND NE 68803	47-0376601	(C)(3)	23,880				EQUIPMENT UPGRADE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	SANFORD MEDICAL CENTER PO BOX 5039 RTE 5218 SIOUX FALLS SD 57117	46-0227855	(C)(3)	60,399				EQUIPMENT UPGRADE
(2)	SANFORD BISMARCK PO BOX 5039, RTE 5218 SIOUX FALLS SD 57117	45-0226700	(C)(3)	56,649				EQUIPMENT UPGRADE
(3)	SANFORD HEALTH PO BOX 5039, RTE 5218 SIOUX FALLS SD 57117	27-1218956	(C)(3)	8,500				EQUIPMENT UPGRADE
(4)	SANFORD HEALTH NETWORK NORTH PO BOX 5039, RTE 5218 SIOUX FALLS SD 57117	46-0388596	(C)(3)	11,875				EQUIPMENT UPGRADE
(5)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA CA 92037	51-0197108	(C)(3)	334,328				RESEARCH
(6)	SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE WA 98145	91-0564748	(C)(3)	410,456				RESEARCH
(7)	SHAKOPEE MDEWAKANTON SIOUX COMMTY 2330 SIOUX TRAIL NW PRIOR LAKE MN 55372	41-0989737	GOV	150,000				COMMUNITY IMPACT
(8)	SHENANDOAH MEDICAL CENTER 300 PERSHING AVE SHENANDOAH IA 51601	42-1101835	(C)(3)	10,000				EQUIPMENT UPGRADE
(9)	SMART FROM THE START INC 68 ANNUNCIATION RD BOSTON MA 02120	45-4952663	(C)(3)	150,000				COMMUNITY IMPACT

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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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.

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(1)	SOUTH CAROLINA ALLIANCE OF YMCAS 1612 MARION ST #100 COLUMBIA SC 29201	47-3049199	(C)(3)	63,968				COMMUNITY IMPACT
(2)	SOUTH CAROLINA EAT SMART MOVE MORE 2711 MIDDLEBURG DR #301 COLUMBIA SC 29204	57-1096619	(C)(3)	104,589				COMMUNITY IMPACT
(3)	SOUTH COUNTY COMMUNITY HEALTH CTR 1885 BAY RD EAST PALO ALTO CA 94303	94-3372130	(C)(3)	10,000				EMERGENCY EQUIPMENT
(4)	SOUTHEAST ASIAN COALTN OF CTRL MASS 484 MAIN WORCESTER MA 01608	04-3393955	(C)(3)	8,000				COMMUNITY IMPACT
(5)	SOUTHERN ILLINOIS UNIVERSITY 1263 LINCOLN DR CARBONDALE IL 62901	37-6005961	GOV	53,688				RESEARCH
(6)	SOUTHERN INSTITUTE FOR PUBLIC LIFE 300 WASHINGTON ST #308 MONROE LA 71201	47-2933004	(C)(3)	49,810				COMMUNITY IMPACT
(7)	SOUTHWEST HEALTHCARE CORPORATION 802 2ND ST NW BOWMAN ND 58623	45-0458242	(C)(3)	5,800				EQUIPMENT UPGRADE
(8)	SPECTRUM HEALTH SYSTEM 100 MICHIGAN ST NE MC 406 GRAND RAPDIS MI 49503	38-3382353	(C)(3)	10,000				EQUIPMENT UPGRADE
(9)	SPORTSMENS TENNIS & ENRICHMENT CTR 950 BLUE HILL AVE DORCHESTER MA 02124	23-7037183	(C)(3)	25,000				COMMUNITY IMPACT

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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(1)	SSM HEALTH FOUNDATION - ST. LOUIS 12312 OLIVE BLVD #100 ST. LOUIS MO 63141	43-1552945	(C)(3)	69,000				EQUIPMENT UPGRADE
(2)	ST ALEXIUS MEDICAL CENTER PO BOX 5510 BISMARCK ND 58506	45-0226711	(C)(3)	40,050				EQUIPMENT UPGRADE
(3)	ST ALOISIUS HOSPITAL INC 325 BREWSTER ST E HARVEY ND 58341	45-0226729	(C)(3)	5,800				EQUIPMENT UPGRADE
(4)	ST ANDREWS HOSPITAL 316 OHMER ST BOTTINEAU ND 58318	45-0226426	(C)(3)	5,800				EQUIPMENT UPGRADE
(5)	ST CLOUD HOSPITAL 1406 6TH AVE N SAINT CLOUD MN 56303	41-0695596	(C)(3)	7,322				EQUIPMENT UPGRADE
(6)	ST JOSEPHS HOSPITAL AND HEALTH CTR 2500 FAIRWAY ST DICKINSON ND 58601	45-0226429	(C)(3)	5,800				EQUIPMENT UPGRADE
(7)	ST LOUIS METROMARKET 4322 WYOMING ST SAINT LOUIS MO 63118	35-2496871	(C)(3)	22,400				COMMUNITY IMPACT
(8)	ST LUKES HOSPITAL PO BOX 10 CROSBY ND 58730	45-0254692	(C)(3)	11,900				EQUIPMENT UPGRADE
(9)	ST MARYS COMMUNITY HOSPITAL 1301 GRUNDMAN BLVD NEBRASKA CITY NE 68410	47-0443636	(C)(3)	7,975				EQUIPMENT UPGRADE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Inspection**

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

Part I General Information on Grants and Assistance

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(1)	ST. LOUIS UNIVERSITY ONE NORTH GRAND BLVD ST. LOUIS MO 63103	43-0654872	(C)(3)	106,532				RESEARCH
(2)	STANFORD UNIV. SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO CA 94144	94-1156365	(C)(3)	15,082,827				RESEARCH
(3)	STAPELTON FDTN SUSTAIN URBAN COMM 7350 E 29TH AVE #300 DENVER CO 80238	84-1497067	(C)(3)	17,623				COMMUNITY IMPACT
(4)	STUDENTS RUN PHILLY STYLE 1760 MARKET STREET STE 1111 PHILADELPHIA PA 19103	81-4223573	(C)(3)	10,000				COMMUNITY IMPACT
(5)	SYRACUSE UNIVERSITY 820 COMSTOCK AVE SYRACUSE NY 13244	15-0532081	(C)(3)	53,688				RESEARCH
(6)	TEACHERS COLLEGE COLUMBIA UNIV 525 W 120TH ST NEW YORK NY 10027	13-1624202	(C)(3)	124,700				RESEARCH
(7)	TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA PA 19172	23-1365971	(C)(3)	1,091,120				RESEARCH
(8)	TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWY S COLLEGE STATION TX 77845	74-6000541	GOV	354,000				RESEARCH
(9)	TEXAS A&M UN HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PKWY S COLLEGE STATION TX 77845	74-2907553	GOV	853,688				RESEARCH

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Department of the Treasury
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Employer identification number

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(1)	TEXAS CHILDRENS HOSPITAL 6621 FANNIN ST HOUSTON TX 77030	74-1100555	(C)(3)	34,000				EQUIPMENT UPGRADE
(2)	TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK TX 79409	75-6002622	GOV	611,983				RESEARCH
(3)	THAYER COUNTY HEALTH SERVICE 120 PARK AVE HEBRON NE 68370	47-0627838	GOV	7,975				EQUIPMENT UPGRADE
(4)	THE CHILDREN'S HOSP OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA PA 19104	23-2237932	(C)(3)	300,000				RESEARCH
(5)	THE DENVER HEALTH & HOSPITALS FDN 655 BROADWAY # 750 DENVER CO 80203	84-1085196	(C)(3)	123,931				COMMUNITY IMPACT
(6)	THE FOOD TRUST 1617 JFK BLVD #900 PHILADELPHIA PA 19103	23-2678383	(C)(3)	200,915				COMMUNITY IMPACT
(7)	THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE NEW YORK NY 10035	13-3273402	(C)(3)	25,000				COMMUNITY IMPACT
(8)	THE MARY LANNING MEMORIAL HOSPITAL 715 N ST JOSEPH AVE HASTINGS NE 68901	47-0378779	(C)(3)	23,880				EQUIPMENT UPGRADE
(9)	THE NEBRASKA MEDICAL CENTER 988149 NEBRASKA MEDICAL CTR OMAHA NE 68198	91-1858433	(C)(3)	23,880				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2018)

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Department of the Treasury
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OMB No. 1545-0047

2018

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Employer identification number

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(1)	THE OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS OH 43210	31-6025986	GOV	1,389,596				RESEARCH
(2)	THE SALK INST BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA CA 92037	95-2160097	(C)(3)	19,200,000				RESEARCH
(3)	THE UNIV. TEXAS, ARLINGTON 219 W MAIN ST ARLINGTON TX 76019	75-6000121	GOV	53,688				RESEARCH
(4)	THE UN OF TX MED BRANCH GALVESTON 301 UNIVERSITY BLVD GALVESTON TX 77555	74-6000949	GOV	53,688				RESEARCH
(5)	THE WISTAR INSTITUTE PO BOX 185 PITTSBURGH PA 15230	23-6227265	GOV	231,000				RESEARCH
(6)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST 5 FL PHILADELPHIA PA 19129	23-1352651	(C)(3)	330,000				COMM IMPACT & RSCH
(7)	TIOGA MEDICAL CENTER PO BOX 159 TIOGA ND 58852	45-0308484	(C)(3)	5,800				EQUIPMENT UPGRADE
(8)	TOWNER COUNTY MEDICAL CENTER INC PO BOX 688 CANDO ND 58324	45-0425948	(C)(3)	5,800				EQUIPMENT UPGRADE
(9)	TRINITY HEALTH PO BOX 5020 MINOT ND 58702	41-2002771	(C)(3)	50,474				EQUIPMENT UPGRADE

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(1)	TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON MA 02111	04-3400617	(C)(3)	356,120				RESEARCH
(2)	TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE MA 02144	04-2103634	(C)(3)	106,532				RESEARCH
(3)	TULANE UNIVERSITY 6823 ST. CHARLES AVE NEW ORLEANS LA 70118	72-0423889	(C)(3)	699,056				RESEARCH
(4)	UNIV. OF AKRON 302 BUCHTEL AVE AKRON OH 44325	34-6002924	GOV	154,000				RESEARCH
(5)	UNIV. OF ALABAMA, BIRMINGHAM 1720 2ND AVE S BIRMINGHAM AL 35294	63-6005396	GOV	2,771,052				RESEARCH
(6)	UNIV. OF ARIZONA PO BOX 3520 TUCSON AZ 85722	74-2652689	GOV	1,514,064				RESEARCH
(7)	UNIV. OF ARKANSAS PO BOX 1404 FAYETTEVILLE AR 72701	71-6003252	GOV	353,688				RESEARCH
(8)	UNIV. OF CALIFORNIA, BERKELEY 2195 HEARST AVE #130 BERKELEY CA 94720	94-6002123	GOV	404,060				RESEARCH
(9)	UNIV. OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO CA 95798	94-9036494	GOV	888,748				RESEARCH

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13-5613797

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIV. OF CALIFORNIA, IRVINE 260 ALDRICH HALL IRVINE CA 92697	95-2226406	GOV	621,020				RESEARCH
(2)	UNIV. OF CALIFORNIA, LOS ANGELES 405 HILGARD AVE LOS ANGELES CA 90095	95-6006143	GOV	1,829,736				RESEARCH
(3)	UNIV. OF CALIFORNIA, RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE CA 92521	95-6006142	GOV	200,000				RESEARCH
(4)	UNIV. OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR LA JOLLA CA 92093	95-6006144	GOV	1,255,684				RESEARCH
(5)	UNIV. OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST SAN FRANCISCO CA 94143	94-6036493	GOV	2,267,260				RESEARCH
(6)	UNIV. OF CALIFORNIA, SANTA BARBARA UC SANTA BARBARA SANTA BARBARA CA 93106	95-6006145	GOV	110,456				RESEARCH
(7)	UNIV. OF CALIFORNIA, SANTA CRUZ 1156 HIGH ST SANTA CRUZ CA 95064	94-1539563	GOV	53,688				RESEARCH
(8)	UNIV. OF CENTRAL OKLAHOMA 100 N UNIVERSITY DR EDMOND OK 73034	73-6017987	GOV	107,376				RESEARCH
(9)	UNIV. OF CHICAGO 1427 E 60TH ST CHICAGO IL 60637	36-2177139	(C)(3)	216,988				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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(1)	UNIV. OF CINCINNATI PO BOX 691031 CINCINNATI OH 45269	31-6000989	GOV	1,597,532				RESEARCH
(2)	UNIV. OF COLORADO PO BOX 910238 DENVER CO 80291	84-6000555	GOV	1,984,810				RESEARCH
(3)	UNIV. OF CONNECTICUT 438 WHITNEY RD EXT #1 STORRS CT 06269	06-0772160	GOV	905,172				RESEARCH
(4)	UNIV. OF FLORIDA 219 GRINTER HALL GAINESVILLE FL 32611	59-6002052	GOV	557,748				RESEARCH
(5)	UNIV. OF GEORGIA 475 N LUMPKIN ST ATHENS GA 30601	58-6001998	GOV	284,688				RESEARCH
(6)	UNIV. OF HAWAII 2600 CAMPUS RD HONOLULU HI 96822	99-6000354	GOV	300,000				RESEARCH
(7)	UNIV. OF HOUSTON 4800 CALHOUN RD HOUSTON TX 77004	74-6001399	GOV	154,000				RESEARCH
(8)	UNIV. OF ILLINOIS PO BOX 20787 SPRINGFIELD IL 62708	37-6000511	GOV	1,519,420				RESEARCH
(9)	UNIV. OF IOWA 125 N MADISON ST IOWA CITY IA 52242	42-6004813	GOV	2,359,925				RESEARCH

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(1)	UNIV. OF KANSAS 2385 IRVING HILL RD LAWRENCE KS 66045	48-0680117	GOV	413,064				RESEARCH
(2)	UNIV. OF KENTUCKY UNIV. OF KENTUCKY LEXINGTON KY 40506	61-6033693	GOV	1,161,064				RESEARCH
(3)	UNIV. OF LOUISVILLE 2301 S 3RD ST LOUISVILLE KY 40292	61-1014882	GOV	53,688				RESEARCH
(4)	UNIV. OF MARYLAND ROUTE 1 COLLEGE PARK MD 21203	15-2071085	GOV	1,299,307				RESEARCH
(5)	UNIV. OF MASSACHUSETTS 333 SOUTH ST #450 SHREWSBURY MA 01545	04-3167352	GOV	560,531				RESEARCH
(6)	UNIV. OF MASSACHUSETTS MED SCHOOL 55 LAKE AVE N WORCESTER MA 01655	04-3167352	GOV	284,688				RESEARCH
(7)	UNIV. OF MEMPHIS PO BOX 1000, DEPT 313 MEMPHIS TN 38148	62-0648618	GOV	300,000				RESEARCH
(8)	UNIV. OF MIAMI PO BOX 248106 CORAL GABLES FL 33124	59-0624458	(C)(3)	766,676				RESEARCH
(9)	UNIV. OF MICHIGAN 3003 S STATE ST ANN ARBOR MI 48109	38-6005955	GOV	6,435,764				RESEARCH

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(1)	UNIV. OF MINNESOTA 200 OAK ST NE MINNEAPOLIS MN 55455	41-6007513	GOV	985,356				RESEARCH
(2)	UNIV. OF MISSISSIPPI MEDICAL CTR 2500 N STATE ST JACKSON MS 39216	65-6008520	GOV	1,060,364				RESEARCH
(3)	UNIV. OF MISSOURI 310 JESSE HALL COLUMBIA MO 65211	43-6003859	GOV	1,000,956				RSCH & EQUIP UPGR
(4)	UNIV. OF NEBRASKA 1400 R ST LINCOLN NE 68588	47-0049123	GOV	746,688				RESEARCH
(5)	UNIV. OF NORTH CAROLINA 104 AIRPORT DR #2200 CHAPEL HILL NC 27599	56-6001393	GOV	1,774,949				RESEARCH
(6)	UNIV. OF NORTH TEXAS HEALTH SCIENCE 3500 CAMP BOWIE BLVD FORT WORTH TX 76107	75-6064033	GOV	653,366				RESEARCH
(7)	UNIV. OF NOTRE DAME 724 GRACE HALL NOTRE DAME IN 46556	35-0868188	(C)(3)	231,000				RESEARCH
(8)	UNIV. OF OREGON 5219 UNIVERSITY OF OREGON DR EUGENE OR 97406	46-4727800	GOV	300,000				RESEARCH
(9)	UNIV. OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA PA 19104	23-1352685	(C)(3)	1,721,156				RESEARCH

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(1)	UNIV. OF PITTSBURGH PO BOX 371220 PITTSBURGH PA 15251	25-0965591	(C)(3)	2,522,875				RESEARCH
(2)	UNIV. OF ROCHESTER MEDICAL CTR 910 GENESEE ST ROCHESTER NY 14611	16-0743209	(C)(3)	2,187,990				RESEARCH
(3)	UNIV. OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE AL 36688	63-0477348	GOV	53,688				RESEARCH
(4)	UNIV. OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA SC 29208	57-6001153	GOV	53,688				RESEARCH
(5)	UNIV. OF SOUTH FLORIDA PO BOX 864568 ORLANDO FL 32886	59-3102112	GOV	810,592				RESEARCH
(6)	UNIV. OF SOUTHERN CALIFORNIA 900 W 34TH ST LOS ANGELES CA 90074	95-1642394	(C)(3)	765,113				RESEARCH
(7)	UT HEALTH SCIENCE CTR SAN ANTONIO 7703 FLOYD CURL DR SAN ANTONIO TX 78229	74-1586031	GOV	53,688				RESEARCH
(8)	UNIV TX HLTH SCIENCE CTR AT HOUSTON 7000 FANNIN STREET HOUSTON TX 77030	74-1761309	GOV	3,137,432				RESEARCH
(9)	UNIV TX HLTH SCIENCE CTR AT TYLER 11937 US HWY 271 TYLER TX 75708	75-6001354	GOV	323,520				RESEARCH

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(1)	UNIV. OF TEXAS SOUTHWESTERN MED CTR PO BOX 841753 DALLAS TX 75284	75-6002868	GOV	2,578,820				RESEARCH
(2)	UNIV. OF TEXAS, DALLAS 800 W CAMPBELL RD RICHARDSON TX 75080	75-1305566	GOV	525,000				RESEARCH
(3)	UNIV. OF TOLEDO HEALTH SCIENCE PO BOX 72327 CLEVELAND OH 44192	34-6401483	GOV	53,688				RESEARCH
(4)	UNIV. OF UTAH 201 PRESIDENTS CIR #408 SALT LAKE CITY UT 84112	87-6000525	GOV	974,872				RESEARCH
(5)	UNIV. OF VERMONT UNIV. OF VERMONT BURLINGTON VT 05405	03-0179440	GOV	107,376				RESEARCH
(6)	UNIV. OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE VA 22904	54-6001796	GOV	1,602,024				RESEARCH
(7)	UNIV. OF WASHINGTON 12455 COLLECTIONS DR CHICAGO IL 60693	91-6001537	GOV	2,811,513				RESEARCH
(8)	UNIV. OF WISCONSIN 21 N PARK ST MADISON WI 53715	39-6006492	GOV	1,114,744				RESEARCH
(9)	UNIV. OF WYOMING 1000 E UNIVERSITY AVE LARAMIE WY 82071	83-6000331	GOV	300,000				RESEARCH

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(1)	UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD SHAKER HTS OH 44122	34-0714775	(C)(3)	9,600,000				RESEARCH
(2)	UNIVERSITY OF ROCHESTER 300 E RIVER RD ROCHESTER NY 14627	16-0743209	(C)(3)	10,000				EQUIPMENT UPGRADE
(3)	URBAN RENAISSANCE CENTER 2505 N CHEVROLET AVE FLINT MI 48504	47-5270395	(C)(3)	60,000				COMMUNITY IMPACT
(4)	URSINUS COLLEGE 601 E MAIN ST COLLEGEVILLE PA 19426	23-1177930	(C)(3)	153,930				RESEARCH
(5)	UTAH STATE UNIVERSITY UTAH STATE UNIVERSITY LOGAN UT 84322	87-6000528	GOV	154,000				RESEARCH
(6)	VA CONNECTICUT RSCH AND ED FDTN 950 CAMPBELL AVE WEST HAVEN CT 06516	20-2206467	(C)(3)	9,988				RESEARCH
(7)	VANDERBILT UNIVERSITY 1400 18TH AVE S NASHVILLE TN 37235	62-0476822	(C)(3)	6,062,210				RESEARCH
(8)	VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND VA 23284	54-6001758	GOV	1,318,532				RESEARCH
(9)	VIRGINIA POLYTECHNIC INSTITUTE 300 TURNER ST NW BLACKSBURG VA 24061	54-6001805	GOV	406,532				RESEARCH

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(1)	VOICES FOR ALABAMAS CHILDREN PO BOX 4576 MONTGOMERY AL 36103	58-2020321	(C)(3)	50,983				COMMUNITY IMPACT
(2)	VOLUNTEER FLORIDA FOUNDATION INC 3800 ESPLANADE WAY #180 TALLAHASSEE FL 32311	10-0973168	(C)(3)	25,000				COMMUNITY IMPACT
(3)	WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON-SALEM NC 27157	22-3849199	(C)(3)	299,559				RESEARCH
(4)	WA ST ASSOC OF HEAD START & ECEA 345 118TH AVE SE #220 BELLEVUE WA 98005	23-7444962	(C)(3)	124,864				COMMUNITY IMPACT
(5)	WASHINGTON STATE UNIVERSITY PO BOX 641025 PULLMAN WA 99164	91-6001108	GOV	353,688				RESEARCH
(6)	WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS MO 63112	43-0653611	(C)(3)	2,026,422				RESEARCH
(7)	WATERKEEPERS CHESAPEAKE INC PO BOX 11075 TAKOMA PARK MD 20913	45-4381850	(C)(3)	15,000				COMMUNITY IMPACT
(8)	WAYNE STATE UNIVERSITY 5057 WOODWARD ST 13 FL DETROIT MI 48202	38-6028429	GOV	53,688				RESEARCH
(9)	WEST ALABAMA FOOD BANK INC 3160 MCFARLAND BLVD NORTHPORT AL 35476	63-0947676	(C)(3)	25,000				COMMUNITY IMPACT

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(1)	WEST RIVER HEALTH SERVICES 1000 HWY 12 HETTINGER ND 58639	45-0340688	(C)(3)	5,800				EQUIPMENT UPGRADE
(2)	WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN WV 26506	55-6000842	GOV	300,000				RESEARCH
(3)	WHITEHEAD INST FOR BIOMED RSCH 9 CAMBRIDGE CENTER CAMBRIDGE MA 02142	06-1043412	(C)(3)	300,000				RESEARCH
(4)	WISHEK HOSPITAL CLINIC ASSOCIATION 1007 4TH AVE S WISHEK ND 58495	45-0358986	(C)(3)	5,800				EQUIPMENT UPGRADE
(5)	WORCESTER YOUTH CENTER INC 326 CHANDLER ST WORCESTER MA 01602	43-3245867	(C)(3)	6,500				ANTI-OBESITY
(6)	YALE UNIVERSITY PO BOX 208239 NEW HAVEN CT 06520	06-0646973	(C)(3)	3,054,739				RESEARCH
(7)	YMCA OF GREATER KANSAS CITY 3100 BROADWAY STE 1020 KANSAS CITY MO 64111	44-0546002	(C)(3)	10,000				COMMUNITY IMPACT
(8)	YMCA OF GREATER LOUISVILLE INC 545 S SECOND ST LOUISVILLE KY 40202	61-0444843	(C)(3)	11,150				COMMUNITY IMPACT
(9)	YMCA OF GREATER ST. LOUIS 1528 LOCUST ST ST. LOUIS MO 63146	43-0653616	(C)(3)	11,600				COMMUNITY IMPACT

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Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

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

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

1	(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)	YORK GENERAL HOSPITAL 2222 N LINCOLN AVE YORK NE 68467	47-0379039	(C)(3)	7,975				EQUIPMENT UPGRADE
(2)	RETURNS/REFUNDS PY GRANTS 7272 GREENVILLE AVE DALLAS TX 75231	13-5613797	(C)(3)	-22,604,345				RESEARCH
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 LECTURE HONORARIA	6	6,739			
2 TRAVEL TO CONFERENCES	351	350,619			
3 INVESTIGATOR AWARDS/PRIZE	284	199,118			
4 SCHOLARSHIP	24	26,750			
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information		2018
	For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19		
Name of the organization	Employer identification number		
AMERICAN HEART ASSOCIATION, INC.	13-5613797		

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION 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.

INSTITUTIONAL ELIGIBILITY FOR AWARDS AND LOCATION OF WORK FOR APPLICANTS/AWARDEES

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

**SCHEDULE I
(Form 990)**

Supplemental Information

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IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).

THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS ARE AS FOLLOWS:

PREDOCTORAL 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

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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

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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
- 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

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FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.).

- HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARMD, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM).

- ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION.

- HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY.

- OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY).

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.

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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.....
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 HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

.....
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.

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.....
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 OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE.

.....
SPECIAL AWARDS/PILOT PROGRAMS/STRATEGIC AWARDS

ELIGIBILITY IS DETERMINED BY THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).

.....
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.

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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.

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.....
PART IV - ADDITIONAL INFORMATION

.....
PART I, LINE 2 CONTINUED

.....
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:
.....

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

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PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AMERICAN HEART ASSOCIATION CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE AWARD.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

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Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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 checked="" 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY BROWN CEO	(i) 813,595 (ii) 0	1,462,035 0	1,132,785 0	38,500 0	27,520 0	3,474,435 0	1,089,828 0
2 LARRY CANNON CAO/CORP SECRETARY	(i) 420,033 (ii) 0	100,000 0	0 0	0 0	7,743 0	527,776 0	0 0
3 CYNTHIA ROBERTS CFO	(i) 307,964 (ii) 0	55,521 0	264 0	37,477 0	18,467 0	419,693 0	0 0
4 LESLIE UPTON COO	(i) 479,495 (ii) 0	250,000 0	2,275 0	67,038 0	7,743 0	806,551 0	0 0
5 ROSE MARIE ROBERTSON CHF SC/MED THRU 9/18	(i) 474,165 (ii) 0	214,038 0	31,602 0	38,500 0	10,998 0	769,303 0	27,300 0
6 JOHN J MEINERS CHIEF - MISSION-ALIG	(i) 406,155 (ii) 0	32,308 0	19,122 0	38,500 0	14,195 0	510,280 0	19,122 0
7 DAVID MARKIEWICZ EVP SOUTHEAST	(i) 430,825 (ii) 0	0 0	8,000 0	60,424 0	7,743 0	506,992 0	0 0
8 MIDGE EPSTEIN EVP SOUTHWEST	(i) 431,614 (ii) 0	59,483 0	32,764 0	38,500 0	20,227 0	582,588 0	22,764 0
9 KATHLEEN ROGERS EVP WESTERN STATES	(i) 434,095 (ii) 0	104,887 0	8,000 0	61,768 0	18,783 0	627,533 0	0 0
10 KEVIN HARKER EVP MIDWEST	(i) 407,589 (ii) 0	0 0	8,981 0	54,113 0	20,227 0	490,910 0	0 0
11 MEIGHAN VAFA CHIEF MKTG/PROGRAMS	(i) 406,714 (ii) 0	98,065 0	8,638 0	58,100 0	20,227 0	591,744 0	0 0
12 LYNNE DARROUZET CORP SEC THRU 10/17	(i) 262,682 (ii) 0	15,637 0	0 0	37,688 0	18,325 0	334,332 0	0 0
13 JEREMY BEAUCHAMP EVP MIDATLANTIC	(i) 320,705 (ii) 0	25,917 0	8,000 0	46,046 0	18,523 0	419,191 0	0 0
14 NICOLE SAPIO EVP GREAT RIVERS	(i) 343,688 (ii) 0	0 0	8,998 0	48,790 0	14,007 0	415,483 0	0 0
15	(i) (ii)						
16	(i) (ii)						

Part III Supplemental Information

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

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

- 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 OFFICERS OF THE ORGANIZATION. IN CALENDAR YEAR 2018, TRAVEL EXPENSES FOR COMPANIONS OF THE CEO, PRESIDENT, IMMEDIATE PAST PRESIDENT, CHAIRMAN AND CHAIRMAN ELECT WERE INCURRED, REIMBURSED AND DEEMED TAXABLE INCOME.

- 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 PERSONS RECEIVED TAX INDEMNIFICATION FOR THEIR ASSESSMENTS: NANCY BROWN AND MEIGHAN VAFA.

- ROSE MARIE ROBERTSON RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.

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.

- TO ENCOURAGE GOOD HEALTH PRACTICES, THE ORGANIZATION 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.

PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION THE SENIOR MANAGEMENT OF AHA PARTICIPATES IN AN INCENTIVE PLAN DESIGNED TO MOTIVATE AND REWARD SIGNIFICANT GROWTH AND PERFORMANCE OF THE ASSOCIATION AND CREATE A SENSE OF SHARED OWNERSHIP TO ACHIEVE THE STRATEGIC PLAN AND FURTHER THE MISSION. THE INCENTIVE PLAN IS DESIGNED AS PART OF THE TOTAL CASH COMPENSATION PROVIDED TO THE SENIOR EXECUTIVES. THE TOTAL CASH COMPENSATION HAS BEEN DETERMINED AS REASONABLE BY THE COMPENSATION AND BENEFITS COMMITTEE AND OUTSIDE INDEPENDENT COMPENSATION CONSULTANTS. THE INCENTIVE PLAN FOCUSES ON REVENUE GOALS. AWARD OPPURTUNITIES UNDER THE INCENTIVE PLAN EFFECTIVE DURING CALENDAR YEAR 2018 FOR SENIOR MANAGEMENT, EXECUTIVE MANAGEMENT, AND THE CEO RANGE FROM 0% - 30%, 0% - 40%, AND 0% - 100%, RESPECTIVELY.

SELECT MEMBERS OF THE SENIOR EXECUTIVE TEAM PARTICIPATE IN A BOARD-APPROVED

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.

LONG-TERM INCENTIVE PLAN DESIGNED TO ENSURE A UNIFIED, LONG-TERM FOCUS AND THE CONTINUED DEDICATION TO ACHIEVE KEY PRIORITIES THAT WILL HELP THE ORGANIZATION GROW AND SERVE THE COMMUNITY IN PURSUIT OF THE MISSION. ALL GOALS ARE ESTABLISHED AT THE ORGANIZATION-WIDE LEVEL AND INCLUDE REVENUE AND MISSION GOALS. AWARD OPPORTUNITIES UNDER THE LONG-TERM INCENTIVE PLAN EFFECTIVE DURING CALENDAR YEAR 2018 RANGE FROM 0%-15% (TARGET OF 10%) OF BASE SALARY FOR THE SENIOR EXECUTIVE TEAM AND 0%-70% (TARGET OF 50%) FOR THE CEO.

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

THE CEO RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES ADVISORY COMMITTEE.

PART III - OTHER ADDITIONAL INFORMATION

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

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.

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

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.

VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. NANCY BROWN VESTED DURING CALENDAR YEAR 2018 AND RECEIVED \$1,089,828. PREVIOUSLY VESTED, MIDGE EPSTEIN RECEIVED \$22,764, ROSE MARIE ROBERTSON RECEIVED \$27,300, AND JOHN MEINERS RECEIVED \$19,122 IN CALENDAR YEAR 2018.

SCHEDULE J SUPPLEMENTAL INFORMATION

LYNNE DARROUZET TRANSITIONED OUT OF THE ROLE OF CORPORATE SECRETARY IN OCTOBER 2017, BUT REMAINED EMPLOYED WITH THE ORGANIZATION. THE COMPENSATION AND HOURS REPORTED ARE FOR THE POSITION HELD DURING THE REPORTING PERIOD.

ROSE MARIE ROBERTSON TRANSITIONED OUT OF THE ROLE OF CHIEF SCIENCE AND MEDICAL OFFICER, A KEY EMPLOYEE POSITION, IN SEPTEMBER 2018; HOWEVER, SHE REMAINED EMPLOYED BY THE ORGANIZATION.

JEREMY BEAUCHAMP 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)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	X	778	357,510	SALES PRICE
2 Art — Historical treasures	X	2	9,906	SALES PRICE
3 Art — Fractional interests				
4 Books and publications	X		30,450	SALES PRICE & FMV
5 Clothing and household goods				
6 Cars and other vehicles	X	483	321,675	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	451	5,933,117	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	X	2	344,717	SALES PRICE
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles	X	1784	585,851	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)	X	7449	4,510,362	SALES PRICE & FMV
26 Other u (FOOD/DRINK)	X	5551	1,858,246	SALES PRICE & FMV
27 Other u (TANG PERS PROP)	X	7334	1,313,806	SALES PRICE & FMV
28 Other u (OTHER)	X	3630	1,493,245	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	1
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	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
 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 - SUPPLEMENTAL INFORMATION

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 = 13
 C) REVENUE REPORTED ON FORM 990, PART VIII \$613,540
 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 = 2,795
 C) REVENUE REPORTED ON FORM 990, PART VIII \$537,751
 D) METHOD OF DETERMING VALUE: SALES PRICE

MISCELLANEOUS

A) CHECK IF APPLICABLE = X
 B) NUMBER OF CONTRIBUTIONS = 822
 C) REVENUE REPORTED ON FORM 990, PART VIII \$314,953
 D) METHOD OF DETERMING VALUE: SALES PRICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

FORM 990 - ORGANIZATION'S MISSION

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.
OUR MISSION STATEMENT IS TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER,
HEALTHIER LIVES.

FORM 990, PART III, LINE 3

RQI PARTNERS, LLC, A PARTNERSHIP BETWEEN THE AMERICAN HEART ASSOCIATION AND
LAERDAL MEDICAL, BEGAN OPERATIONS ON JULY 1, 2018. THE PARTNERSHIP BLENDS
THE ASSOCIATION'S LEADERSHIP IN SCIENCE WITH LAERDAL'S EXPERTISE IN
TECHNOLOGY AND AIMS TO ACCELERATE THE TRANSFORMATION OF THE STANDARD OF
CARE FOR CPR COMPETENCY WITHIN HOSPITALS, HEALTHCARE SYSTEMS AND EMS
SYSTEMS. PRIOR TO THE FORMATION OF THE PARTNERSHIP, THE ASSOCIATION
REPORTED REVENUES AND EXPENSES OF THESE PROGRAMS WITHIN ITS ANNUAL FORM 990
RETURN. BEGINNING WITH THE 2018-19 FISCAL YEAR, RQI PARTNERS, LLC RESULTS
ARE REPORTED SEPARATELY FROM THE ASSOCIATION'S FORM 990 RETURN AND
REPRESENT A SIGNIFICANT CHANGE IN HOW THE ASSOCIATION CONDUCTS THESE
PROGRAM SERVICES. RQI PARTNERS, LLC IS INCLUDED IN THE ASSOCIATION'S
AUDITED CONSOLIDATED FINANCIAL STATEMENTS, WHICH ARE RECONCILED TO THE FORM
990 IN SCHEDULE D, PARTS XI AND XII.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

SCIENCE AND TECHNOLOGY

-THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW

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

DISCOVERIES RELATED TO CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. SINCE OUR FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$4.5 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH.

-THE ASSOCIATION'S RESEARCH EXPENSES FOR FISCAL YEAR 2018-19 WERE APPROXIMATELY \$193,000,000.

-RESEARCH AWARDS FOR THE YEAR TOTALED APPROXIMATELY \$176,000,000.

-WITH 1 IN 3 WOMEN DYING OF HEART DISEASE, THE AMERICAN HEART ASSOCIATION LAUNCHED RESEARCH GOES RED WITH PROJECT BASELINE BY VERILY TO ENSURE WOMEN ARE EQUITABLY REPRESENTED IN HEART RESEARCH.

-OUR STRATEGICALLY FOCUSED RESEARCH NETWORKS NOW TOTAL 10, INCLUDING PREVENTION, HYPERTENSION, DISPARITIES, GO RED FOR WOMEN, HEART FAILURE, OBESITY, CHILDREN'S HEALTH, VASCULAR DISEASE, ATRIAL FIBRILLATION, ARRHYTHMIAS AND SUDDEN CARDIAC DEATH. RESEARCH AWARDS FOR NETWORKS FOCUSED ON CARDIOMETABOLIC CARE AND HEALTH TECHNOLOGY, INCLUDING APPS AND WEARABLES, WILL BE AWARDED IN 2020.

-THE AHA-ALLEN INITIATIVE IN BRAIN HEALTH AND COGNITIVE IMPAIRMENT AWARDED ITS FIRST RESEARCH GRANTS TO THREE PRINCIPAL INVESTIGATORS: FRED "RUSTY" GAGE, PH.D., THE SALK INSTITUTE FOR BIOLOGICAL STUDIES, \$19,200,000; TONY WYSS-CORAY, PH.D., STANFORD UNIVERSITY, \$9,600,000; AND MUKESH K. JAIN, M.D., UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, \$9,600,000.

-ONE BRAVE IDEA, CO-FUNDED BY THE AHA AND VERILY, WITH SUPPORT FROM ASTRAZENECA, WELCOMED QUEST DIAGNOSTICS AS A PILLAR SUPPORTER TO HELP IDENTIFY EARLY-STAGE CORONARY HEART DISEASE. QUEST COMMITTED \$10 MILLION FOR BIOMARKER IMPLEMENTATION, POPULATION HEALTH ANALYTICS AND A NATIONAL LAB PLATFORM.

-UNDER A COLLABORATION WITH THE AMERICAN HEART ASSOCIATION'S CENTER FOR

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

HEALTH TECHNOLOGY & INNOVATION, GOOGLE FIT USERS NOW EARN POINTS FOR BOTH MOVEMENT AND INTENSITY. TRACKING IS BASED ON THE AHA'S RECOMMENDATIONS OF AT LEAST 150 MINUTES OF MODERATE EXERCISE WEEKLY AND AT LEAST 75 MINUTES OF VIGOROUS EXERCISE WEEKLY.

-CONNECTED PULSE, A COLLABORATION BETWEEN ROYAL PHILIPS AND THE AMERICAN HEART ASSOCIATION INTRODUCED TECHNOLOGY TO IMPROVE SUDDEN CARDIAC ARREST SURVIVAL IN DENSELY POPULATED CITIES. COMPONENTS INCLUDE GPS POSITIONING, COMMAND CENTER APPLICATION, ANALYTICS, TELEPHONE CPR TRAINING, EMS TRAINING, TRAINING KIOSKS, CPR IN SCHOOLS TRAINING KITS AND MORE.

-INSIDE THE SAPPHIRE CRYSTAL CROWN OF THE APPLE WATCH SERIES 4 IS A SENSOR THAT MEASURES THE HEART'S ELECTRICAL ACTIVITY, SENDS ALERTS, AND STORES DATA IN REAL TIME. AHA PRESIDENT IVOR BENJAMIN, M.D., JOINED APPLE COO JEFF WILLIAMS FOR THE BIG ANNOUNCEMENT DURING THE TECH GIANT'S ANNUAL PRODUCT LAUNCH.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PUBLIC/CONSUMER EDUCATION

-THE GO RED FOR WOMEN CAMPAIGN MARKED 15 YEARS OF MAKING WOMEN AWARE THAT HEART DISEASE IS THEIR GREATEST HEALTH THREAT AND EXPANDED TO BAHRAIN, BRAZIL, INDIA, KUWAIT, LEBANON, OMAN, PAKISTAN, QATAR, RWANDA AND SAUDI ARABIA.

-MORE THAN 270,000 PEOPLE VISITED THE AHA'S HANDS-ONLY CPR KIOSKS NATIONWIDE, AND MORE THAN 130,000 COMPLETED THE TUTORIAL, PRACTICED COMPRESSIONS, AND PASSED THE TEST. BY YEAR'S END, 31 KIOSKS HAD BEEN INSTALLED ACROSS THE COUNTRY.

-TO ADDRESS INCREASING RATES OF HYPERTENSION, DIABETES AND OTHER CHRONIC CONDITIONS IN ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER (AANHPI)

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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COMMUNITIES, THE AHA ESTABLISHED THE AANHPI HEALTH INITIATIVE.

-KIDS HEART CHALLENGE AWARDED THE FIRST OF UP TO \$400,000 IN ANNUAL GRANTS TO SUPPORT PHYSICAL ACTIVITY AND EMOTIONAL WELL-BEING PROGRAMS FOR STUDENTS AND TEACHERS.

-OUR 40-MEMBER CEO ROUNDTABLE TACKLED THE MENTAL HEALTH CRISIS BY ENGAGING EMPLOYERS TO DE-STIGMATIZE MENTAL HEALTH DISORDERS, TRAIN LEADERS, PROVIDE COMPREHENSIVE BENEFITS, AND FOSTER DIALOGUE.

-AS PART OF OUR INVESTMENT IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH, WE DEBUTED THE AHA OFFICE OF HEALTH EQUITY TO CHAMPION ELIMINATION OF HEALTH DISPARITIES.

-THE SOCIAL IMPACT FUND, ESTABLISHED WITH A \$5 MILLION DONATION FROM STEVIE AND DAVID SPINA, AWARDED THE FIRST ROUND OF INVESTMENTS IN BOSTON, MASSACHUSETTS, AND FLINT MICHIGAN. THIS WAS FOLLOWED BY A \$1 MILLION CONTRIBUTION FROM HEALTH CARE SERVICE CORPORATION TO EXPAND INVESTMENTS TO CHICAGO, ILLINOIS.

-WE ENGAGED YOUNG PEOPLE IN SHATTERING SOCIAL BARRIERS TO HEALTH, AWARDING \$200,000 TO WINNERS OF THE INAUGURAL HBCU HEALTHY COMMUNITY CHALLENGE SHOWCASE. HBCU COEDS AT 30-PLUS CAMPUSES PARTICIPATED IN THE 8-MONTH CONTEST TO DEVELOP INNOVATIVE, EFFECTIVE, SCALABLE SOLUTIONS TO SOCIAL DETERMINANTS OF HEALTH.

-IN OUR CONTINUING QUEST TO REDUCE HEALTH DISPARITIES, THE EMPOWERED TO SERVE BUSINESS ACCELERATOR COMPETITION AWARDED \$90,000 IN PRIZE MONEY TO TWO FINALISTS AND EIGHT QUALIFIERS CHOSEN AMONG CONTESTANTS FROM ACROSS THE COUNTRY. THE TOP PRIZE OF \$50,000 WENT TO LEAH LIZARONDO, FOUNDER OF 412 FOOD RESCUE, AND \$25,000 WAS AWARDED TO FRANCOISE MARVEL, M.D., FOUNDER OF CORRIE HEALTH. EACH OF THE REMAINING SIX QUALIFIERS RECEIVED \$2,500.

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

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

PROFESSIONAL EDUCATION

-WE HOSTED MORE THAN A DOZEN SCIENTIFIC CONFERENCES, INCLUDING SCIENTIFIC SESSIONS AND THE INTERNATIONAL STROKE CONFERENCE, AS WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS INCLUDING HYPERTENSION, PREVENTION AND QUALITY OF CARE. ATTENDEES AT ALL MEETINGS ARE ELIGIBLE FOR CONTINUING MEDICAL EDUCATION (CME) CREDITS. WE ALSO HOSTED A SUITE OF ONLINE LEARNING PROGRAMS WHICH OFFERED CME CREDITS.

-AS AN INDUSTRY THOUGHT LEADER, THE ASSOCIATION PUBLISHED SCIENTIFIC STATEMENTS AND CLINICAL TREATMENT GUIDELINES FOR MEDICAL PROFESSIONALS ON HEART DISEASE AND STROKE PREVENTION, AND CHOLESTEROL MANAGEMENT. WE ALSO ENDORSED THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS, WHICH REINFORCE THE IMPORTANCE OF MOVING MORE AND SITTING LESS OVER EXERCISING IN 10-MINUTE INTERVALS.

-TAKING AIM AT THE OPIOID CRISIS, WE:

-PLEGGED EMPLOYER SOLUTIONS LED BY THE AHA CEO ROUNDTABLE

-INTRODUCED OPIOID EDUCATION COURSES FOR LAYPEOPLE AND CLINICAL PROVIDERS VIA THE AHA'S EMERGENCY CARDIOVASCULAR CARE DIVISION

-JOINED THE ACTION COLLABORATIVE ON COUNTERING THE U.S. OPIOID EPIDEMIC TO ADVANCE KNOWLEDGE, ALIGN ONGOING INITIATIVES AND EXPAND COLLECTIVE, MULTISECTOR SOLUTIONS TO THE OPIOID CRISIS.

-THE ASSOCIATION ALSO ADDRESSED GLOBAL INFANT MORTALITY VIA SAVING CHILDREN'S LIVES, TRAINING OVER 1,000 DOCTORS, NURSES AND OTHER PROVIDERS AND GROOMING OVER 80 IN-COUNTRY INSTRUCTORS.

-ESTABLISHED TO HELP HOSPITALS PROVIDE EVIDENCE-BASED CARE AND IMPROVE OUTCOMES, GET WITH THE GUIDELINES GREW GLOBALLY TO 3,100 HOSPITALS IN 5 COUNTRIES, IMPACTING 7 MILLION PATIENTS.

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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-FISCAL YEAR 2018-19 WAS AN EXCITING TIME FOR PROFESSIONAL MEMBERSHIP, WITH THE STRATEGIC VALUE PROPOSITION ADVANCING COUNCIL MODERNIZATION WORK. OVER 36,000 MEMBERS SUPPORT THE ASSOCIATION'S MISSION THROUGH CONTRIBUTIONS OF TIME, TALENT AND TREASURE. OF THOSE MEMBERS, 29% ARE FROM NON-U.S. COUNTRIES AND MORE THAN 5,200 ARE FELLOWS OF THE AMERICAN HEART ASSOCIATION (FAHAS). PROFESSIONAL MEMBERS' DUES AND DONATIONS SUPPORT MORE THAN \$450,000 IN COUNCIL AWARDS TO OVER 400 RECIPIENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

COMMUNITY SERVICES: QUALITY OF CARE/SYSTEMS OF CARE

-THE AMERICAN HEART ASSOCIATION AND THE AMERICAN DIABETES ASSOCIATION ANNOUNCED KNOW DIABETES BY HEART TO RAISE AWARENESS OF THE TYPE 2 DIABETES-CARDIOVASCULAR DISEASE LINK. POWERED BY \$30 MILLION FROM INAUGURAL SPONSORS BOEHRINGER INGELHEIM, ELI LILLY AND COMPANY AND NOVO NORDISK, WE BEGAN EDUCATING PATIENTS, TRAINING HEALTH CARE PROVIDERS, AND IMPLEMENTING QUALITY IMPROVEMENT MEASURES FOR DIABETES TREATMENT FACILITIES.

-THE ASSOCIATION AND THE DUKE-MARGOLIS CENTER FOR HEALTH POLICY FORMED THE VALUE IN HEALTHCARE INITIATIVE TO INCREASE ACCESS TO, AND AFFORDABILITY OF, CARDIOVASCULAR CARE. PARTICIPANTS - INCLUDING RESEARCHERS, REGULATORS AND HEALTH INNOVATORS - CONVENE TO IDENTIFY BARRIERS TO CARE AND DEVELOP SOLUTIONS.

-TEAMING WITH THE AHA FOR THE 3RD YEAR ON HEALTHY FOR LIFE 20 BY 20, ARAMARK'S DINING OPERATIONS INCREASED FRUITS, VEGETABLES AND WHOLE GRAINS BY 9% AND SLASHED SATURATED FAT BY 19%, SODIUM BY 14% AND CALORIES BY 11%. THE AMERICAN HEART ASSOCIATION TEAMED WITH EMERGENCY TECHNOLOGY COMPANY, RAPIDSOS, TO PROMOTE A VOLUNTARY REGISTRY FOR PEOPLE TO SUBMIT THEIR HEALTH PROFILE THROUGH A SECURE DATABASE FOR ACCESS BY AUTHORIZED 9-1-1 AGENCIES

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AND FIRST RESPONDERS. CALLED THE RAPIDSOS CLEARINGHOUSE, THE DATABASE INCLUDES MEDICAL HISTORY, ALLERGIES, MEDICATIONS, MEDICAL DEVICES AND EMERGENCY CONTACTS. BY GIVING FIRST RESPONDERS ACCESS TO THESE IMPORTANT DETAILS DURING A 9-1-1 CALL, RAPIDSOS AIMS TO REDUCE THE TIME FROM ARRIVAL TO DIAGNOSIS AND TREATMENT.

-NEARLY 800 HEALTH CARE ORGANIZATIONS PARTICIPATED IN TARGET: BP, OUR BLOOD PRESSURE CONTROL PROGRAM. OF THOSE, 340 ACHIEVED BLOOD PRESSURE CONTROL RATES AT OR ABOVE 70%. IN SUPPORT, 1,050 CVS STORES IN THE STROKE BELT DISPLAYED OUR PUBLIC SERVICE ANNOUNCEMENTS ON STOREBOARD SECURITY PANELS.

COMMUNITY SERVICES: PUBLIC ADVOCACY

-IN RESPONSE TO A CASE FILED BY THE AMERICAN HEART ASSOCIATION (AND OTHER PUBLIC HEALTH AND MEDICAL GROUPS AND INDIVIDUAL PEDIATRICIANS), A FEDERAL COURT ORDERED THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) TO ISSUE A FINAL RULE MANDATING GRAPHIC HEALTH WARNINGS ON CIGARETTE PACKS AND ADVERTISING BY MARCH 15, 2020.

-IN RESPONSE TO OUR LAWSUIT AGAINST THE FDA, A FEDERAL JUDGE SET A DEADLINE OF MAY 12, 2020, FOR E-CIGARETTE MANUFACTURERS TO SUBMIT THEIR PRODUCTS FOR PUBLIC HEALTH REVIEW TO KEEP THEM ON THE MARKET.

-FOLLOWING MONTHS OF ADVOCACY, THE FARM BILL PASSED, ENSURING MORE THAN 45 MILLION ELIGIBLE PEOPLE AND THEIR FAMILIES RECEIVE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS.

-THE ASSOCIATION CHAMPIONED A BILL INCREASING THE NATIONAL INSTITUTES OF HEALTH BUDGET BY \$2 BILLION AS PART OF THE FISCAL YEAR 2019 APPROPRIATIONS PACKAGE. THE BILL FUNDS THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE AT \$3.488 BILLION AND THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE AT \$2.274 BILLION. IN ADDITION, THE BRAIN RESEARCH THROUGH

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APPLICATION OF INNOVATIVE NEUROTECHNOLOGIES (BRAIN) INITIATIVE RECEIVED \$429 MILLION, AND THE ALL OF US RESEARCH INITIATIVE RECEIVED \$376 MILLION. -THERE WERE 113 ADVOCACY WINS AT THE STATE AND COMMUNITY LEVELS IN FISCAL YEAR 2018-19. THANKS TO OUR WORK, LOCAL AND STATE LAWS TO REDUCE TOBACCO USE, IMPROVE NUTRITION, INCREASE OPPORTUNITIES FOR PHYSICAL ACTIVITY AND EXPAND ACCESS TO HIGH-QUALITY HEALTH CARE WILL HELP MILLIONS OF PEOPLE LIVE LONGER, HEALTHIER LIVES.

-EIGHT STATES (CONNECTICUT, DELAWARE, ILLINOIS, MARYLAND, MASSACHUSETTS, TEXAS, VERMONT AND WASHINGTON) - ALONG WITH COMMUNITIES ACROSS CONNECTICUT, FLORIDA, ILLINOIS, MINNESOTA, NEW YORK, OHIO, TEXAS AND UTAH - INCREASED THE LEGAL AGE FOR PURCHASING ALL TOBACCO PRODUCTS TO 21. MORE THAN 61.5 MILLION PEOPLE WERE IMPACTED AND THE NUMBER OF ADOLESCENTS AND YOUNG ADULTS WHO START SMOKING WAS SIGNIFICANTLY REDUCED.

-CALIFORNIA AND HAWAII, ALONG WITH BALTIMORE AND NEW YORK CITY, PASSED 'HEALTHY-BY-DEFAULT' BEVERAGE ORDINANCES, ENSURING RESTAURANTS EXCLUDE SUGARY DRINKS FROM KIDS' MEALS, IMPACTING MORE THAN 50.2 MILLION PEOPLE.

-VOICES FOR HEALTHY KIDS LANDED 197 POLICY WINS IN 6 YEARS, MAKING EACH DAY HEALTHIER FOR MORE THAN 240 MILLION PEOPLE.

TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES. THAT'S THE MISSION OF THE AMERICAN HEART ASSOCIATION. TO US, THAT MEANS HITTING BACK AGAINST HEALTH THREATS, SPEAKING UP FOR THOSE WITH NO VOICE, FORGING NEW FRONTIERS, FIGHTING FOR HEALTH EQUITY AND LEVERAGING OUR BRAND TO PROMOTE BETTER HEALTH. OVER THE PAST YEAR, WE HAVE ADVANCED AND STREAMLINED OUR LIFESAVING WORK IN PRIORITY AREAS INCLUDING SCIENTIFIC AND TECHNOLOGICAL INNOVATION, ADVOCACY, SYSTEMS OF CARE, COMMUNITY EMPOWERMENT AND HEALTH CARE TRANSFORMATION. THE ABOVE NARRATIVES REPRESENT JUST A SAMPLING OF OUR

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ACCOMPLISHMENTS. THE AMERICAN HEART ASSOCIATION'S SUCCESS IS ATTRIBUTABLE TO THE 40 MILLION DEDICATED VOLUNTEERS AND SUPPORTERS WHO GIVE VOICE TO OUR VISION, AS WELL AS OUR DEDICATED STAFF. TOGETHER, WE ARE INSPIRING BREAKTHROUGHS AND BLAZING PATHS TO BETTER HEALTH AND LONGER LIFE WORLDWIDE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE LOSS ON UNCOLLECTIBLE ACCOUNTS ON PART VIII, LINE 11C, COLUMN A OF (\$6,226,998) IS INCLUDED IN LINE 4D, OTHER PROGRAM SERVICES REVENUE.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

CHINA, PEOPLES REPUB, UNITED ARAB EMIRATES, INDIA

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE

APPOINTED BY THE AMERICAN HEART ASSOCIATION'S BOARD OF

DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO

FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL

MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF

DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE AMERICAN HEART ASSOCIATION (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, STAFF AND COMPONENTS 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

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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 UPDATE IT WHENEVER MATERIAL CHANGES OCCUR IN THEIR AHA ROLE, EMPLOYMENT OR OTHER RELATIONSHIP IDENTIFIED AS RELEVANT ON THE DISCLOSURE QUESTIONNAIRE AS WELL AS COMPLETE A NEW DISCLOSURE QUESTIONNAIRE ANNUALLY.

AHA HAS IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL CONFLICTS OF INTEREST: DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE; THE AWARD OF ANY GRANT, CONTRACT, OR SUBCONTRACT; OR THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA.

CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH HE OR SHE HAS AN INTEREST AND OTHERWISE REFRAIN FROM EXERTING ANY INFLUENCE ON AHA TO AFFECT A DECISION. ADDITIONALLY, OTHER MEASURES MAY BE REQUIRED BY AHA, DEPENDING ON THE NATURE OF, AND THE ABILITY TO, REASONABLY MANAGE A CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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

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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 2018-19 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2018, AND APRIL OF 2019.

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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
REFER TO PART VI, LINE 15A EXPLANATION

Name of the organization

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FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED
 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

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

FORM 990, PART VII - ADDITIONAL INFORMATION
 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 HONORARIUM OR EDITORIAL SERVICES PROVIDED TO
 THE ORGANIZATION WHICH ARE OUTSIDE THE SCOPE OF THE BOARD MEMBERS' BOARD OF
 DIRECTOR RESPONSIBILITIES.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
CHANGE VALUE SPLIT INT AGMTS	\$ 3,014,146
NET UNREALIZED GAIN BEN INT PERP TRUST	\$ 324,097
POST RETIREMENT FAS 158 ADJ	\$ -1,426,794
TOTAL	\$ 1,911,449

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I 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 7272 GREENVILLE AVENUE 13-5613797 DALLAS TX 75231	INVESTMENT	DE	2,649,963	71,255,407	AHA
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) APHELION CARDEATION, LLC 100 TIBURON BOULEVARD, STE 215 MILL VALLEY CA 94941 82-1740310	INVESTMENT	CA	AHA	RELATED	32,195	440,882		X	N/A		X	33.33
(2) RQI PARTNERS, LLC 7272 GREENVILLE AVENUE DALLAS TX 75231 83-0935798	TRAINING	DE	AHA	RELATED	3,398,691	13,921,703		X	N/A		X	51.00
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 45 VARIOUS PERPETUAL TRUSTS 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	AHA	T			100.000000	X	
(2) 8 VARIOUS CHARITABLE RMDR TRUSTS 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	AHA	T			100.000000	X	
(3)									
(4)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 45 PERPETUAL TRUSTS	C	2,001,577	CASH CONTRIBUTIONS RECEIV
(2) 8 CHARITABLE REMAINDER TRUSTS	C	1,184,371	CASH CONTRIBUTIONS RECEIV
(3) APHELION CARDEATION, LLC	B	475,000	CAPITAL CONTRIBUTION
(4) RQI PARTNERS, LLC	A	22,521,939	ACCRUAL
(5) RQI PARTNERS, LLC	M	31,459,687	ACCRUAL
(6) RQI PARTNERS, LLC	L	1,622,034	ACCRUAL

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

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

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

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

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) RQI PARTNERS, LLC	Q	5,120,330	ACCRUAL
(2) RQI PARTNERS, LLC	J	52,565	ACCRUAL
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

SCHEDULE R - ADDITIONAL INFORMATION

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.