

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 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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		
	F Name and address of principal officer: NANCY BROWN 7272 GREENVILLE AVENUE DALLAS TX 75231		G Gross receipts \$ 952,950,023
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number u
J Website: u WWW.HEART.ORG			L Year of formation: <u>1924</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u			M State of legal domicile: <u>NY</u>

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	24	
		4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
		5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4419	
		6 Total number of volunteers (estimate if necessary)	6	35800000	
		7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	138,580	
		b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
	Revenue			Prior Year	Current Year
			8 Contributions and grants (Part VIII, line 1h)	591,046,382	511,100,070
		9 Program service revenue (Part VIII, line 2g)	43,778,355	55,569,012	
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,633,502	46,345,412	
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,974,150	87,348,093	
		12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	746,432,389	700,362,587	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	193,482,172	136,289,364	
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	366,187,041	370,564,740	
		16a Professional fundraising fees (Part IX, column (A), line 11e)	2,614,898	1,462,368	
	b Total fundraising expenses (Part IX, column (D), line 25) u 93,950,599				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	207,420,334	231,917,441		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	769,704,445	740,233,913		
	19 Revenue less expenses. Subtract line 18 from line 12	-23,272,056	-39,871,326		
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	1437669656	1320358588	
21 Total liabilities (Part X, line 26)		492,106,677	442,397,533		
	22 Net assets or fund balances. Subtract line 21 from line 20	945,562,979	877,961,055		

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 Type or print name and title	Date CFO
	Print/Type preparer's name WHITNEY B. HEBRON	
Paid Preparer Use Only	Preparer's signature <i>Whitney B. Hebron</i>	Date 03/01/21
	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P01226647	Firm's EIN } 13-5565207
	Firm's name } KPMG LLP 303 PEACHTREE STREET, NE, STE 2000 Firm's address } 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. 1545-0047

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20
 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2019

Department of the Treasury
Internal Revenue Service

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

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>700,362,587</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

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 2019 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.

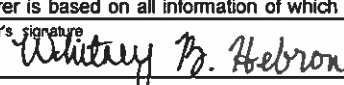
Sign Here  | 3-3-21 | CFO
 Signature of officer Date Title

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  Date 3-3-21 Check if also paid preparer Check if self-employed ERO's SSN or PTIN _____
 Use Firm's name (or yours if self-employed), address, and ZIP code AMERICAN HEART ASSOCIATION, INC. EIN 13-5613797
Only 7272 GREENVILLE AVE DALLAS TX 75231 Phone no. 214-373-6300

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 WHITNEY B. HEBRON Preparer's signature  Date 03/01/21 Check if self-employed PTIN P01226647
 Firm's name KPMG LLP Firm's EIN 13-5565207
 Firm's address 303 PEACHTREE STREET, ATLA GA 30308 Phone no. 404-739-5994

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 140,080,154 including grants of \$ 120,697,947) (Revenue \$ 2,415,503)
SCIENCE AND TECHNOLOGY

THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATED TO CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. SINCE OUR FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$4.6 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH.

- RESEARCH SPENDING FOR FISCAL YEAR 2019-20, ALONE, WAS \$140,080,154 -
- OR 17% OF TOTAL SPENDING FOR PROGRAMS AND SUPPORTING SERVICES.
- RESEARCH AWARDS FOR THE YEAR TOTALED \$120,697,947.

SEE ADDITIONAL INFORMATION ON SCHEDULE O.

4b (Code:) (Expenses \$ 262,277,546 including grants of \$ 6,471,517) (Revenue \$ 1,502,558)
PUBLIC/CONSUMER EDUCATION

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

SEE ADDITIONAL INFORMATION ON SCHEDULE O.

4c (Code:) (Expenses \$ 108,062,552 including grants of \$ 4,613,237) (Revenue \$ 89,759,116)
PROFESSIONAL EDUCATION

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

SEE ADDITIONAL INFORMATION ON SCHEDULE O.

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

(Expenses \$ 60,684,941 including grants of \$ 4,506,663) (Revenue \$ 33,917,339)

4e Total program service expenses u 571,105,193

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 4419		
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 on 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?		
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		
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 on 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on 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, 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	a The governing body?	X	
8b	b 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 on 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	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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	b 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	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c 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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
 CYNTHIA ROBERTS 7272 GREENVILLE AVENUE
 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) BERTRAM SCOTT										
CHAIRMAN	4.50 0.00	X		X			0	0	0	
(2) RAYMOND VARA, JR.										
CHAIRMAN-ELECT	4.00 0.00	X		X			0	0	0	
(3) JAMES POSTL										
IMMEDIATE PAST CHAIR	4.00 0.00	X		X			0	0	0	
(4) ROBERT HARRINGTON										
PRESIDENT	8.00 0.00	X		X			0	0	0	
(5) MITCHELL ELKIND										
PRESIDENT ELECT	6.00 0.00	X		X			0	0	0	
(6) IVOR BENJAMIN										
IMMEDIATE PAST PRES	7.00 0.00	X		X			0	0	0	
(7) MARSHA JONES										
TREASURER	3.00 0.00	X		X			0	0	0	
(8) MARY ANN BAUMAN										
BOARD MEMBER	1.50 0.00	X					0	0	0	
(9) REGINA BENJAMIN										
BOARD MEMBER	1.50 0.00	X					0	0	0	
(10) DOUGLAS BOYLE										
BOARD MEMBER	1.50 0.00	X					0	0	0	
(11) KEITH CHURCHWELL										
BOARD MEMBER	1.50 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 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) SHAWN DENNIS BOARD MEMBER	1.50 0.00	X						0	0	0
(13) LINDA GOODEN BOARD MEMBER	1.50 0.00	X						0	0	0
(14) RON HADDOCK BOARD MEMBER	1.50 0.00	X						0	0	0
(15) JOSEPH LOSCALZO BOARD MEMBER	1.50 0.00	X						0	0	0
(16) ILEANA PINA BOARD MEMBER	1.50 0.00	X						0	0	0
(17) MARCELLA ROBERTS BOARD MEMBER	1.50 0.00	X						0	0	0
(18) LEE SCHWAMM BOARD MEMBER	1.50 0.00	X						0	0	0
(19) SVATI SHAH BOARD MEMBER	1.50 0.00	X						8,500	0	0
1b Subtotal								8,500		
c Total from continuation sheets to Part VII, Section A								8,847,220		832,798
d Total (add lines 1b and 1c)								8,855,720		832,798

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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 DIRCT MAIL MKTG	11,876,724
FREEMAN CO DALLAS TX 75231	1600 VICEROY DRIVE, STE 500 AUDIO/VIDEO	5,909,312
ORORA VISUAL TX LLC MESQUITE TX 75149	3210 INNOVATIVE WAY PRINTING	5,089,338
CRISPIN PORTER BOGUSKY BOULDER CO 80301	6450 GUNPARK DRIVE MARKETING	4,677,781
BLACKBAUD INC AUSTIN TX 78758	11501 DOMAIN DRIVE WEB SERVICES	3,732,004

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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 2,205,749				
	b Membership dues	1b				
	c Fundraising events	1c 257,634,631				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,284,594				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 246,975,096				
	g Noncash contributions included in lines 1a-1f	1g \$ 16,462,830				
	h Total. Add lines 1a-1f	u 511,100,070				
	Program Service Revenue	2a CONFERENCES & SEMINARS	Business Code 611430	17,682,058	17,682,058	
b GET W THE GUIDELINES REGISTRY		900099	17,309,469	17,309,469		
c EDITORIAL REVENUE		611430	5,623,461	5,623,461		
d MEMBERSHIP DUES & ASSESSMENTS		511120	4,888,094	4,888,094		
e HOSPITAL ACCREDITATION		813920	3,374,898	3,374,898		
f All other program service revenue		900099	6,691,032	6,691,032		
g Total. Add lines 2a-2f		u	55,569,012			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	20,951,154		-16 20,951,170
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u	40,967,972		40,967,972	
	6a Gross rents	(i) Real	761,221			
		(ii) Personal				
		6b Less: rental expenses	132,489			
	c Rental inc. or (loss)	6c 628,732				
	d Net rental income or (loss)	u	628,732		628,732	
	7a Gross amount from sales of assets other than inventory	(i) Securities	242,276,711			
		(ii) Other	2,546,413			
		7b Less: cost or other basis and sales exps.	217,208,906			
		7c Gain or (loss)	25,067,805			
	d Net gain or (loss)	u	25,394,258		25,394,258	
	8a Gross income from fundraising events (not including \$ 257,634,631 of contributions reported on line 1c). See Part IV, line 18	8a	16,384,493			
		8b Less: direct expenses	27,147,730			
		c Net income or (loss) from fundraising events	u	-10,763,237		-10,763,237
	9a Gross income from gaming activities. See Part IV, line 19	9a	73,262			
9b Less: direct expenses						
c Net income or (loss) from gaming activities		u	73,262	31,755	41,507	
10a Gross sales of inventory, less returns and allowances	10a	77,887,358				
	b Less: cost of goods sold	10b 8,027,436				
	c Net income or (loss) from sales of inventory	u	69,859,922	69,859,922		
Miscellaneous Revenue	11a OTHER REVENUE	Business Code 900099	2,299,775	106,841	2,192,934	
	b ROIP CONTROLLING INTEREST	900099	2,165,582	2,165,582		
	c LOSS ON UNCOLL ACCT	900099	-17,883,915		-17,883,915	
	d All other revenue					
	e Total. Add lines 11a-11d	u	-13,418,558			
12 Total revenue. See instructions	u	700,362,587	127,594,516	138,580	61,529,421	

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

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	21,745,766	1	37,102,766
	2 Savings and temporary cash investments	39,176,614	2	75,195,005
	3 Pledges and grants receivable, net	288,424,446	3	214,154,554
	4 Accounts receivable, net	35,434,878	4	35,961,338
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,962,803	8	3,808,939
	9 Prepaid expenses and deferred charges	7,103,014	9	10,291,306
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 181,828,429		
	b Less: accumulated depreciation	10b 112,701,656	69,734,614	10c 69,126,773
	11 Investments—publicly traded securities	655,212,042	11	557,480,772
	12 Investments—other securities. See Part IV, line 11	87,803,231	12	95,810,966
	13 Investments—program-related. See Part IV, line 11	4,941,286	13	7,941,830
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	223,130,962	15	213,484,339
16 Total assets. Add lines 1 through 15 (must equal line 33)	1437669656	16	1320358588	
Liabilities	17 Accounts payable and accrued expenses	69,066,875	17	66,951,397
	18 Grants payable	362,490,504	18	310,074,018
	19 Deferred revenue	21,602,280	19	24,851,897
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	38,947,018	25	40,520,221
	26 Total liabilities. Add lines 17 through 25	492,106,677	26	442,397,533
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	358,986,605	27	347,658,650
	28 Net assets with donor restrictions	586,576,374	28	530,302,405
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	945,562,979	32	877,961,055	
33 Total liabilities and net assets/fund balances	1437669656	33	1320358588	

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	700,362,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	740,233,913
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,871,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	945,562,979
5	Net unrealized gains (losses) on investments	5	-21,953,492
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,777,106
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	877,961,055

Part XII Financial Statements and Reporting

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

		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 on 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 on 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 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) LEE SHAPIRO	1.50									
BOARD MEMBER	0.00	X						0	0	
(21) DAVID SPINA	1.50									
BOARD MEMBER	0.00	X						0	0	
(22) BERNARD TYSON	1.50									
BOARD MBR THRU 11/19	0.00	X						0	0	
(23) JOHN WARNER	1.50									
BOARD MEMBER	0.00	X						0	0	
(24) THOMAS PINA WINDSOR	1.50									
BOARD MEMBER	0.00	X						0	0	
(25) JOSEPH WU	1.50									
BOARD MEMBER	2.00	X						0	0	
(26) NANCY BROWN	38.00									
CEO	0.00			X				2,439,332	0	
(27) LARRY CANNON	38.00									
CAO/CORP SECRETARY	0.00			X				520,834	0	
1b Subtotal								2,960,166	120,097	
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, 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 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) CYNTHIA ROBERTS	38.00									
CFO	0.00			X			360,214	0	65,352	
(29) LESLIE UPTON	38.00									
COO	0.00				X		657,283	0	82,776	
(30) JOHN J MEINERS	38.00									
CHIEF - MISSION-ALIG	0.00				X		507,784	0	54,045	
(31) MARIELL JESSUP	38.00									
CHF SC/MED	0.00				X		506,223	0	0	
(32) DAVID MARKIEWICZ	38.00									
EVP SE THRU 9/19	0.00					X	710,071	0	51,433	
(33) KATHLEEN ROGERS	38.00									
EVP WESTERN STATES	0.00					X	534,588	0	83,053	
(34) MIDGE EPSTEIN	38.00									
EVP SOUTHWEST	0.00					X	512,307	0	60,223	
(35) MEIGHAN VAFA	38.00									
CF MKT/PRG THRU 4/19	0.00					X	477,519	0	46,133	
1b Subtotal							4,265,989		443,015	
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, 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 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			
(36) ROSE MARIE ROBERTSON DEPUTY CHF SC/MED	38.00 0.00					X		453,976	0	57,146
(37) JEREMY BEAUCHAMP EVP SOUTHEAST	38.00 0.00						X	374,602	0	67,580
(38) KEVIN HARKER EVP MIDWEST	38.00 0.00						X	415,306	0	79,115
(39) NICOLE SAPIO EVP EASTERN STATES	38.00 0.00						X	377,181	0	65,845
1b Subtotal							u	1,621,065		269,686
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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3084079019
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	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3084079019
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)						50,211,945
6 Public support. Subtract line 5 from line 4.						3033867074

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	696,658,685	634,662,727	664,906,760	589,746,597	498,104,250	3084079019
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,973,731	39,397,248	39,640,300	60,837,788	62,680,363	240,529,430
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.)		8,290,774	3,515,714	1,493,762	2,192,934	15,493,184
11 Total support. Add lines 7 through 10						3340101633
12 Gross receipts from related activities, etc. (see instructions)					12	786,964,188
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.83 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	89.91 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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** The organization satisfied the Activities Test. *Complete line 2 below.*
- b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- | | Yes | No |
|---|-----|----|
| 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> | | |
| 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. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

SUPPLEMENTAL INFORMATION

SCHEDULE A, PART II, SECTION B, LINE 10, OTHER INCOME

YEARS 2016-2017 OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. YEARS 2018-2019 OTHER INCOME IS COMPRISED OF MISCELLANEOUS TRADE SHOW REVENUE.

Schedule of Contributors

2019

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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	\$	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

2019

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) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		619,148
d Mailings to members, legislators, or the public?	X		178,918
e Publications, or published or broadcast statements?	X		135,080
f Grants to other organizations for lobbying purposes?	X		1,204,486
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,073,459
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		452,140
i Other activities?	X		610
j Total. Add lines 1c through 1i			5,663,841
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		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 II-B, LINE 1

IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION (AHA) PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF THE UNITED STATES CONGRESS AND LEGISLATORS AT THE STATE AND LOCAL LEVELS NATIONWIDE.

Part IV Supplemental Information (continued)

TO GUIDE ITS FEDERAL, STATE, AND LOCAL EFFORTS, THE AHA IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS AND PURSUING ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS; MEDIA ADVOCACY, INCLUDING LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES; MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES; MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE, CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF LOCAL, STATE, AND FEDERAL LEGISLATIVE BODIES. THE AHA IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN OUR COUNTRY.

THE AHA ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE FIGHT AGAINST CARDIOVASCULAR DISEASE, INCLUDING STROKE, THE LEADING CAUSE OF DEATH IN THE UNITED STATES. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY PRIORITIES ARE IN THE FOLLOWING AREAS:

HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE AHA IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH; HEALTH SERVICES, OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH; AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS COMMUNITY HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION, AND ECONOMICS. THE AHA ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE

Part IV Supplemental Information (continued)

RESEARCH.

IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AHA PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT; INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION. THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.

SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE AHA PROMOTES PUBLIC POLICIES AIMED AT IMPROVING HEALTH CARE QUALITY, REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE, EVIDENCE-BASED CARDIOVASCULAR CARE. TO PROMOTE HEALTH CARE QUALITY, THE AHA ADDRESSES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPMENT OF DISEASE REGISTRIES, THE ROLE OF QUALITY IN HEALTH CARE PAYMENT SYSTEMS, DRUG FORMULARY POLICY, DELIVERY SYSTEM REFORMS AND CONTINUUM OF CARE; IMPROVED CARE COORDINATION, THE ROLE, DEVELOPMENT AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS AND RELATED HEALTH INFORMATION TECHNOLOGY; AND PROMOTING SAFE, EVIDENCE-BASED AND HIGH VALUE TREATMENTS FOR CARDIOVASCULAR DISEASE.

ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE: THE AHA ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE,

Part IV Supplemental Information *(continued)*

TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.

CHARITABLE ORGANIZATIONS: THE AHA SUPPORTS POLICIES THAT PRESERVE THE VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND AS APPROPRIATE, INCLUDING LEGISLATIVE AND REGULATORY EFFORTS THAT ATTEMPT TO RESTRICT OR PROHIBIT CHARITABLE GIVING AND OTHER NON-PROFIT EFFORTS AND ACTIVITIES. THESE INCLUDE PROTECTING NON-PROFIT SECTOR INTERESTS, PROMOTING TAX POLICY CONDUCIVE TO CHARITABLE ORGANIZATIONS, ENCOURAGING VOLUNTEERISM, PRESERVING PUBLIC FUNDING FOR VOLUNTARY HEALTH ORGANIZATIONS, AND SAFEGUARDING THE ABILITY OF CHARITABLE ORGANIZATIONS TO ENGAGE IN ADVOCACY.

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

2019

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| 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	69,768,397	65,321,730	61,764,937	57,605,436	58,787,778
b Contributions	779,198	2,957,620	655,251	52,738	320,261
c Net investment earnings, gains, and losses	1,307,769	3,744,761	5,093,973	6,183,220	416,395
d Grants or scholarships					
e Other expenditures for facilities and programs	2,358,342	2,255,714	2,192,431	2,076,457	1,918,998
f Administrative expenses					
g End of year balance	69,497,022	69,768,397	65,321,730	61,764,937	57,605,436

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 71.22 %
 - c Term endowment 28.78 %
- 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?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,610,603		7,610,603
b Buildings	2,125,264	71,187,117	45,679,213	27,633,168
c Leasehold improvements		2,436,716	1,494,415	942,301
d Equipment		98,264,174	65,323,473	32,940,701
e Other		204,555	204,555	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 69,126,773

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

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

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

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

Part XIII Supplemental Information *(continued)*

EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

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.

2019

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		194,000
(2) EAST ASIA AND THE PACIFIC	3	2	INVESTMENTS		22,286,000
(3) EUROPE (INCL ICELAND AND GREENLAND)	1	2	INVESTMENTS		51,143,000
(4) MIDDLE EAST AND NORTH AFRICA	1	6	INVESTMENTS		391,000
(5) NORTH AMERICA			INVESTMENTS		7,780,000
(6) RUSSIA AND NEIGHBORING STATES			INVESTMENTS		220,000
(7) SOUTH AMERICA			INVESTMENTS		730,000
(8) SOUTH ASIA			INVESTMENTS		84,000
(9) SUB-SAHARAN AFRICA			INVESTMENTS		485,000
(10) CENTRAL AMERICA AND CARIBBEAN			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	2,680
(11) EAST ASIA AND THE PACIFIC	3	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	743,222
(12) EUROPE (INCL ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	531,038
(13) MIDDLE EAST AND NORTH AFRICA	1	6	PROGRAM SERVICES	EDUC/TRAIN MAT SALES	965,552
(14) NORTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	405,101
(15) SOUTH AMERICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	1,025,370
(16) SOUTH ASIA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	718,461
(17) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUC/TRAIN MAT SALES	4,929
3a Subtotal	10	20			87,709,353
b Total from continuation sheets to Part I	5	10			1,356,638
c Totals (add lines 3a and 3b)	15	30			89,065,991

**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.

2019

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
EAST ASIA AND THE PACIFIC	3	2	GRANTMAKING		1,267,317
(1)					
EUROPE (INCL ICELAND AND GREENLAND)	1	2	GRANTMAKING		33,343
(2)					
SOUTH AMERICA			GRANTMAKING		20,573
(3)					
MIDDLE EAST AND NORTH AFRICA	1	6	GRANTMAKING		2,242
(4)					
SUB-SAHARAN AFRICA			GRANTMAKING		2,500
(5)					
SOUTH ASIA			GRANTMAKING		13,475
(6)					
CENTRAL AMERICA AND CARIBBEAN			GRANTMAKING		1,623
(7)					
NORTH AMERICA			GRANTMAKING		15,815
(8)					
RUSSIA AND NEIGHBORING STATES			GRANTMAKING		1,500
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	5	10			1,356,638
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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)			EAST ASIA	PROF EDUCATION AND THE PACIFIC	70,604	WIRE TRANSFER			
(2)			EAST ASIA	PROF EDUCATION AND THE PACIFIC	557,336	WIRE TRANSFER			
(3)			EAST ASIA	PROF EDUCATION AND THE PACIFIC	610,295	WIRE TRANSFER			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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	10	8,524	WIRE TRANSFER			
(2) RESEARCH PRIZE	EUROPE	11	10,437	WIRE TRANSFER			
(3) RESEARCH PRIZE	NORTH AMERICA	8	9,346	WIRE TRANSFER			
(4) RESEARCH PRIZE	SOUTH ASIA	1	1,500	WIRE TRANSFER			
(5) TRAVEL GRANT	AFRICA	1	2,500	WIRE TRANSFER			
(6) TRAVEL GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1	1,623	WIRE TRANSFER			
(7) TRAVEL GRANT	EAST ASIA AND THE PACIFIC	20	20,558	WIRE TRANSFER			
(8) TRAVEL GRANT	EUROPE	24	22,906	WIRE TRANSFER			
(9) TRAVEL GRANT	MIDDLE EAST AND NORTH AFRICA	1	2,242	WIRE TRANSFER			
(10) TRAVEL GRANT	SOUTH AMERICA	11	20,573	WIRE TRANSFER			
(11) TRAVEL GRANT	SOUTH ASIA	6	11,975	WIRE TRANSFER			
(12) TRAVEL GRANT	NORTH AMERICA	8	6,469	WIRE TRANSFER			
(13) TRAVEL GRANT	RUSSIA AND NEIGHBORING STATES	1	1,500	WIRE TRANSFER			
(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) 2019

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
 (AHA) TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY
 CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY
 COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA
 REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT.

WITH RESPECT TO TRAVEL GRANTS MADE BY THE AHA TO FOREIGN INDIVIDUALS,
 SELECTED AHA FUNDED INVESTIGATORS FROM LOW AND MIDDLE INCOME COUNTRIES ARE
 AWARDED GRANT FUNDS TO REIMBURSE THE ACTUAL EXPENSES INCURRED, UP TO A
 CERTAIN THRESHOLD, TO ATTEND THE AHA SCIENTIFIC SESSIONS CONFERENCE AND THE
 WORLD CONGRESS OF CARDIOLOGY CONFERENCE.

WITH RESPECT TO GRANTS MADE BY THE AHA TO FOREIGN ORGANIZATIONS, THE AHA'S
 POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION OF FOREIGN ORGANIZATION
 RECIPIENTS. THIS PROCESS IS COMPRISED OF OBTAINING THE RECIPIENT
 ORGANIZATION'S MISSION STATEMENT, FINANCIAL RESULTS, ORGANIZATIONAL
 DOCUMENTS, SUCH AS BYLAWS AND ARTICLES OF INCORPORATION, AND RENDERING AN
 OPINION AS TO WHETHER OR NOT THE ORGANIZATION WOULD QUALIFY AS A 501(C)(3)
 PUBLIC CHARITY IN THE UNITED STATES. RESULTS OF GRANT INITIATIVES ARE MADE
 AVAILABLE TO THE AHA BY THE RECIPIENT ORGANIZATION.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 0	\$ 194,000
EAST ASIA AND THE PACIFIC	\$ 0	\$ 22,286,000

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.

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

PART V - ADDITIONAL INFORMATION

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 3

THE AHA'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE AHA'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE AHA'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS.

PARTS II AND III

THE ORGANIZATION HAS REPORTED GRANTS BASED ON THE ACCRUAL METHOD OF ACCOUNTING AS REFLECTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART IV, LINE 6

THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE). ALTHOUGH UAE IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

⚡ 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 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	2,245,544	1,386,505	859,039
2 INSURANCE AUTO AUCTIONS 13085 HAMILTON CROSSING, SUITE 500 CARMEL IN 46032	AUCTION	X		383,375	75,863	307,512
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,628,919	1,462,368	1,166,551

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>BAY AREA HTWK</u> (event type)	<u>DAL HEARTWALK</u> (event type)	<u>4954</u> (total number)	(add col. (a) through col. (c))
Revenue	1	4,900,619	4,119,529	240,921,268	249,941,416
	2	4,900,619	4,119,529	224,536,775	233,556,923
	3			16,384,493	16,384,493
Direct Expenses	4				
	5	39,091	45,335	5,462,618	5,547,044
	6	208,735	374,045	10,515,302	11,098,082
	7	61,644	7,527	4,741,747	4,810,918
	8		40,600	1,475,334	1,515,934
	9	7,633	27,631	1,991,403	2,026,667
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-8,614,152

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	31,755		41,507
Direct Expenses	2				
	3				
	4				
	5				
	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) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				73,262

9 Enter the state(s) in which the organization conducts gaming activities: AL, AZ, FL, MS, TN, TX
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

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

Name **u** CYNTHIA ROBERTS
7272 GREENVILLE AVE
Address **u** DALLAS TX 75231

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ _____ and the amount of gaming revenue retained by the third party **u** \$ _____

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

Name **u** _____
Address **u** _____

16 Gaming manager information:

Name **u** _____

Gaming manager compensation **u** \$ _____

Description of services provided **u** _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$ _____

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

SEE SCHEDULE G SUPPLEMENTAL INFORMATION WORKSHEET

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

Supplemental Information

2019

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20

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 CAMPAIGNS, INCLUDING VOLUNTEER RECRUITMENT AND TRAINING, SENDING OF FOLLOW-UP MAILINGS, AND REPORTING OF RESULTS. THE CONTRACT WITH INFOCISION PROVIDES THAT AHA REIMBURSE INFOCISION FOR POSTAGE AND OTHER MAILING MATERIALS. OF THE \$1,386,505 PAID TO INFOCISION DURING THE YEAR, \$1,795 IS REIMBURSEMENT OF POSTAGE AND OTHER MAILING MATERIALS.

PART III, LINE 16

THE ASSOCIATION DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE STAFF RESPONSIBLE FOR THE EVENT(S) AT THAT LOCATION.

**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

2019

**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)	A WORLD FIT FOR KIDS 678 SOUTH LAFAYETTE PARK PLACE LOS ANGELES CA 90057	33-0550994	(C)(3)	10,000				COMMUNITY HEALTH
(2)	ACCESS COMMUNITY HEALTH & RESEARCH 2651 SAULINO COURT DEARBORN MI 48120	23-7444497	(C)(3)	14,590				COMMUNITY HEALTH
(3)	ADVANTAGE HEALTHCARE CENTERS 100 RIVER PLACE DRIVE STE 450 DETROIT MI 48207	38-2724796	(C)(3)	14,590				COMMUNITY HEALTH
(4)	AFTERSCHOOL ALLIANCE INC 1101 14TH STREET NORTHWEST STE 700 WASHINGTON DC 20005	52-2275123	(C)(3)	5,300				CHILDHOOD OBESITY
(5)	ALABAMA ARISE PO BOX 1188 MONTGOMERY AL 36107	63-1186365	(C)(3)	25,000				CHILDHOOD OBESITY
(6)	ALEGENT HEALTH BERGAN MERCY HEALTH 7500 MERCY ROAD OMAHA NE 68124	47-0484764	(C)(3)	19,415				STROKE PROGRAMS
(7)	ALLEN COUNTY GROW COUNCIL 1 NORTH WASHINGTON AVENUE LOLA KS 66749	84-2905334	(C)(3)	10,000				COMMUNITY NUTRITION
(8)	ALLIANCE FOR A HEALTHIER GENERATION 1028 SE WATER AVENUE STE 215 PORTLAND OR 97214	27-2028308	(C)(3)	1,070,868				CHILDHOOD OBESITY
(9)	ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE GRAND FORKS ND 58201	45-0368330	(C)(3)	18,000				STROKE PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** 347
- 3** Enter total number of other organizations listed in the line 1 table **u** 7

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

Schedule I (Form 990) (2019)

**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

2019

**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)	AMERICAN ASSOCIATION OF FAMILY & 400 N. COLUMBUS ST., STE. 202 ALEXANDRIA VA 22314	CO 53-0025870	(C)(3)	14,500				COMMUNITY NUTRITION
(2)	AMERICAN CANCER SOCIETY CANCER ACTI 555 11TH STREET NW, STE. 300 WASHINGTON DC 20004	52-2340031	(C)(3)	10,000				COMMUNITY HEALTH
(3)	AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY STREET NORTHEAST STE MINNEAPOLIS MN 55413	27-0300026	(C)(3)	31,500				CHILDHOOD OBESITY
(4)	AMERICANS FOR NONSMOKERS RIGHT 2530 SAN PABLO AVENUE STE J BERKELEY CA 94702	94-2598713	(C)(4)	68,601				ANTI-TOBACCO ADVOCAC
(5)	ANNIE JEFFREY MEMORIAL COUNTY HEALT 531 BEEBE STREET OSCEOLA NE 68651	47-6000710	GOV	6,125				STROKE PROGRAMS
(6)	APPALACHIAN REGIONAL HEALTHCARE 2260 EXECUTIVE DRIVE LEXINGTON KY 40505	52-0795508	(C)(3)	6,308				STROKE PROGRAMS
(7)	ACCESS ARAB COMMUNITY CENTER FOR 2651 SAULINO COURT DEARBORN MI 48120	23-7444497	(C)(3)	25,000				COMMUNITY IMPACT
(8)	AURORA HEALTH CARE INC 960 NORTH 12TH STREET MILWAUKEE WI 53233	39-1442285	(C)(3)	63,000				COMMUNITY HEALTH
(9)	BAYLOR UNIVERSITY ONE BEAR PLACE #97096 WACO TX 76798	74-1159753	(C)(3)	40,635				CHILDHOOD OBESITY

- 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) (2019)

**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

2019

**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.

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(1)	BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES DE 19958	51-0319455	(C)(3)	10,000				STROKE PROGRAMS
(2)	BELLEVUE MEDICAL CENTER LLC 2500 BELLEVUE MEDICAL CENTER DRIVE BELLEVUE NE 68123	20-4305186	(C)(3)	19,415				STROKE PROGRAMS
(3)	BEYOND HOUSING INC 6506 WRIGHT WAY PINE LAWN MO 63121	51-0179471	(C)(3)	24,250				CHILDHOOD OBESITY
(4)	BJC HEALTH SYSTEM 4901 FOREST PARK AVENUE STE 1200 SAINT LOUIS MO 63108	43-1617558	(C)(3)	9,000				COMMUNITY HEALTH
(5)	BOYS & GIRLS CLUBS OF PUERTO RICO PO BOX 79526 CAROLINA PR 00984	66-0327584	(C)(3)	25,000				CHILDHOOD OBESITY
(6)	BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET BOSTON MA 02115	04-2312909	(C)(3)	402,600				RESEARCH
(7)	BROWARD COMMUNITY AND FAMILY HEALTH 5010-5012 HOLLYWOOD BLVD HOLLYWOOD FL 33021	59-3489664	(C)(3)	20,160				BLOOD PRESSURE PROGR
(8)	BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET LINCOLN NE 68506	47-0376552	(C)(3)	25,340				STROKE PROGRAMS
(9)	BUTLER COUNTY HEALTH CARE CENTER 372 SOUTH 9TH STREET DAVID CITY NE 68632	47-0551144	GOV	6,125				STROKE PROGRAMS

- 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) (2019)

**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

2019

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Name of the organization

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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	(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)	CALIFORNIA WALKS 1300 CLAY STREET STE 600 OAKLAND CA 94612	81-0618523	(C)(3)	150,000				CHILDHOOD OBESITY
(2)	CAMINO COMMUNITY CENTER 133 STETSON DRIVE CHARLOTTE NC 28262	56-2015959	(C)(3)	7,500				COMMUNITY HEALTH
(3)	CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200 WASHINGTON DC 20005	52-1969967	(C)(3)	87,500				ANTI-TOBACCO ADVOCAC
(4)	CAPITAL ROOTS INC 594 RIVER STREET TROY NY 12180	14-1596291	(C)(3)	30,000				COMMUNITY IMPACT
(5)	CENTER FOR FAMILY LIFE AND RECOVERY 502 COURT STREET STE 401 UTICA NY 13502	27-4295905	(C)(3)	5,625				COMMUNITY IMPACT
(6)	CENTER FOR HEALTH PROGRESS PO BOX 18877 DENVER CO 80218	43-2007393	(C)(3)	24,933				CHILDHOOD OBESITY
(7)	CENTER FOR PUBLIC POLICY PRIORITIES 7020 EASY WIND DRIVE STE 200 AUSTIN TX 78752	74-2898197	(C)(3)	25,000				COMMUNITY IMPACT
(8)	CENTER FOR RURAL AFFAIRS 145 MAIN STREET LYONS NE 68038	47-0553823	(C)(3)	85,000				COMMUNITY NUTRITION
(9)	CENTER FOR SCIENCE IN THE PUBLIC IN 1220 L ST. NW, SUITE 300 WASHINGTON DC 20005	23-7122879	(C)(3)	91,000				CHILDHOOD OBESITY

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Schedule I (Form 990) (2019)

**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

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AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

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(1)	CENTER FOR SCIENCE IN THE PUBLIC 1221 L ST. NW, SUITE 300 WASHINGTON DC 20005	IN 23-7122879	(C)(3)	18,450				COMMUNITY NUTRITION
(2)	CHANGELAB SOLUTIONS, INC. 2201 BROADWAY STE 502 OAKLAND CA 94612	26-3710746	(C)(3)	27,000				CHILDHOOD OBESITY
(3)	CHARLOTTE MECKLENBURG FOOD POLICY 2401 DISTRIBUTION STREET CHARLOTTE NC 28203	C 45-2040409	(C)(3)	6,000				COMMUNITY HEALTH
(4)	CHERRY HEALTH 100 CHERRY STREET SOTUHEAST GRAND RAPIDS MI 49503	38-2853534	(C)(3)	11,600				COMMUNITY HEALTH
(5)	CHI HEALTH GOOD SAMARITAN PO BOX 1990 KEARNEY NE 68848	47-0379755	(C)(3)	19,415				STROKE PROGRAMS
(6)	CHI HEALTH IMMANUEL 6901 NORTH 72ND STREET OMAHA NE 68122	47-0376615	(C)(3)	19,415				STROKE PROGRAMS
(7)	CHI HEALTH LAKESIDE 12809 WEST DODGE ROAD OMAHA NE 68154	47-0757164	(C)(3)	19,415				STROKE PROGRAMS
(8)	CHI HEALTH MIDLANDS 11111 SOUTH 84TH STREET PAPILLION NE 68046	47-0757164	(C)(3)	9,840				STROKE PROGRAMS
(9)	CHI HEALTH PLAINVIEW HOSPITAL 704 NORTH THIRD STREET PLAINVIEW NE 68769	47-0757164	(C)(3)	6,125				STROKE PROGRAMS

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	CHI HEALTH SAINT ELIZABETH 555 SOUTH 70TH STREET LINCOLN NE 68510	47-0379836	(C)(3)	19,415				STROKE PROGRAMS
(2)	CHI HEALTH SAINT FRANCIS 2620 WEST FAIDLEY AVENUE GRAND ISLAND NE 68803	47-0376601	(C)(3)	19,415				STROKE PROGRAMS
(3)	CHI HEALTH SCHUYLER 104 WEST 17TH STREET SCHUYLER NE 68661	47-0399853	(C)(3)	6,125				STROKE PROGRAMS
(4)	CHILD CARE AWARE OF AMERICA 1515 NORTH COURTHOUSE ROAD 3RD FLOOR ARLINGTON VA 22201	94-3060756	(C)(3)	76,950				CHILDHOOD OBESITY
(5)	CHILDRENS ADVOCACY ALLIANCE 5258 SOUTH EASTERN AVENUE STE 151 LAS VEGAS NV 89119	88-0394078	(C)(3)	98,728				CHILDHOOD OBESITY
(6)	CITIZENS HOUSING AND PLANNING ASSOC ONE BEACON STREET 5TH FLOOR BOSTON MA 02108	04-6138418	(C)(3)	50,000				COMMUNITY HEALTH
(7)	COLUMBUS COMMUNITY HOSPITAL 4600 38TH STREET COLUMBUS NE 68601	47-0542043	(C)(3)	7,750				STROKE PROGRAMS
(8)	COMMUNITY HEALTH COUNCIL OF WYANDOT 803 ARMSTRONG AVENUE KANSAS CITY KS 66101	01-0674969	(C)(3)	39,998				CHILDHOOD OBESITY
(9)	COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET STE 240 LOS ANGELES CA 90012	95-4302067	(C)(3)	13,734				CHILDHOOD OBESITY

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Schedule I (Form 990) (2019)

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(1)	CONE HEALTH 1200 NORTH ELM STREET GREENSBORO NC 27401	58-1588823	(C)(3)	6,500				COMMUNITY HEALTH
(2)	CORNELL COOPERATIVE EXTENSION 121 SECOND STREET ORISKANY NY 13424	16-6072888	(C)(3)	6,943				COMMUNITY IMPACT
(3)	COVENANT COMMUNITY CARE INC 559 WEST GRAND BLVD DETROIT MI 48216	38-3533998	(C)(3)	14,590				COMMUNITY HEALTH
(4)	COZAD COMMUNITY HOSPITAL PO BOX 108 COZAD NE 69130	47-6007486	GOV	6,125				STROKE PROGRAMS
(5)	CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE NE 68333	47-0841285	(C)(3)	6,125				STROKE PROGRAMS
(6)	DC GREENS 2000 P ST NW STE 240 WASHINGTON DC 20036	26-4527988	(C)(3)	147,065				CHILDHOOD OBESITY
(7)	DIZZY FEET FOUNDATION 12655 JEFFERSON BLVD LOS ANGELES CA 90066	26-4501295	(C)(3)	250,000				COMMUNITY HEALTH
(8)	EAT SMART & MOVE MORE SOUTH CAROLINA 2711 MIDDLEBURG DRIVE STE 301 COLUMBIA SC 29204	57-1096619	(C)(3)	49,999				CHILDHOOD OBESITY
(9)	EATWELL MEAL KITS 31 STATION STREET APT 3 BROOKLINE MA 02245	84-4389189		50,000				COMMUNITY NUTRITION

- 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) (2019)

**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

2019

**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)	FAITH REGIONAL HEALTH SERVICES PO BOX 869 NORFOLK NE 68702	47-0796875	(C)(3)	19,415				STROKE PROGRAMS
(2)	FAMILY CHRISTIAN HEALTH CENTER 31 WEST 155TH STREET HARVEY IL 60426	36-4346917	(C)(3)	23,851				COMMUNITY HEALTH
(3)	FAMILY MEDICAL CENTER OF MICHIGAN 8765 LEWIS AVENUE TEMPERANCE MI 48182	38-2308659	(C)(3)	11,600				COMMUNITY HEALTH
(4)	FARMER FOODSHARE INC 902 NORTH MANGUM STREET DURHAM NC 27701	27-3717889	(C)(3)	8,400				COMMUNITY IMPACT
(5)	FATHERS UPLIFT INC 12 SOUTHERN AVENUE DORCHESTER MA 02124	46-1407932	(C)(3)	50,000				COMMUNITY IMPACT
(6)	FIRST CARE HEALTH CENTER 115 VIVIAN STREET PARK RIVER ND 58270	45-0232743	(C)(3)	17,400				STROKE PROGRAMS
(7)	FLINT FRESH MOBILE MARKET 3325 EAST COURT STREET FLINT MI 48506	81-2840219	(C)(3)	130,000				COMMUNITY NUTRITION
(8)	FORTY ACRES FRESH MARKET 1510 WEST GRAND AVENUE APT 2W CHICAGO IL 60642	83-3588129		210,000				COMMUNITY NUTRITION
(9)	FOUNDATION FOR HEALTHY GENERATIONS 2132 3RD AVENUE STE 226 SEATTLE WA 98121	91-6186093	(C)(3)	132,175				CHILDHOOD OBESITY

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Schedule I (Form 990) (2019)

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OMB No. 1545-0047

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**Open to Public
Inspection**

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(1)	FRANKLIN COUNTY COMMUNITY DEVELOPE 324 WELLS STREET GREENFIELD MA 01301	04-2678309	(C)(3)	27,674				COMMUNITY HEALTH
(2)	FRANKLIN COUNTY FOOD POLICY COUNCIL 1418 SOUTH MAIN STE 1 OTTAWA KS 66067	48-6038022	GOV	15,000				COMMUNITY NUTRITION
(3)	FRESH TRUCK INC 69 SHIRLEY STREET BOSTON MA 02119	46-2848535	(C)(3)	50,000				COMMUNITY IMPACT
(4)	FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101 MENOMONEE FALLS WI 53051	39-2014409	(C)(3)	24,000				COMMUNITY HEALTH
(5)	GATEWAY REGION YMCA WESTLINE INDUSTRIAL DRIVE, STE. 232 MARYLAND HEIGHTS MO 63146	43-0653616	(C)(3)	36,800				BLOOD PRESSURE PROGR
(6)	GENESEEE HEALTH SYSTEM 420 WEST FIFTH AVENUE FLINT MI 48503	46-1377563	GOV	11,600				COMMUNITY HEALTH
(7)	GLOBAL TO LOCAL 2800 SOUTH 192ND STREET STE 104 SEATAC WA 98188	27-3133200	(C)(3)	11,500				COMMUNITY HEALTH
(8)	GOTHENBURG MEMORIAL HOSPITAL 910 20TH STREET GOTHENBURG NE 69138	47-0532605	GOV	7,600				STROKE PROGRAMS
(9)	GREAT PLAINS HEALTH 601 WEST LEOTA STREET NORTH PLATTE NE 69101	47-0662290	(C)(3)	19,415				STROKE PROGRAMS

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Schedule I (Form 990) (2019)

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Department of the Treasury
Internal Revenue Service

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(1)	GROUNDWORK CENTER FOR RESILIENT COM 148 EAST FRONT STREET STE 301 TRAVERSE CITY MI 49684	38-2314954	(C)(3)	75,000				CHILDHOOD OBESITY
(2)	HAWAII APPLESEED CENTER FOR LAW & E 733 BISHOP STREET STE 1180 HONOLULU HI 96813	76-0748976	(C)(3)	85,989				COMMUNITY NUTRITION
(3)	HEALTHWORKS COMMUNITY FITNESS 450 WASHINGTON STREET DORCHESTER MA 02124	04-3431534	(C)(3)	50,000				COMMUNITY IMPACT
(4)	HEALTHY FOOD AMERICA PO BOX 22260 SEATTLE WA 98122	47-2926810	(C)(3)	54,270				CHILDHOOD OBESITY
(5)	HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD FL 33021	59-2230272	(C)(3)	18,261				CHILDHOOD OBESITY
(6)	HOMESTART INC 105 CHAUNCY STREET STE 502 BOSTON MA 02111	04-3311270	(C)(3)	100,000				COMMUNITY IMPACT
(7)	HORIZON FOUNDATION OF HOWARD COUNTY 10221 WINCOPIN CIRCLE STE 200 COLUMBIA MD 21044	52-2119011	(C)(3)	125,000				CHILDHOOD OBESITY
(8)	HOUSTON HEALTHCARE 1601 WATSON BLVD WARNER ROBINS GA 31093	71-1045290	(C)(3)	30,222				STROKE PROGRAMS
(9)	HSBS ST MARYS HOSPITAL 1800 EAST LAKE SHORE DRIVE DECATUR IL 62521	37-0661244	(C)(3)	10,000				STROKE PROGRAMS

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Department of the Treasury
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(1)	IMMIGRANT FAMILY SERVICES INSTITUTE 575 AMERICAN LEGION HIGHWAY ROSLINDALE MA 02131	47-4400495	(C)(3)	50,000				COMMUNITY HEALTH
(2)	INGALLS MEMORIAL HOSPITAL 27691 NETWORK PLACE CHICAGO IL 60673	36-2170866	(C)(3)	5,500				STROKE PROGRAMS
(3)	INGLEWOOD COUNCIL OF PTAS 5354 WEST 64TH STREET INGLEWOOD CA 90302	23-7128444	(C)(3)	7,500				COMMUNITY HEALTH
(4)	INNOVIS HEALTH LLC 502 EAST SECOND STREET DULUTH MN 55805	26-1175213	(C)(3)	39,937				STROKE PROGRAMS
(5)	INSTITUTE FOR LOCAL SELF-RELIANCE 1710 CONNECTICUT AVENUE NW 4TH FLR WASHINGTON DC 20009	23-7394104	(C)(3)	57,614				COMMUNITY IMPACT
(6)	INTERNATIONAL HEALTH COMMISSION OF P.O. BOX 225 WILLINGBORO NJ 08046	53-0204696	(C)(3)	25,000				COMMUNITY NUTRITION
(7)	INTERNATIONAL PRE-DIABETES CENTER 14500 ROSCOE BL 4TH FLOOR PANORAMA CITY CA 91402	47-1341290	(C)(3)	99,988				COMMUNITY HEALTH
(8)	INVOLVEDDAD 2712 SAGINAW STREET STE 103 FLINT MI 48505	47-4368803	(C)(3)	50,000				COMMUNITY IMPACT
(9)	ISLAND HARVEST LTD 15 GRUMMAN ROAD WEST STE 1450 BETHPAGE NY 11714	11-3136350	(C)(3)	15,000				COMMUNITY IMPACT

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Schedule I (Form 990) (2019)

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(1)	JENNIE M MELHAM MEMORIAL MEDIC 145 MEMORIAL DRIVE BROKEN BOW NE 68822	47-0426530	(C)(3)	17,285				STROKE PROGRAMS
(2)	JESSIE TRICE COMMUNITY HEALTH SYST 5607 NW 27TH AVENUE MIAMI FL 33142	59-1235617	(C)(3)	15,360				BLOOD PRESSURE PROGR
(3)	JOHN MUIR HEALTH 2540 EAST STREET CONCORD CA 94520	94-2650855	(C)(3)	6,500				COMMUNITY HEALTH
(4)	JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE MD 21205	52-0595110	(C)(3)	37,500				STROKE PROGRAMS
(5)	JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE NC 28216	25-0983069	(C)(3)	65,000				COMMUNITY HEALTH
(6)	KEARNEY REGIONAL MEDICAL CENTER 804 22ND AVENUE KEARNEY NE 68845	27-0860326	GOV	18,840				STROKE PROGRAMS
(7)	KIMBALL COUNTY HOSPITAL 505 SOUTH BURG STREET KIMBALL NE 69145	47-6007155	GOV	7,600				STROKE PROGRAMS
(8)	LAWRENCE LIVERMORE NATIONAL SECURIT 7000 EAST AVENUE L435 LIVERMORE CA 94550	20-5624386	GOV	1,757,896				RESEARCH
(9)	LEXINGTON REGIONAL HEALTH CENTER 1201 NORTH ERIE STREET LEXINGTON NE 68850	45-6029692	GOV	7,600				STROKE PROGRAMS

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Department of the Treasury
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(1)	MADE INSTITUTE 605 EAST PARKWAY AVENUE FLINT MI 48505	47-3281597	(C)(3)	110,000				COMMUNITY HEALTH
(2)	MAINE CONSUMERS FOR AFFORDABLE HEALTH 12 CHURCH STREET AUGUSTA ME 04330	04-3366975	(C)(3)	18,000				CHILDHOOD OBESITY
(3)	MAKE THE ROAD NEW YORK INC 301 GROVE STREET BROOKLYN NY 11237	11-3344389	(C)(3)	25,000				CHILDHOOD OBESITY
(4)	MARY LANNING HEALTHCARE 715 NORTH SAINT JOSEPH HASTINGS NE 68901	47-0378779	(C)(3)	19,415				STROKE PROGRAMS
(5)	MEMORIAL AND MANOR BAINBRIDGE 1500 EAST SHOTWELL STREET BAINBRIDGE GA 39819	58-6011888	GOV	5,037				STROKE PROGRAMS
(6)	MEMORIAL COMMUNITY HEALTH INC 1423 7TH STREET AURORA NE 68818	47-0461859	(C)(3)	6,125				STROKE PROGRAMS
(7)	MEMORIAL COMMUNITY HOSPITAL & HEALTH 610 NORTH 22ND STREET BLAIR NE 68008	47-0426285	(C)(3)	6,125				STROKE PROGRAMS
(8)	METHODIST WOMENS HOSPITAL PO BOX 2797 OMAHA NE 68114	47-0376604	(C)(3)	7,750				STROKE PROGRAMS
(9)	METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN STE 1000 CHICAGO IL 60602	36-2167940	(C)(3)	10,000				COMMUNITY NUTRITION

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(1)	MIAMI BEACH COMMUNITY HEALTH CENTER 11645 BISCAYNE BLVD STE 207 MIAMI FL 33181	59-1829984	(C)(3)	12,800				COMMUNITY HEALTH
(2)	MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DRIVE LANSING MI 48917	38-2294018	(C)(3)	40,250				COMMUNITY HEALTH
(3)	MISSISSIPPI LOW INCOME CHILD CARE I PO BOX 204 BILOXI MS 39533	64-0943404	(C)(3)	24,080				CHILDHOOD OBESITY
(4)	MISSOURI BAPTIST MEDICAL CENTER PO BOX 958361 SAINT LOUIS MO 63195	43-0652656	(C)(3)	24,000				COMMUNITY HEALTH
(5)	MIZELL MEMORIAL HOSPITAL INC 702 NORTH MAIN STREET OPPA AL 36467	63-0307951	(C)(3)	9,646				STROKE PROGRAMS
(6)	MPRO, HELPING HEALTHCARE GET BETTER 22670 HAGGERTY ROAD SUITE 100 FARMINGTON HILLS MI 48335	38-2536610	(C)(3)	52,500				COMMUNITY HEALTH
(7)	NATIONAL HEAD START ASSOCIATIO 1651 PRINCE STREET ALEXANDRIA VA 22314	52-1282065	(C)(3)	76,950				CHILDHOOD OBESITY
(8)	NEBRASKA APPLESEED CENTER 941 O STREET STE 920 LINCOLN NE 68508	47-0798343	(C)(3)	18,206				CHILDHOOD OBESITY
(9)	NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER OMAHA NE 68198	91-1858433	(C)(3)	19,415				STROKE PROGRAMS

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(1)	NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA NE 68114	47-0376604	(C)(3)	19,415				STROKE PROGRAMS
(2)	NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SOUTHWEST STE C ALBUQUERQUE NM 87102	85-0437960	(C)(3)	25,000				CHILDHOOD OBESITY
(3)	NORTHWESTERN MEDICINE CENTRAL DUPAGE 25 NORTH WINFIELD ROAD WINFIELD IL 60190	36-2513909	(C)(3)	10,000				COMMUNITY HEALTH
(4)	NORTHWESTERN MEDICINE DELNOR HOSPITAL 300 RANDALL ROAD GENEVA IL 60134	36-3484281	(C)(3)	10,000				COMMUNITY HEALTH
(5)	OKLAHOMA INSTITUTE FOR CHILDHOOD AND AD 2915 NORTH CLASSEN STE 320 OKLAHOMA CITY OK 73106	73-1192768	(C)(3)	50,000				CHILDHOOD OBESITY
(6)	ORGANIZE FLORIDA EDUCATION FUND 134 EAST COLONIAL DRIVE ORLANDO FL 32801	27-4384675	(C)(3)	62,500				COMMUNITY IMPACT
(7)	OSMOND GENERAL HOSPITAL INC 402 NORTH MAPLE STREET OSMOND NE 68765	23-7161473	(C)(3)	7,600				STROKE PROGRAMS
(8)	PALMETTO CYCLING COALITION 141F PELHAM DRIVE STE 116 COLUMBIA SC 29209	57-1020701	(C)(3)	44,492				CHILDHOOD OBESITY
(9)	PAN AMERICAN SANITARY BUREAU 525 23RD STREET NORTHWEST WASHINGTON DC 20037	52-1804954	GOV	75,145				COMMUNITY NUTRITION

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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)	PAWNEE COUNTY MEMORIAL HOSPITAL 600 I STREET PAWNEE CITY NE 68420	36-3169688	GOV	6,125				STROKE PROGRAMS
(2)	PEDIATRIC FOUNDATION OF MICHIGAN 106 WEST ALLEGAN STREET STE 310 LANSING MI 48933	33-1065901	(C)(3)	49,946				CHILDHOOD OBESITY
(3)	PENDER COMMUNITY HOSPITAL 100 HOSPITAL DRIVE PENDER NE 68047	47-0711662	(C)(3)	6,125				STROKE PROGRAMS
(4)	PENTECOSTAL CHURCH OF JESUS CHRIST 5918 HULMELVILLE ROAD BENSALEM PA 19020	23-3057525	(C)(3)	10,000				COMMUNITY NUTRITION
(5)	PERKINS COUNTY HEALTH SERVICE 900 LINCOLN AVENUE GRANT NE 69140	47-6014365	GOV	7,600				STROKE PROGRAMS
(6)	PETE BROWN JR TENNIS PROGRAM PO BOX 8114 LOS ANGELES CA 90008	80-0800003	(C)(3)	10,000				COMMUNITY HEALTH
(7)	PINNACLE PREVENTION CORP 250 SOUTH ARIZONA AVENUE STE 6 CHANDLER AZ 85225	46-4574172	(C)(3)	141,432				COMMUNITY NUTRITION
(8)	PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE ROAD WAYNE NE 68787	47-0566524	(C)(3)	6,125				STROKE PROGRAMS
(9)	PUBLIC ALLIES INC 735 NORTH WATER STREET STE 550 MILWAUKEE WI 53202	52-1759564	(C)(3)	68,601				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**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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(1)	PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVENUE ST PAUL MN 55105	41-1896367	(C)(3)	40,635				CHILDHOOD OBESITY
(2)	REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF NE 69361	47-0385129	(C)(3)	19,415				STROKE PROGRAMS
(3)	REINVESTMENT PARTNERS 110 EAST GEER STREET DURHAM NC 27701	31-1587628	(C)(3)	50,000				COMMUNITY NUTRITION
(4)	RENO COUNTY HEALTH DEPARTMENT 209 WEST 2ND HUTCHINSON KS 67501	48-6015542	GOV	15,000				COMMUNITY NUTRITION
(5)	RHODE ISLAND PUBLIC HEALTH INSTITUT 383 WEST FOUNTAIN STREET STE 101 PROVIDENCE RI 02903	05-0474726	(C)(3)	124,997				COMMUNITY NUTRITION
(6)	RICHLAND HOSPITAL 333 EAST SECOND STREET RICHARD CENTER WI 53581	39-0808498	(C)(3)	55,000				COMMUNITY HEALTH
(7)	RIDE HEALTH INC 29 WEST 17TH STREET FLOOR 6 NEW YORK NY 10011	82-3442492		125,000				COMMUNITY HEALTH
(8)	RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY CHICAGO IL 60612	36-2174823	(C)(3)	75,000				BLOOD PRESSURE PROGR
(9)	SAFE ROUTES TO SCHOOL NATIONAL PART 12587 FAIR LAKES CIRCLE #251 FAIRFAX VA 22033	46-2694434	(C)(3)	27,000				CHILDHOOD OBESITY

- 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) (2019)

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

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Name of the organization

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Employer identification number

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(1)	SAFE ROUTES TO SCHOOL NATIONAL PART 12587 FAIR LAKES CIRCLE #251 FAIRFAX VA 22033	46-2694434	(C)(3)	85,000				COMMUNITY IMPACT
(2)	SAINT FRANCIS MEMORIAL HOSPITA 430 NORTH MONITOR STREET WEST POINT NE 68788	47-0486026	(C)(3)	7,600				STROKE PROGRAMS
(3)	SANFORD BISMARCK 300 NORTH 7TH STREET BISMARCK ND 58501	45-0226700	(C)(3)	39,765				STROKE PROGRAMS
(4)	SANFORD HEALTH NETWORK NORTH 332 2ND AVENUE NORTH WAHPETON ND 58075	45-0409348	(C)(3)	7,125				STROKE PROGRAMS
(5)	SANFORD MEDICAL CENTER FARGO PO BOX 2010 FARGO ND 58122	45-0226909	(C)(3)	40,700				STROKE PROGRAMS
(6)	SIERRA HEALTH FOUNDATION CENTER 1321 GARDEN HIGHWAY STE 210 SACRAMENTO CA 95833	45-5282243	(C)(3)	24,475				CHILDHOOD OBESITY
(7)	SMART FROM THE START 68 ANNUNCIATION ROAD BOSTON MA 02120	45-4952663	(C)(3)	200,000				COMMUNITY HEALTH
(8)	SOCIEDAD LATINA INC 1530 TREMONT STREET ROXBURY MA 02120	04-2678255	(C)(3)	10,000				COMMUNITY NUTRITION
(9)	SOUTHEAST HEALTH FOUNDATION 1922 FAIRVIEW AVENUE DOTHAN AL 36301	20-8726030	(C)(3)	7,500				STROKE PROGRAMS

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Schedule I (Form 990) (2019)

**SCHEDULE I
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Department of the Treasury
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OMB No. 1545-0047

2019

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Inspection**

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

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(1)	SOUTHERN JAMAICA PLAIN HEALTH 640 CENTRE STREET JAMAICA PLAIN MA 02130	42-0312909	(C)(3)	10,000				COMMUNITY HEALTH
(2)	SPUR 654 MISSION STREET SAN FRANCISCO CA 94105	94-1498232	(C)(3)	14,311				CHILDHOOD OBESITY
(3)	ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK ND 58506	45-0226711	(C)(3)	18,000				STROKE PROGRAMS
(4)	ST FRANCIS HEALTH LLC 2122 MANCHESTER EXPRESSWAY COLUMBUS GA 31904	47-5259919	(C)(3)	15,000				STROKE PROGRAMS
(5)	ST MARY'S COMMUNITY HOSPITAL 1301 GRUNDMAN BLVD NEBRASKA CITY NE 68410	47-0443636	(C)(3)	6,125				STROKE PROGRAMS
(6)	STAND UP NASHVILLE PO BOX 292583 NASHVILLE TN 37229	83-0602074	(C)(3)	60,000				COMMUNITY IMPACT
(7)	STONY BROOK RESEARCH FOUNDATION STONY BROOK UNIVERSITY STONY BROOK NY 11794	14-1368361	(C)(3)	10,000				COMMUNITY HEALTH
(8)	STRENGTHENING THE EMPOWERMENT PO BOX 1712 INGLEWOOD CA 90308	47-3496071	(C)(3)	10,000				COMMUNITY IMPACT
(9)	SWEET POTATO PATCH CHICAGO 8123 SOUTH LANGLEY CHICAGO IL 60619	83-4342911		129,500				COMMUNITY NUTRITION

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Employer identification number

13-5613797

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(1)	TEACHERS COLLEGE COLUMBIA UNIV 525 WEST 120TH STREET NEW YORK NY 10027	13-1624202	(C)(3)	34,135				CHILDHOOD OBESITY
(2)	TEMPLE UNIVERSITY 2450 WEST HUNTING PARK AVENUE PHILADELPHIA PA 19129	23-1365971	(C)(3)	10,000				STROKE PROGRAMS
(3)	TENANTS AND WORKERS UNITED 3801 MOUNT VERNON AVENUE ALEXANDRIA VA 22305	54-1515305	(C)(3)	25,000				CHILDHOOD OBESITY
(4)	THAYER COUNTY HEALTH SERVICE 120 PARK AVENUE HEBRON NE 68370	47-0627838	GOV	6,125				STROKE PROGRAMS
(5)	THE FOOD TRUST 1617 JFK BLVD STE 900 PHILADELPHIA PA 19103	23-2678383	(C)(3)	200,000				CHILDHOOD OBESITY
(6)	THEA BOWMAN HOUSE INC 731 LAFAYETTE STREET UTICA NY 13502	16-1488620	(C)(3)	5,261				COMMUNITY IMPACT
(7)	TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200 WASHINGTON DC 20005	52-1974904	(C)(4)	237,500				ANTI-TOBACCO ADVOCAC
(8)	TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 & 34 CAMBRIDGE NE 69022	47-6028103	(C)(3)	7,600				STROKE PROGRAMS
(9)	TRINITY HEALTH 305 11TH AVE. SW MINOT ND 58701	41-2002771	(C)(3)	39,060				STROKE PROGRAMS

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(1)	TROY REGIONAL MEDICAL CENTER 1330 HIGHWAY 231 SOUTH TROY AL 36081	27-1534178	GOV	10,342				STROKE PROGRAMS
(2)	TRUMAN MEDICAL CENTER INC PO BOX 957924 SAINT LOUIS MO 63195	44-0661018	(C)(3)	5,375				COMMUNITY HEALTH
(3)	UNION COUNTY GOVERNMENT 2330 CONCORD AVENUE MONROE NC 28110	56-6000345	GOV	6,000				COMMUNITY HEALTH
(4)	UNION GENERAL HOSPITAL 35 HOSPITAL ROAD BLAIRSVILLE GA 30512	58-6025393	(C)(3)	5,246				STROKE PROGRAMS
(5)	UNIVERSITY OF TEXAS FOUNDATION PO BOX 250 AUSTIN TX 78767	74-1587488	(C)(3)	27,000				CHILDHOOD OBESITY
(6)	UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK DE 19716	51-6000297	GOV	15,000				STROKE PROGRAMS
(7)	UNIVERSITY OF KENTUCKY RESEARCH FOU 500 SOUTH LIMESTONE LEXINGTON KY 40526	61-6033693	GOV	19,444				COMMUNITY NUTRITION
(8)	URBAN FARMING INSTITUTE OF BOSTON 487R NORFOLK STREET MATTAPAN MA 02126	45-3961022	(C)(3)	90,000				COMMUNITY NUTRITION
(9)	URBAN RENAISSANCE CENTER 2505 NORTH CHEVROLET AVENUE FLINT MI 48504	47-5270395	(C)(3)	40,000				COMMUNITY IMPACT

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(1)	VOICES FOR GEORGIAS CHILDREN 75 MARIETTA STREET NW STE 401 ATLANTA GA 30303	02-0678823	(C)(3)	25,000				CHILDHOOD OBESITY
(2)	WATERVILLE AREA FOOD PANTRY 234 WHITE STREET WATERVILLE NY 13480	47-5546457	(C)(3)	7,125				COMMUNITY IMPACT
(3)	WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVENUE DETROIT MI 48202	38-2008890	(C)(3)	11,600				COMMUNITY HEALTH
(4)	WEST HOLT MEMORAL HOSPITAL 406 WEST NEELY STREET ATKINSON NE 68713	47-0544098	(C)(3)	7,600				STROKE PROGRAMS
(5)	WESTERN PRAIRIE FOOD FARM ALLIANCE, 210 W. FIRST ST. ST. FRANCIS KS 67756	48-0823838	GOV	14,740				COMMUNITY NUTRITION
(6)	WESTERN PRAIRIE FOOD FARM ALLIANCE, 1261 R. LN. OBERLIN KS 67749	48-6014616	GOV	14,992				COMMUNITY NUTRITION
(7)	WESTERN PRAIRIE FOOD FARM ALLIANCE, BOX 366 GOODLAND KS 67735	48-6013889	GOV	15,000				COMMUNITY NUTRITION
(8)	WESTERN PRAIRIE FOOD FARM ALLIANCE, BOX 366 GOODLAND KS 67735	48-0950931	(C)(3)	15,000				COMMUNITY NUTRITION
(9)	WESTERN WAYNE FAMILY HEALTH CENTER 2700 HAMLIN BLVD INSKSTER MI 48141	30-0281587	(C)(3)	14,590				COMMUNITY HEALTH

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(1)	WINSTON SALEM STATE UNIVERSITY 601 MARTIN LUTHER KING JR. DRIVE WINSTON-SALEM NC 27110	56-0989620	(C)(3)	65,000				COMMUNITY HEALTH
(2)	WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY PLAZA 1 STE 149 FARMERS BRANCH TX 75234	75-2616002	(C)(3)	70,000				COMMUNITY HEALTH
(3)	YMCA OF FLORIDA'S FIRST COAST 40 EAST ADAMS STREET STE 210 JACKSONVILLE FL 32202	59-0638514	(C)(3)	7,550				BLOOD PRESSURE PROGR
(4)	YMCA OF GREATER LOUISVILLE INC 545 SOUTH SECOND STREET LOUISVILLE KY 40202	61-0444843	(C)(3)	6,450				BLOOD PRESSURE PROGR
(5)	YORK GENERAL HEALTHCARE SERVICE 2222 NORTH LINCOLN AVENUE YORK NE 68467	47-0379039	(C)(3)	6,125				STROKE PROGRAMS
(6)	314 EASY MATH LLC 615 SAGINAW STREET STE 5006 FLINT MI 48502	82-0690595		60,000				COMMUNITY IMPACT
(7)	JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE MD 21205	52-0595110	(C)(3)	37,500				STROKE PROGRAMS
(8)	CHANGELAB SOLUTIONS, INC. 2201 BROADWAY STE 502 OAKLAND CA 94612	26-3710746	(C)(3)	35,000				COMMUNITY NUTRITION
(9)	EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA GA 30322	58-0566256	(C)(3)	500,000				COMMUNITY HEALTH

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(1)	ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY NY 12208	14-1338310	(C)(3)	62,032				RESEARCH
(2)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE NEW YORK NY 10461	83-0621846	(C)(3)	128,836				RESEARCH
(3)	AUGUSTA UNIVERSITY 1120 15TH STREET AUGUSTA GA 30912	58-6002053	(C)(3)	252,144				RESEARCH
(4)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON TX 77030	74-1613878	(C)(3)	423,868				RESEARCH
(5)	BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON MA 02215	04-2103881	(C)(3)	128,836				RESEARCH
(6)	BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON MA 02115	10-4277444	(C)(3)	959,200				RESEARCH
(7)	BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON MA 02118	04-3314093	(C)(3)	230,869				RESEARCH
(8)	BOSTON UNIVERSITY MEDICAL CAMPUS 715 ALBANY STREET BOSTON MA 02118	04-2103547	(C)(3)	10,698,126				RESEARCH
(9)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON MA 02115	04-2312909	(C)(3)	16,551,400				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) (2019)

**SCHEDULE I
(Form 990)**

**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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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)	BURKE MEDICAL RESEARCH INSTITUTE 785 MAMARONECK AVENUE WHITE PLAINS NY 10605	13-3434924	(C)(3)	131,356				RESEARCH
(2)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND OH 44106	34-1018992	(C)(3)	399,528				RESEARCH
(3)	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD, SUITE 1150 LOS ANGELES CA 90048	95-1644600	(C)(3)	331,000				RESEARCH
(4)	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI OH 45229	31-0833936	(C)(3)	2,931,000				RESEARCH
(5)	CLEMSON UNIVERSITY 230 KAPPA STREET STROM CLEMSON SC 29634	57-6000254	GOV	154,000				RESEARCH
(6)	CLEVELAND CLINIC FOUNDATION P.O. BOX 931531 CLEVELAND OH 44193	34-0714585	(C)(3)	1,308,385				RESEARCH
(7)	COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK NY 10032	13-5598093	(C)(3)	1,148,462				RESEARCH
(8)	COLUMBIA UNIVERSITY IRVING MEDICAL CENTER 630 WEST 168TH STREET NEW YORK NY 10032	13-5598073	(C)(3)	259,416				RESEARCH
(9)	CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA NY 14850	15-0532082	(C)(3)	321,448				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Department of the Treasury
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OMB No. 1545-0047

2019

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(1)	DARTMOUTH COLLEGE 10 S MAIN STREET HANOVER NH 03755	02-0222111	(C)(3)	62,032				RESEARCH
(2)	DREXEL UNIVERSITY 1505 RACE ST, 10TH FLOOR PHILADELPHIA PA 19102	23-1352630	(C)(3)	93,048				RESEARCH
(3)	DUKE UNIVERSITY MEDICAL CENTER 2200 W. MAIN STREET, SUITE 710 DURHAM NC 27705	56-0532129	(C)(3)	365,220				RESEARCH
(4)	EAST TENNESSEE STATE UNIVERSITY 247 S. DOSSETT DR JOHNSON CITY TN 37614	62-6021046	GOV	216,032				RESEARCH
(5)	EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH NORFOLK VA 23501	54-6055378	(C)(3)	216,032				RESEARCH
(6)	EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA GA 30322	58-0566256	(C)(3)	867,832				RESEARCH
(7)	FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY, 3RD FLOOR TALLAHASSEE FL 32306	59-1961248	GOV	62,032				RESEARCH
(8)	FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE N SEATTLE WA 98109	23-7156071	(C)(3)	128,836				RESEARCH
(9)	GEORGE WASHINGTON UNIVERSITY 2300 EYE STREET, NW WASHINGTON DC 20037	53-0196584	(C)(3)	62,032				RESEARCH

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Department of the Treasury
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OMB No. 1545-0047

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Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

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(1)	GEORGIA STATE UNIVERSITY 38 PEACHTREE CENTER AVENUE, SUITE ATLANTA GA 30302	5 58-6002050	(C)(3)	131,356				RESEARCH
(2)	HARVARD UNIVERSITY 25 SHATTUCK STREET, SUITE 509A BOSTON MA 02115	04-2103580	(C)(3)	522,148				RESEARCH
(3)	HUGO W. MOSER RESEARCH INSTITUTE 707 N. BROADWAY BALTIMORE MD 21205	52-1524967	(C)(3)	190,112				RESEARCH
(4)	ICAHN SCHOOL OF MEDICINE AT MOUNT ONE GUSTAVE L. LEVY PLACE NEW YORK NY 10029	S 13-6171197	(C)(3)	1,185,360				RESEARCH
(5)	INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON IN 47401	35-6001673	GOV	60,000				RESEARCH
(6)	INDIANA UNIVERSITY, INDIANAPOLIS 541 CLINICAL DRIVE INDIANAPOLIS IN 46202	35-6001673	GOV	499,172				RESEARCH
(7)	IOWA STATE UNIVERSITY 716 FARMHEALTH LANE AMES IA 50010	42-6004224	GOV	31,016				RESEARCH
(8)	JOAN & SANFORD I. WEILL MEDICAL COL 1300 YORK AVENUE NEW YORK NY 10065	13-1623978	(C)(3)	359,836				RESEARCH
(9)	JOHNS HOPKINS UNIVERSITY-SCHOOL OF 733 N. BROADWAY, SUITE 117 BALTIMORE MD 21205	52-0595110	(C)(3)	7,620,665				RESEARCH

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Schedule I (Form 990) (2019)

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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

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(1)	JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE BOSTON MA 02215	04-2203836	(C)(3)	131,356				RESEARCH
(2)	KAISER FOUNDATION RESEARCH INSTITUT 1800 HARRISON STREET, 16TH FLOOR OAKLAND CA 94612	94-1105628	(C)(3)	75,000				RESEARCH
(3)	LA JOLLA INSTITUTE FOR ALLERGY AND 10355 SCIENCE CENTER DRIVE SAN DIEGO CA 92121	33-0328688	(C)(3)	231,000				RESEARCH
(4)	LOMA LINDA UNIVERSITY 24887 TAYLOR STREET, SUITE 201 LOMA LINDA CA 92350	95-1816009	(C)(3)	62,032				RESEARCH
(5)	LOUISIANA STATE UNIVERSITY HEALTH S 1501 KINGS HWY SHREVEPORT LA 71103	72-0702002	GOV	394,788				RESEARCH
(6)	LOUISIANA STATE UNIVERSITY HEALTH S 433 BOLIVAR ST. NEW ORLEANS LA 70112	72-6087770	GOV	190,112				RESEARCH
(7)	LOYOLA UNIVERSITY CHICAGO 1032 W. SHERIDAN ROAD CHICAGO IL 60660	36-1408475	(C)(3)	62,032				RESEARCH
(8)	MAGEE-WOMENS RESEARCH INSTITUTE & F 3240 CRAFT PLACE, SUITE 100 PITTSBURGH PA 15213	25-1462312	(C)(3)	247,300				RESEARCH
(9)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON MA 02114	04-2697983	(C)(3)	3,127,026				RESEARCH

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**SCHEDULE I
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Department of the Treasury
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OMB No. 1545-0047

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(1)	MAYO CLINIC 200 FIRST ST. SW ROCHESTER MN 55905	41-6011702	(C)(3)	360,192				RESEARCH
(2)	MCLEAN HOSPITAL 115 MILL STREET BELMONT MA 02478	04-2697981	(C)(3)	229,932				RESEARCH
(3)	MEDICAL COLLEGE OF WISCONSIN 9200 W. WISCONSIN AVE. MILWAUKEE WI 53226	39-0806261	(C)(3)	934,672				RESEARCH
(4)	MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE BUILDING 1, SUI CHARLESTON SC 29407	57-6000722	GOV	488,900				RESEARCH
(5)	MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVENUE NEW YORK NY 10065	13-1924236	(C)(3)	62,032				RESEARCH
(6)	MIAMI UNIVERSITY 501 E. HIGH STREET OXFORD OH 45056	31-6402089	GOV	154,000				RESEARCH
(7)	MIDWESTERN UNIVERSITY 19555 NORTH 59TH AVENUE GLENDALE AZ 85308	36-3377698	(C)(3)	152,735				RESEARCH
(8)	MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR., SW ATLANTA GA 30310	58-1438873	(C)(3)	62,032				RESEARCH
(9)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE, 6TH FLOOR NEW YORK NY 10016	13-5562308	(C)(3)	7,906,495				RESEARCH

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(1)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON MA 02115	04-1679980	(C)(3)	1,387,529				RESEARCH
(2)	NORTHERN CALIFORNIA INSTITUTE FOR R 4150 CLEMENT STREET SAN FRANCISCO CA 94121	94-3084159	(C)(3)	270,692				RESEARCH
(3)	NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO IL 60611	36-2167817	(C)(3)	1,231,913				RESEARCH
(4)	OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS OH 43210	31-6025986	GOV	6,107,208				RESEARCH
(5)	OKLAHOMA MEDICAL RESEARCH FOUNDATIO 825 NE 13TH STREET OKLAHOMA CITY OK 73104	73-0580274	(C)(3)	359,836				RESEARCH
(6)	OKLAHOMA STATE UNIVERSITY 203 WHITEHURST STILLWATER OK 74078	73-1383996	GOV	153,802				RESEARCH
(7)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. PORTLAND OR 97239	93-1176109	GOV	355,064				RESEARCH
(8)	PALO ALTO VETERANS INSTITUTE FOR RE 3801 MIRANDA AVENUE PALO ALTO CA 94304	77-0207331	(C)(3)	75,000				RESEARCH
(9)	PENNINGTON BIOMEDICAL RESEARCH CENT 6400 PERKINS ROAD BATON ROUGE LA 70808	72-6000848	GOV	131,356				RESEARCH

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(1)	PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER UNIVERSITY PARK PA 16802	24-6000376	GOV	31,016				RESEARCH
(2)	PRINCETON UNIVERSITY P.O. BOX 36 PRINCETON NJ 08544	21-0634501	(C)(3)	62,032				RESEARCH
(3)	PURDUE UNIVERSITY 155 S. GRANT STREET WEST LAFAYETTE IN 47907	35-6002041	GOV	228,877				RESEARCH
(4)	RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY NY 12180	14-1340095	(C)(3)	62,032				RESEARCH
(5)	RICE UNIVERSITY 6100 MAIN STREET HOUSTON TX 77005	74-1109620	(C)(3)	122,032				RESEARCH
(6)	RUTGERS, THE STATE UNIVERSITY OF 33 KNIGHTSBRIDGE ROAD PISCATAWAY NJ 08854	22-6001086	GOV	1,597,352				RESEARCH
(7)	SAINT LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST. LOUIS MO 63103	43-0654872	(C)(3)	135,352				RESEARCH
(8)	SALK INSTITUTE FOR BIOLOGICAL STUDI 10010 NORTH TORREY PINES ROAD LA JOLLA CA 92037	95-2160097	(C)(3)	62,032				RESEARCH
(9)	SAN DIEGO STATE UNIVERSITY RESEARCH 5250 CAMPANILE DR. SAN DIEGO CA 92182	95-6042721	(C)(3)	62,032				RESEARCH

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(1)	SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037	51-0197108	(C)(3)	819,896				RESEARCH
(2)	SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE WA 98105	91-0564748	(C)(3)	128,836				RESEARCH
(3)	STANFORD UNIVERSITY 269 CAMPUS DRIVE WEST STANFORD CA 94063	94-1156365	(C)(3)	5,207,493				RESEARCH
(4)	STATE UNIVERSITY OF NEW YORK 1400 WASHINGTON AVENUE ALBANY NY 12222	14-1368361	GOV	93,048				RESEARCH
(5)	SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE PA 19081	23-1352683	(C)(3)	154,000				RESEARCH
(6)	TEMPLE UNIVERSITY 2450 WEST HUNTING PARK AVENUE PHILADELPHIA PA 19129	23-1365971	(C)(3)	598,376				RESEARCH
(7)	TEXAS TECH UNIVERSITY BOX 41035 LUBBOCK TX 79409	75-6002622	GOV	154,000				RESEARCH
(8)	THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO CA 94158	23-7203666	(C)(3)	260,192				RESEARCH
(9)	THE METHODIST HOSPITAL RESEARCH INS 7550 GREENBRIAR DR. HOUSTON TX 77030	87-0721923	(C)(3)	590,836				RESEARCH

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(1)	THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA PA 19107	23-1352651	(C)(3)	274,688				RESEARCH
(2)	TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON MA 02111	04-2103634	(C)(3)	319,704				RESEARCH
(3)	TULANE UNIVERSITY 1430 TULANE AVENUE NEW ORLEANS LA 70112	72-0423889	(C)(3)	348,468				RESEARCH
(4)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 720 20TH STREET BRIMINGHAM AL 35233	63-6005396	GOV	855,039				RESEARCH
(5)	UNIVERSITY OF ARIZONA P.O. BOX 3520 TUCSON AZ 85722	74-2652689	GOV	197,384				RESEARCH
(6)	UNIVERSITY OF ARIZONA COLLEGE OF ME 550 E. VAN BUREN STREET PHOENIX AZ 85004	74-2652689	GOV	366,352				RESEARCH
(7)	UNIVERSITY OF ARKANSAS P.O. BOX 1404 FAYETTEVILLE AR 72703	71-6003252	GOV	62,032				RESEARCH
(8)	UNIVERSITY OF CALIFORNIA, BERKELEY 336 SPROUL HALL #5940 BERKELEY CA 94720	94-6002123	GOV	190,868				RESEARCH
(9)	UNIVERSITY OF CALIFORNIA, DAVIS 1 SHIELDS AVENUE DAVIS CA 95616	94-9036494	GOV	255,420				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**

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

Schedule I (Form 990) (2019)

**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

2019

**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)	UNIVERSITY OF CALIFORNIA, IRVINE 141 INNOVATION DR #250 IRVINE CA 92697	95-2226406	GOV	602,460				RESEARCH
(2)	UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BOULEVARD LOS ANGELES CA 90095	95-6006143	GOV	1,122,749				RESEARCH
(3)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE SAN DIEGO CA 92093	95-6006144	GOV	1,399,776				RESEARCH
(4)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315 SAN FRANCISCO CA 94143	94-6036493	GOV	1,786,236				RESEARCH
(5)	UNIVERSITY OF CHICAGO 929 E. 57TH STREET DALIAN IL 60637	36-2177139	(C)(3)	314,932				RESEARCH
(6)	UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI OH 45221	31-6000989	GOV	614,480				RESEARCH
(7)	UNIVERSITY OF COLORADO DENVER 12631 E 17TH AVE AURORA CO 80045	84-6000555	GOV	1,022,784				RESEARCH
(8)	UNIVERSITY OF COLORADO-BOULDER 3100 MARINE STREET BOULDER CO 80309	84-6000555	GOV	336,720				RESEARCH
(9)	UNIVERSITY OF CONNECTICUT, FARMINGTON 263 FARMINGTON AVE. FARMINGTON CT 06030	52-1725543	GOV	248,128				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) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2019

**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

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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)	UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK DE 19716	51-6000297	GOV	128,836				RESEARCH
(2)	UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE FL 32611	59-6002052	GOV	321,448				RESEARCH
(3)	UNIVERSITY OF GEORGIA, ATHENS 475 N. LUMPKIN ST. ATHENS GA 30601	58-6001998	GOV	62,032				RESEARCH
(4)	UNIVERSITY OF ILLINOIS AT CHICAGO 1737 W. POLK STREET, IL CHICAGO IL 60612	37-6000511	GOV	252,900				RESEARCH
(5)	UNIVERSITY OF ILLINOIS, CHAMPAIGN-URBANA 901 WEST ILLINOIS STREET URBANA IL 61801	37-6000511	GOV	62,032				RESEARCH
(6)	UNIVERSITY OF IOWA 125 N. MADISON ST IOWA CITY IA 52242	42-6004813	GOV	2,029,936				RESEARCH
(7)	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY KS 66160	48-1108830	(C)(3)	124,064				RESEARCH
(8)	UNIVERSITY OF MAINE ROOM 401 CORBETT HALL ORONO ME 04469	01-6000769	GOV	128,080				RESEARCH
(9)	UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON STREET BALTIMORE MD 21201	52-6002033	GOV	266,708				RESEARCH

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Schedule I (Form 990) (2019)

**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

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(1)	UNIVERSITY OF MASSACHUSETTS LOWELL ONE UNIVERSITY AVENUE LOWELL MA 01854	04-3167352	GOV	62,032				RESEARCH
(2)	UNIVERSITY OF MASSACHUSETTS MEDICAL 55 LAKE AVENUE NORTH WORCESTER MA 01655	04-3167352	GOV	100,000				RESEARCH
(3)	UNIVERSITY OF MASSACHUSETTS, BOSTON 100 MORRISSEY BOULEVARD BOSTON MA 02125	04-3167352	GOV	154,000				RESEARCH
(4)	UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, SUITE 650 CORAL GABLES FL 33146	59-0624458	(C)(3)	474,784				RESEARCH
(5)	UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR MI 48109	38-6006309	GOV	200,000				RESEARCH
(6)	UNIVERSITY OF MICHIGAN 4414 KRESGE III 200 ZINA PITCHER ANN ARBOR MI 48109	38-6005955	GOV	4,074,428				RESEARCH
(7)	UNIVERSITY OF MINNESOTA 200 OAK ST. NE MINNEAPOLIS MN 55455	41-6007513	GOV	319,416				RESEARCH
(8)	UNIVERSITY OF MISSISSIPPI MEDICAL 2500 NORTH STATE STREET JACKSON MS 39216	64-6008520	GOV	345,948				RESEARCH
(9)	UNIVERSITY OF NEBRASKA MEDICAL CENT 600 42ND DEWEY OMAHA NE 68198	47-0049123	GOV	224,060				RESEARCH

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Schedule I (Form 990) (2019)

**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

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(1)	UNIVERSITY OF NEVADA, RENO 1664 N VIRGINIA ST RENO NV 89557	88-6000024	GOV	62,032				RESEARCH
(2)	UNIVERSITY OF NEW MEXICO MSC09 5220 1 UNIVERSITY OF NEW MEXI ALBUQUERQUE NM 87131	85-6000642	GOV	128,836				RESEARCH
(3)	UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200 CHAPEL HILL NC 27599	56-6001393	GOV	317,452				RESEARCH
(4)	UNIVERSITY OF NORTH TEXAS HEALTH SC 3500 CAMP BOWIE BLVD. FORT WORTH TX 76107	75-6064033	GOV	193,388				RESEARCH
(5)	UNIVERSITY OF OKLAHOMA HEALTH SCIEN 865 RESEARCH PKWY OKLAHOMA CITY OK 73104	73-1563627	GOV	124,064				RESEARCH
(6)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA PA 19104	23-1352685	(C)(3)	870,676				RESEARCH
(7)	UNIVERSITY OF PITTSBURGH 3420 FORBES AVENUE PITTSBURGH PA 15260	25-0965591	(C)(3)	600,120				RESEARCH
(8)	UNIVERSITY OF ROCHESTER MEDICAL CEN 601 ELMWOOD AVE ROCHESTER NY 14642	16-0743209	(C)(3)	186,096				RESEARCH
(9)	UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA SC 29208	57-6001153	GOV	62,032				RESEARCH

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

2019

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Department of the Treasury
Internal Revenue Service

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

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(1)	UNIVERSITY OF TENNESSEE HEALTH SCIENCE 62 S. DUNLAP, SUITE 300 MEMPHIS TN 38163	62-6001636	GOV	131,356				RESEARCH
(2)	UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE ARLINGTON TX 76019	75-6000121	GOV	193,388				RESEARCH
(3)	UNIVERSITY OF TEXAS HEALTH SCIENCE 7000 FANNIN HOUSTON TX 77030	74-1761309	GOV	2,551,995				RESEARCH
(4)	UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229	74-1586031	GOV	591,452				RESEARCH
(5)	UNIVERSITY OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD MC 9105 DALLAS TX 75390	75-6002868	GOV	534,540				RESEARCH
(6)	UNIVERSITY OF UTAH 75 S 2000 E RM 215 SALT LAKE CITY UT 84112	87-6000525	GOV	617,776				RESEARCH
(7)	UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON VT 05405	03-0179440	GOV	590,836				RESEARCH
(8)	UNIVERSITY OF VIRGINIA BOX 400195 CHARLOTTESVILLE VA 22904	54-6001796	GOV	652,804				RESEARCH
(9)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE WA 98195	91-6001537	GOV	252,900				RESEARCH

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**SCHEDULE I
(Form 990)**

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Department of the Treasury
Internal Revenue Service

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

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(1)	UNIVERSITY OF WISCONSIN, MADISON 480 LINCOLN DRIVE MADISON WI 53706	39-6006492	GOV	486,420				RESEARCH
(2)	URSINUS COLLEGE 601 E MAIN ST COLLEGEVILLE PA 19426	23-1177930	(C)(3)	154,000				RESEARCH
(3)	UTAH STATE UNIVERSITY 1415 OLD MAIN HILL LOGAN UT 84322	87-6000528	GOV	131,356				RESEARCH
(4)	VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS MI 49503	52-2000823	(C)(3)	128,836				RESEARCH
(5)	VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH NASHVILLE TN 37203	62-0476822	(C)(3)	1,508,486				RESEARCH
(6)	VERSITI WISCONSIN, INC. PO BOX 2178 MILWAUKEE WI 53201	39-0807235	(C)(3)	62,032				RESEARCH
(7)	VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND VA 23298	54-6001758	GOV	184,064				RESEARCH
(8)	WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS MO 63130	43-0653611	(C)(3)	986,032				RESEARCH
(9)	WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202 DETROIT MI 48202	38-6028429	GOV	93,048				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) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2019

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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)	WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE ROAD MORGANTOWN WV 26506	55-0665758	GOV	62,032				RESEARCH
(2)	WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER MA 01609	04-2121659	(C)(3)	154,000				RESEARCH
(3)	YALE UNIVERSITY PO BOX 208327 NEW HAVEN CT 06520	06-0646973	(C)(3)	4,787,088				RESEARCH
(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**
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Schedule I (Form 990) (2019)

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 ABSTRACT AWARDS	15	13,250			
2 ACHIEVEMENT AWARDS	24	17,806			
3 INVESTIGATOR AWARDS/PRIZE	85	69,717			
4 LECTURE HONORARIA	33	40,250			
5 POSTER AWARDS	26	8,000			
6 SCHOLARSHIPS	51	136,500			
7 TRAVEL TO CONFERENCES	366	266,892			

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		2019
For calendar year 2019, or tax year beginning		07/01/19	, and ending 06/30/20
Name of the organization AMERICAN HEART ASSOCIATION, INC.			Employer identification number 13-5613797

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION (AHA)
ANNUALLY AND PAID TO THE GRANTEE'S INSTITUTION QUARTERLY OVER THE MULTI-
YEAR LIFE OF THE AWARD. GRANTEES ARE REQUIRED TO SUBMIT REPORTS OF
SCIENTIFIC PROGRESS ANNUALLY PRIOR TO THE ISSUANCE OF EACH SUBSEQUENT
YEAR'S PAYMENTS. THESE REPORTS MAY BE REVIEWED BY VOLUNTEER COMMITTEES
COMPRISED PRIMARILY OF ACTIVE AND EXPERIENCED RESEARCHERS. AN ANNUAL
FINANCIAL REPORT IS REQUIRED PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S
PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO BE FILED WITHIN 90 DAYS OF THE
END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA.

AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE
ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE
ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL
INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE
EXCEPTION OF (1) APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE
FOR PRECISION CARDIOVASCULAR MEDICINE AND (2) THE VETERANS ADMINISTRATION
EMPLOYEES. ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT.

INDIVIDUAL ELIGIBILITY FOR AWARDS
THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND
ACADEMIC POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS
AND AT THE TIME OF APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED
IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE
(E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD

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

THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AHA RESEARCH PROGRAMS ARE AS FOLLOWS:

-PREDOCTORAL FELLOWSHIPS

THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF PROMISING STUDENTS WHO ARE MATRICULATED IN PRE-DOCTORAL OR CLINICAL HEALTH PROFESSIONAL DEGREE TRAINING PROGRAMS. POST BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH.D., M.D., OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE.

-POSTDOCTORAL FELLOWSHIPS

THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF POSTDOCTORAL APPLICANTS WHO ARE NOT YET INDEPENDENT. INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK. INDIVIDUALS ARE EXPECTED TO DEVOTE AT LEAST 80% FULL-TIME EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT TO INDEPENDENT RESEARCH (INSTEAD OF ADMINISTRATIVE, CLINICAL, OR TEACHING RESPONSIBILITIES).

-CAREER DEVELOPMENT AWARDS

THIS PROGRAM SUPPORTS HIGHLY PROMISING HEALTHCARE AND ACADEMIC

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PROFESSIONALS, IN THE EARLY YEARS OF ONE'S FIRST PROFESSIONAL APPOINTMENT, TO EXPLORE INNOVATIVE QUESTIONS OR PILOT STUDIES. AT THE TIME OF APPLICATION, THE APPLICANT MUST HOLD AN M.D., PH.D., D.O., D.V.M., D.D.S., OR EQUIVALENT POST-BACCALAUREATE DOCTORAL DEGREE. AT THE TIME OF AWARD ACTIVATION, THE APPLICANT MUST HOLD A FACULTY/STAFF POSITION UP TO AND INCLUDING THE RANK OF ASSISTANT PROFESSOR (OR EQUIVALENT).

APPLICATIONS MAY BE SUBMITTED FOR REVIEW IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE FIRST FACULTY/STAFF APPOINTMENT. APPLICANTS MAY NOT BE A CURRENT OR PRIOR RECIPIENT OF AN AHA SCIENTIST DEVELOPMENT GRANT. AT AWARD ACTIVATION, NO MORE THAN FOUR YEARS MAY HAVE ELAPSED SINCE THE FIRST FACULTY/STAFF APPOINTMENT (AFTER RECEIPT OF DOCTORAL DEGREE) AT THE ASSISTANT PROFESSOR LEVEL OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, INSTRUCTOR, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.).

-ESTABLISHED INVESTIGATOR AWARDS

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

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-AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARDS
 THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO
 CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS
 OF NIH SUPPORT.

INSTITUTIONAL ELIGIBILITY FOR AWARDS

- ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER
 EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE.
- THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE
 BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS
 COLLEGE.
- TO BE ELIGIBLE TO APPLY FOR THIS AWARD, THE APPLICANT'S INSTITUTION MAY
 NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH OF
 FOUR OF THE LAST SEVEN YEARS.

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

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

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

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

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

PRINCIPAL INVESTIGATOR ELIGIBILITY

- THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION.

- THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.

TRANSFORMATIONAL PROJECT AWARDS

THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGHPROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL

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HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

INNOVATIVE PROJECT AWARDS

THIS PROGRAM IS INTENDED TO SUPPORT RESEARCH OF UNEXPLORED IDEAS. CONCEPTS DEEMED AS INNOVATIVE, THAT MAY INTRODUCE A NEW PARADIGM, CHALLENGE CURRENT PARADIGMS, LOOK AT EXISTING PROBLEMS FROM NEW PERSPECTIVES, OR EXHIBIT OTHER UNIQUELY CREATIVE QUALITIES. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

INSTITUTIONAL UNDERGRADUATE STUDENT FELLOWSHIPS

THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS. THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE A FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE.

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.....
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).
.....

.....
PART IV - ADDITIONAL INFORMATION
.....

PART I, LINE 2 - CONTINUED

COLLABORATIVE SCIENCES AWARDS - THE PROPOSAL MUST FOCUS ON THE
COLLABORATIVE RELATIONSHIP, SUCH THAT THE SCIENTIFIC OBJECTIVES COULD NOT
BE ACHIEVED WITHOUT THE EFFORTS OF AT LEAST TWO CO-PRINCIPAL INVESTIGATORS
AND THEIR RESPECTIVE DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY
BY AT LEAST TWO CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD
FACULTY/STAFF APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE
INDEPENDENT RESEARCHERS. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN
RESEARCH TRAINING OR FELLOWSHIP POSITIONS. CO-PIS MUST HOLD A M.D., PH.D.,
D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE.

MERIT AWARDS - THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR
EQUIVALENT CREDENTIALS:

- HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT).
- HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER
ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN
ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT
REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE
APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE.

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- IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING.

- BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY.

STRATEGICALLY FOCUSED RESEARCH NETWORK - DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION. PROGRAMS OFFERED ONLY TO STRATEGICALLY FOCUSED RESEARCH NETWORK AWARD RECIPIENTS INCLUDE THE STRATEGIC COLLABORATIVE GRANT AND THE STRATEGIC RENEWAL GRANT.

INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE GRANT QUALIFICATIONS: FACULTY/ STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR (PI) MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT TERMINAL DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. OTHER THAN THE REQUIREMENT THAT THE PRINCIPAL INVESTIGATOR BE INDEPENDENT, ELIGIBILITY FOR THE AHA DATA GRANTS ARE IN NO WAY RESTRICTED UPON EXPERIENCE LEVEL OR SENIORITY.

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FELLOWSHIP QUALIFICATIONS:

FELLOWS MUST HOLD A PH.D., M.D., D.O., D.V.M. OR EQUIVALENT DOCTORAL DEGREE AND COMMIT AT LEAST 80% EFFORT TO RESEARCH TRAINING. A FELLOW MAY NOT HOLD ANOTHER FELLOWSHIP AWARD, ALTHOUGH THE INSTITUTION MAY PROVIDE SUPPLEMENTAL FUNDING. FELLOWS MAY NOT HOLD A FACULTY OR STAFF APPOINTMENT, WITH THE EXCEPTION OF M.D. OR M.D./PH.D. WITH CLINICAL RESPONSIBILITIES WHO NEEDS INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING. FELLOWS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. FELLOWS WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY.

TRAINING GRANTS QUALIFICATIONS:

APPLICANTS MAY BE STUDENTS WITH A BACHELOR'S, MASTER'S, OR DOCTORAL DEGREE. IF THE APPLICANT IS A POSTDOCTORAL FELLOW, AT THE TIME OF AWARD ACTIVATION, THE CANDIDATE MAY HAVE NO MORE THAN FIVE YEARS OF POSTDOCTORAL RESEARCH TRAINING OR EXPERIENCE (EXCLUDING CLINICAL TRAINING). APPLICANTS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. AWARDEES WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY.

PROGRAMS OFFERED THROUGH THE INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE ARE:

- AI AND ML (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)

**SCHEDULE I
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- AI AND ML TRAINING GRANTS

AHA-ALLEN INITIATIVE IN BRAIN HEALTH AND COGNITIVE IMPAIRMENT AWARD THIS AWARD IS INTENDED FOR INDIVIDUALS WITH A PH.D. AND/OR M.D. (OR THE EQUIVALENT) AND HOLDING A FACULTY APPOINTMENT AT AN ELIGIBLE NONPROFIT INSTITUTION IN THE U.S. OR EQUIVALENT FACULTY POSITION AT A FOREIGN UNIVERSITY THAT MEETS FOREIGN EQUIVALENCY DETERMINANTS FOR A NON-PROFIT IN THE UNITED STATES. U.S. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. ANOTHER MAJOR ELIGIBILITY REQUIREMENT FOR INDIVIDUALS IS CITIZENSHIP AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A) UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AHA CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE AWARD.

OTHER ELIGIBILITY REQUIREMENTS OR RESTRICTIONS

THE APPROPRIATE AHA BODY OR ITS DESIGNEE GOVERNING THE PROGRAM OFFERING HAS THE AUTHORITY TO ADD MORE LENIENT OR RESTRICTIVE ELIGIBILITY CRITERIA TO A RESEARCH GRANT OR AWARD PROGRAM. FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES.

**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

2019

**Open to Public
Inspection**

AMERICAN HEART ASSOCIATION, INC.

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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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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) 851,015 (ii) 0	1,463,790 0	124,527 0	39,200 0	38,961 0	2,517,493 0	0 0
2 LARRY CANNON CAO/CORP SECRETARY	(i) 437,198 (ii) 0	83,636 0	0 0	26,934 0	15,002 0	562,770 0	0 0
3 CYNTHIA ROBERTS CFO	(i) 322,575 (ii) 0	37,375 0	264 0	45,985 0	19,367 0	425,566 0	0 0
4 LESLIE UPTON COO	(i) 500,008 (ii) 0	155,000 0	2,275 0	70,485 0	12,291 0	740,059 0	0 0
5 JOHN J MEINERS CHIEF - MISSION-ALIG	(i) 416,691 (ii) 0	71,451 0	19,642 0	39,200 0	14,845 0	561,829 0	0 0
6 MARIELL JESSUP CHF SC/MED	(i) 482,473 (ii) 0	23,750 0	0 0	0 0	0 0	506,223 0	0 0
7 DAVID MARKIEWICZ EVP SE THRU 9/19	(i) 332,467 (ii) 0	41,002 0	336,602 0	39,200 0	12,233 0	761,504 0	0 0
8 KATHLEEN ROGERS EVP WESTERN STATES	(i) 433,444 (ii) 0	93,144 0	8,000 0	61,768 0	21,285 0	617,641 0	0 0
9 MIDGE EPSTEIN EVP SOUTHWEST	(i) 431,131 (ii) 0	49,102 0	32,074 0	39,200 0	21,023 0	572,530 0	0 0
10 MEIGHAN VAFA CF MKT/PRG THRU 4/19	(i) 110,400 (ii) 0	0 0	367,119 0	39,200 0	6,933 0	523,652 0	0 0
11 ROSE MARIE ROBERTSON DEPUTY CHF SC/MED	(i) 384,954 (ii) 0	50,394 0	18,628 0	39,200 0	17,946 0	511,122 0	0 0
12 JEREMY BEAUCHAMP EVP SOUTHEAST	(i) 335,356 (ii) 0	31,246 0	8,000 0	48,139 0	19,441 0	442,182 0	0 0
13 KEVIN HARKER EVP MIDWEST	(i) 407,306 (ii) 0	0 0	8,000 0	57,932 0	21,183 0	494,421 0	0 0
14 NICOLE SAPIO EVP EASTERN STATES	(i) 360,721 (ii) 0	7,500 0	8,960 0	51,216 0	14,629 0	443,026 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 THE CEO AND OFFICERS OF THE ORGANIZATION. AMOUNTS DEEMED TAXABLE INCOME ARE REPORTED AS SUCH WHEN APPLICABLE.

- TO ENCOURAGE GOOD HEALTH PRACTICES AND AWARENESS, THE ORGANIZATION PROVIDES EXTENSIVE PHYSICAL ASSESSMENTS TO SENIOR MANAGEMENT. THE VALUE OF SUCH ASSESSMENTS ARE GROSSED UP FOR INCOME TAX PURPOSES. THE FOLLOWING PERSON RECEIVED TAX INDEMNIFICATION FOR THEIR ASSESSMENTS: NANCY BROWN. THE ORGANIZATION ALSO MAKES MEMBERSHIPS TO A LOCAL FITNESS CENTER AVAILABLE TO SENIOR MANAGEMENT. THE FOLLOWING PERSONS PARTICIPATE IN THE PROGRAM - NANCY

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.

BROWN, LESLIE UPTON, AND MEIGHAN VAFA. THESE BENEFITS ARE TREATED AS TAXABLE INCOME.

- NANCY BROWN, LESLIE UPTON, ROSE MARIE ROBERTSON, AND MEIGHAN VAFA RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.

PART III - OTHER ADDITIONAL INFORMATION

PART I, LINE 4A - SEVERANCE/CHANGE OF CONTROL PAYMENTS

IN CALENDAR YEAR 2019, THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS UPON SEPARATION FROM SERVICE: DAVID MARKIEWICZ, \$270,000 AND MEIGHAN VAFA, \$331,500.

PART I, LINE 4B - NONQUALIFIED RETIREMENT PLAN

AHA PROVIDES A 457(F) RETIREMENT RESTORATION PLAN TO CERTAIN MEMBERS OF SENIOR MANAGEMENT. WHILE AHA EMPLOYEES ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN, CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN

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.

ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE RETIREMENT RESTORATION PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON THE AMOUNT A PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE RETIREMENT CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE ON A MONTHLY BASIS. THE PAYMENTS ARE CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN REACHED THEIR VESTING DATE OR HAD PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. THOSE VESTED IN PREVIOUS YEARS RECEIVED THE FOLLOWING AMOUNTS: NANCY BROWN \$17,688; MIDGE EPSTEIN,

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.

\$22,064; ROSE MARIE ROBERTSON, \$16,477; AND JOHN MEINERS, \$19,642.

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

CERTAIN MEMBERS OF SENIOR MANAGEMENT RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES ADVISORY COMMITTEE. PRIOR TO APPROVING THE INCENTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO REVIEW AND OPINE ON THE REASONABLENESS OF EXECUTIVE COMPENSATION.

SCHEDULE J SUPPLEMENTAL INFORMATION

JEREMY BEAUCHAMP, KEVIN HARKER, AND NICOLE SAPIO ARE REPORTED AS FORMER KEY EMPLOYEES BUT STILL EMPLOYED BY THE ORGANIZATION. THE COMPENSATION AND HOURS REPORTED ARE FOR THE POSITIONS HELD DURING THE REPORTING PERIOD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- 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.

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	X	399	133,134	SALES PRICE
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	X		8,281	SALES PRICE
5 Clothing and household goods				
6 Cars and other vehicles	X	463	383,375	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	415	8,475,561	AVG PRICE/SHARE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles	X	1069	312,264	SALES PRICE & FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (REC/TRAVEL	X	4995	3,009,383	SALES PRICE & FMV
26 Other u (FOOD/DRINK	X	3801	858,750	SALES PRICE & FMV
27 Other u (TANG PERS PROP)	X	6395	846,818	SALES PRICE & FMV
28 Other u (OTHER	X	2721	2,435,264	SALES PRICE

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		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?

31	X	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	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 = 25

C) REVENUE REPORTED ON FORM 990, PART VIII \$1,855,025

D) METHOD OF DETERMING VALUE: SALES PRICE OF UNDERLYING INVESTMENT
 PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS)

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTIONS = 2,171

C) REVENUE REPORTED ON FORM 990, PART VIII \$489,915

D) METHOD OF DETERMING VALUE: SALES PRICE

MISCELLANEOUS

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTIONS = 525

C) REVENUE REPORTED ON FORM 990, PART VIII \$90,324

D) METHOD OF DETERMING VALUE: SALES PRICE

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

2019

**Open to Public
Inspection**

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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FORM 990, PART III - ADDITIONAL INFORMATION

LINE 4A, SCIENCE AND TECHNOLOGY CONTINUED

-WITH NEARLY \$17 MILLION IN FUNDING FROM THE AMERICAN HEART ASSOCIATION (AHA), SCIENTISTS FROM BOSTON UNIVERSITY, OHIO STATE UNIVERSITY AND YALE UNIVERSITY WILL LEAD MULTIPLE END NICOTINE ADDICTION IN CHILDREN AND TEENS (ENACT) RESEARCH INITIATIVES.

-RESEARCH GOES RED LAUNCHED TWO GROUNDBREAKING STUDIES: ONE TO ENGAGE DIVERSE MILLENNIAL WOMEN IN HEART DISEASE RESEARCH AND ANOTHER TO EVALUATE HOW MENOPAUSAL WEIGHT CHANGES AFFECT CARDIOVASCULAR HEALTH.

-THE AHA AWARDED MORE THAN \$14 MILLION IN SCIENTIFIC RESEARCH GRANTS TO CREATE THE STRATEGICALLY FOCUSED RESEARCH NETWORK ON HEALTH TECHNOLOGIES AND INNOVATION.

-THE AHA FUNDED \$2.5 MILLION TO FAST-TRACK RESEARCH ON COVID-19, AWARDING \$1.6 MILLION IN GRANTS TO ONE COORDINATING CENTER AND 15 TEAMS CONDUCTING RAPID RESEARCH ON HOW THE VIRUS INTERACTS WITH THE HEART AND BRAIN. SUPPLEMENTAL GRANTS TOTALING \$800,000 WERE AWARDED TO FOUR CENTERS WITHIN THE HEALTH TECHNOLOGIES & INNOVATION STRATEGICALLY FOCUSED RESEARCH NETWORK STUDYING COVID-19 TECHNOLOGY SOLUTIONS.

-THE AHA ESTABLISHED THE COVID-19 CVD REGISTRY, POWERED BY ITS GET WITH THE GUIDELINES HOSPITAL QUALITY PROGRAM, TO TRACK DEIDENTIFIED PATIENT DATA AND INFORM CURRENT TREATMENT AND FUTURE RESEARCH.

-AHA LAUNCHED A COVID-19 DATA CHALLENGE ON ITS PRECISION MEDICINE PLATFORM TO EXAMINE THE RELATIONSHIPS BETWEEN COVID-19, OTHER HEALTH CONDITIONS, HEALTH DISPARITIES AND/OR SOCIAL DETERMINANTS OF HEALTH. SPONSORED BY HITACHI VANTARA, WITH DATA SUPPORT BY BURSTIQ, THE CHALLENGE WILL AWARD

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\$15,000 TO THE WINNING RESEARCHER AND \$10,000 TO THE RUNNER-UP.

-LAWRENCE LIVERMORE NATIONAL LABORATORY IS USING AHA CENTER FOR ACCELERATED DRUG DISCOVERY TECHNOLOGIES - SPECIFICALLY, A DRUG DISCOVERY PIPELINE, SCALABLE VIRTUAL SCREENING, MACHINE LEARNING ALGORITHMS AND A DRAFT DATABASE - AND APPLYING THEM TO A COVID-19 RESPONSE. THIS INCLUDES A SEARCHABLE DATA PORTAL ACCESSIBLE TO SCIENTISTS WORLDWIDE.

-THE AHA'S INTERIM CPR GUIDELINES HELPED FIRST RESPONDERS SAFELY AND EFFECTIVELY TREAT CARDIAC ARREST PATIENTS WHO MIGHT ALSO HAVE COVID-19.

-SARAH (SALLY) ROSS SOTER AND HER HUSBAND, BILL, GAVE \$5.6 MILLION TO THE SARAH ROSS SOTER CENTER FOR WOMEN'S CARDIOVASCULAR RESEARCH AT NEW YORK UNIVERSITY LANGONE HEALTH, WHICH IS PART OF THE GO RED FOR WOMEN STRATEGICALLY FOCUSED RESEARCH NETWORK. A FAMILY GIFT OF \$300,000 FROM THE SOTER KAY FOUNDATION, RUN BY SALLY'S DAUGHTER AND GRANDCHILDREN, WILL SUPPORT HYPERTENSION AND DIABETES INITIATIVES IN PALM BEACH COUNTY.

-THE APPLE HEART AND MOVEMENT STUDY WITH BRIGHAM AND WOMEN'S HOSPITAL IS EXAMINING FACTORS THAT AFFECT HEART HEALTH AND MOVEMENT OVER TIME. USING THE APPLE WATCH, RESEARCHERS ARE GAINING A BETTER UNDERSTANDING OF POTENTIAL EARLY WARNING SIGNS TO CREATE INTERVENTIONS AND HEALTH PRODUCTS.

-THROUGH THE RAPIDSOS CLEARINGHOUSE, PEOPLE CAN CREATE A FREE HEALTH PROFILE EXCLUSIVELY AND IMMEDIATELY ACCESSIBLE TO FIRST RESPONDERS IN AN EMERGENCY. THIS SECURE EMERGENCY RESPONSE DATA PLATFORM IS A COLLABORATION BETWEEN TECHNOLOGY COMPANY RAPIDSOS, THE AMERICAN HEART ASSOCIATION, THE AMERICAN RED CROSS AND DIRECT RELIEF.

LINE 4B, PUBLIC/CONSUMER EDUCATION CONTINUED

-IN ITS 16TH YEAR, GO RED FOR WOMEN CONTINUED TO INSPIRE WOMEN TO LOWER THEIR RISKS FOR HEART DISEASE AND STROKE. SIGNATURE LUNCHEONS AND FIRST-

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EVER DIGITAL EXPERIENCES RALLIED SUPPORTERS IN 170 U.S. COMMUNITIES AND RAISED \$39 MILLION.

-FACEBOOK SOUGHT THE AHA'S GUIDANCE, CONTENT AND RESOURCES TO BETTER INFORM USERS ON WAYS TO MANAGE BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR. ALONG WITH OTHER PUBLIC HEALTH ORGANIZATIONS, THE AHA COLLABORATED ON A PREVENTIVE HEALTH TOOL FOR U.S. FACEBOOK USERS.

-THE AHA UNITED A COMMUNITY OF PATIENTS WITH QUESTIONS AND A COMMUNITY OF PHYSICIANS WITH ANSWERS EACH WEEK DURING HOUSE CALLS: REAL DOCS, REAL TALK LIVESTREAM.

-WITH THE PANDEMIC UNDERWAY, THE AHA'S DON'T DIE OF DOUBT CAMPAIGN REASSURED PEOPLE THAT THE EMERGENCY ROOM REMAINS THE SAFEST PLACE TO GO IN A MEDICAL EMERGENCY, NAMELY, AT THE FIRST SIGN OF A HEART ATTACK OR STROKE.

-THE AHA JOINED A NATIONAL COALITION OF PHYSICIAN ORGANIZATIONS AND HEART HEALTH EXPERTS TEAMING WITH ESSENCE MAGAZINE TO HELP BLACK WOMEN IMPROVE THEIR HEART HEALTH AND CONTROL THEIR BLOOD PRESSURE. CALLED "RELEASE THE PRESSURE," THE YEAR-LONG CAMPAIGN PROVIDES BLACK WOMEN WITH RESOURCES TO KNOW AND TRACK THEIR BLOOD PRESSURE AND DEVELOP A WELLNESS PLAN.

-NEW DRINK RECOMMENDATIONS FROM THE AHA AND OTHER LEADING HEALTH ORGANIZATIONS STATE CHILDREN 5 AND YOUNGER SHOULD AVOID FLAVORED MILK, NON-DAIRY MILK (LIKE ALMOND AND RICE), CAFFEINATED DRINKS AND BEVERAGES SWEETENED WITH SUGAR OR SUGAR SUBSTITUTES.

-WITH DEPRESSION IMPACTING ABOUT 22% OF PEOPLE WITH HEART DISEASE, THE AHA AND HAPPIFY HEALTH DEBUTED THE HAPPIFY HEART AND MIND APP TO OFFER TIPS ON REDUCING STRESS, EATING HEALTHY AND MOVING MORE.

LINE 4C, PROFESSIONAL EDUCATION CONTINUED

-ROI PARTNERS, LLC., A PARTNERSHIP BETWEEN THE AMERICAN HEART ASSOCIATION

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AND LAERDAL MEDICAL, EXPANDED ITS RESUSCITATION TRAINING PROGRAMS. SELF-PACED DIGITAL TRAINING ENABLED MEDICAL PROFESSIONALS TO REMAIN AT THE POINT OF CARE AND AVOID THE CLOSENESS OF A CLASSROOM SETTING IN COMPLIANCE WITH COVID-19 PROTOCOL.

-IN RESPONSE TO THE SHORTAGE OF ICU PERSONNEL TRAINED TO UTILIZE VENTILATORS, WE LAUNCHED A COURSE FOR OXYGENATION & VENTILATION OF THE COVID-19 PATIENT.

-AS AN ADDITION TO THE PROFESSIONAL RESOURCES THE AHA OFFERS, WE DEBUTED THE AHA COVID-19 PROFESSIONAL FORUM - WHERE HEALTH CARE PROFESSIONALS AND RESEARCHERS CAN SHARE IDEAS AND CHALLENGES, ASK QUESTIONS, LEND EXPERTISE AND NETWORK WITH PEERS IN REAL-TIME.

-WE SUPPORTED CLINICS IN ACHIEVING SUSTAINABLE IMPROVEMENTS IN CARE THROUGH PLATFORMS TARGETING BLOOD PRESSURE, DIABETES AND CHOLESTEROL; AND BY SUPPORTING EXPANSION OF BLOOD PRESSURE SELF-MONITORING AND TELEMEDICINE.

-IN COOPERATION WITH THE INTERNATIONAL LIAISON COMMITTEE ON RESUSCITATION, WE PUBLISHED THE 2019 AHA FOCUSED UPDATES ON SYSTEMS OF CARE AND CONTINUOUS QUALITY IMPROVEMENT, ADULT ADVANCED CARDIOVASCULAR LIFE SUPPORT, PEDIATRIC BASIC AND ADVANCED LIFE SUPPORT, AND NEONATAL RESUSCITATION. HIGHLIGHTS INCLUDE DISPATCHER-ASSISTED CPR FOR ADULTS AND PEDIATRIC PATIENTS, USE OF ADVANCED AIRWAYS DURING CPR, TARGETED TEMPERATURE MANAGEMENT AND ADMINISTRATION OF OXYGEN TO INITIATE VENTILATION SUPPORT FOR NEWBORNS AND INFANTS.

-WE CREATED THE CPR & FIRST AID IN YOUTH SPORTS TRAINING KIT TO TEACH YOUTH COACHES AND PARENTS HANDS-ONLY CPR, PROPER AED USE AND OTHER EMERGENCY INTERVENTIONS.

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

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COMMUNITY SERVICES: QUALITY OF CARE/SYSTEMS OF CARE

-VOICES FOR HEALTHY KIDS AWARDED \$1 MILLION IN GRANTS TO 22 NONPROFITS ACROSS 19 STATES, PUERTO RICO AND THE LUMMI NATION IN WASHINGTON TO SUPPORT SYSTEMS AND POLICY WORK AT THE STATE, LOCAL AND TRIBAL LEVELS THAT BENEFIT FAMILIES IN NEED.

-OVER 40 COMMUNITIES RECEIVED GREATER ACCESS TO HEALTHY NUTRITION THROUGH STRATEGIES ALIGNED TO LOCAL NEEDS. THIS INCLUDED ENSURING ACCEPTANCE OF SNAP ELECTRONIC BENEFIT TRANSFER CARDS AT MOBILE OR FARMERS' MARKETS, EXPANDING ACCESS TO CHILD NUTRITION PROGRAMS AFTER SCHOOL AND AT NON-SCHOOL SITES, AND IMPROVING THE NUTRITION STANDARDS IN WORKPLACES AND HOUSES OF WORSHIP.

-WITH EXPANSION TO PUERTO RICO, THE AHA'S EMPOWERED TO SERVE BUSINESS ACCELERATOR HOSTED ITS FIRST BILINGUAL EVENT AND AWARDED \$15,000 IN GRANTS TO SOCIAL ENTREPRENEURS SHATTERING BARRIERS TO HEALTH.

-LIKewise, EMPOWERED SCHOLARS GRANTED \$10,000 TO 10 COLLEGE STUDENTS ENTERPRISING EQUITY SOLUTIONS IN THEIR LOCAL COMMUNITIES.

-IN ITS FIRST YEAR, THE AHA SOCIAL IMPACT FUND GRANTED \$3 MILLION TO 19 ORGANIZATIONS BREAKING DOWN BARRIERS TO HEALTHY LIVING.

-THE AHA CREATED THE BERNARD J. TYSON IMPACT FUND TO SUPPORT COMMUNITY-INSPIRED SOLUTIONS TO HEALTH INEQUITIES IN HONOR OF ITS NAMESAKE, A FEARLESS CHAMPION OF SOCIAL JUSTICE. TYSON, WHO DIED SUDDENLY IN 2019, WAS CHAIRMAN AND CEO OF KAISER PERMANENTE AND A MEMBER OF THE AHA BOARD OF DIRECTORS AND THE AHA CEO ROUNDTABLE.

-BY THE END OF 2019-20, \$2.6 MILLION HAD BEEN DONATED OR COMMITTED TO THE BERNARD J. TYSON IMPACT FUND TO SUPPORT SOCIAL ENTREPRENEURS AND ORGANIZATIONS WORKING TO EXPAND ACCESS TO HEALTHY FOODS, QUALITY HEALTH CARE, AFFORDABLE HOUSING AND MORE.

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-FAITH AND FITNESS CONVERGED WITH THE DEBUT OF THE EMPOWERED AND WELL HEALTHIER CHURCH CHALLENGE, A 12-WEEK HEALTH-AND-WELLNESS CHALLENGE TARGETED TO BLACK WOMEN THROUGH HOUSES OF WORSHIP.

-FAMILIES FACING FOOD INSECURITY IN LOS ANGELES, CHICAGO, PHILADELPHIA AND BIRMINGHAM RECEIVED FREE PRODUCE DELIVERIES, THANKS TO A \$1 MILLION GIFT FROM CAULIPOWER TO THE AHA.

COMMUNITY SERVICES: PUBLIC ADVOCACY

-AHA ADVOCACY STAFF ACHIEVED 123 POLICY WINS AT THE STATE AND COMMUNITY LEVELS IN TOBACCO CONTROL, ACCESS TO CARE AND FOOD SECURITY, AMONG OTHER VITAL AREAS.

-THE AHA RELEASED NEW PRINCIPLES ON HEALTH CARE REFORM, A BLUEPRINT TO ENSURE HEALTH CARE IS ADEQUATE, ACCESSIBLE AND AFFORDABLE FOR ALL PEOPLE LIVING IN THE UNITED STATES. WE JOINED OTHER NATIONAL HEALTH ORGANIZATIONS IN FILING A FRIEND-OF-THE-COURT BRIEF IN CALIFORNIA V. TEXAS, URGING THE SUPREME COURT TO PRESERVE KEY PROVISIONS AND PATIENT PROTECTIONS OF THE AFFORDABLE CARE ACT.

-THE AHA DOUBLED DOWN ON ITS COMMITMENT TO PATIENTS IN RURAL COMMUNITIES, WHO FACE A 40% HIGHER PREVALENCE OF HEART DISEASE AND A 30% INCREASED RISK OF DEATH FROM STROKE COMPARED TO THEIR URBAN NEIGHBORS. IN A PRESIDENTIAL ADVISORY, THE AHA ISSUED A CALL TO PRIORITIZE RURAL COMMUNITIES IN POLICIES, SYSTEMS AND SERVICES.

-THE AHA'S BOLD ADVOCATES CHAMPIONED PROVISIONS IN THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) AND THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. CURRENT PRIORITIES INCLUDE MEDICAID EXPANSION, TELEHEALTH, OPEN ENROLLMENT REACTIVATION, HEALTH CARE REFORM, FOOD SECURITY AND ROLLBACK OF PREEMPTION LAW.

-LUNGS BLACKENED BY CIGARETTE TAR AND A HEART PATIENT'S ZIPPER INCISION ARE

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AMONG 13 GRAPHIC WARNING LABELS FOR CIGARETTE PACKAGES AND ADVERTISEMENTS PROPOSED BY THE FOOD AND DRUG ADMINISTRATION TO DETER TOBACCO USE. THE WARNING LABELS ARE A DIRECT RESULT OF A LAWSUIT WE FILED TO COMPEL THE FDA TO COMPLY WITH PROVISIONS OF THE 2009 FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT.

-YOUTH ACROSS THE COUNTRY HOSTED #QUITLYING DAY EVENTS IN 106 SCHOOL DISTRICTS TO CALL OUT THE E-CIGARETTE INDUSTRY FOR DECEIVING THE PUBLIC ABOUT THE HEALTH EFFECTS OF VAPING AND LURING TEENS WITH FLAVORED PRODUCTS.

-AHA SCIENCE AND PUBLIC POLICY SUCCESSES WERE ON DISPLAY DURING THE WORLD CONGRESS OF CARDIOLOGY & CARDIOVASCULAR HEALTH, WHERE DISCUSSIONS FOCUSED ON THE GLOBAL BURDEN OF ATRIAL FIBRILLATION AND THE AHA'S STRATEGICALLY FOCUSED RESEARCH NETWORKS.

-FOR THE FIRST TIME, MENTAL HEALTH AND NEUROLOGICAL DISORDERS WERE TOPICS DURING THE UNITED NATIONS' HIGH-LEVEL MEETING ON NON-COMMUNICABLE DISEASES. PARTICIPANTS PROPOSED MORE ROBUST LAWS AND FISCAL MEASURES BANNING TOBACCO, RESTRICTING ALCOHOL ADVERTISING, REDUCING ALCOHOL USE, INCREASING ACCESS TO HEALTHY FOODS AND TAXING SUGARY DRINKS.

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 AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED

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WITH THE INTERNAL REVENUE SERVICE.

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

THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS AND STAFF OF AHA. A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH INCLUDES THE CONFLICT OF INTEREST AND ETHICS POLICIES, IS REQUIRED TO BE COMPLETED BY ALL AHA BOARD OF DIRECTORS, COMMITTEE AND SUBCOMMITTEE MEMBERS, TASK FORCE MEMBERS, WRITING GROUP MEMBERS, DESIGNATED STAFF, AND AHA SPOKESPERSONS UPON THEIR APPOINTMENT, AND TO OFFICERS AND JOURNAL EDITORS PRIOR TO THEIR ELECTION OR APPOINTMENT.

AFTER THE INITIAL COMPLETION OF THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE, VOLUNTEERS AND DESIGNATED STAFF ARE REQUESTED TO COMPLETE A NEW DISCLOSURE QUESTIONNAIRE ANNUALLY AND WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE.

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

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

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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
CONSULTANT, THE COMMITTEE IS RESPONSIBLE FOR MAKING DETERMINATIONS ABOUT
COMPENSATION FOR THE CEO AND DISQUALIFIED PERSONS, INCLUDING EMPLOYED
OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF FIVE BOARD
MEMBERS.

THE COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH
RESPECT TO THE APPROPRIATENESS OF THE CEO AND DISQUALIFIED PERSONS'
COMPENSATION AS COMPARED TO EXTERNAL BENCHMARKING, AS WELL AS THE
METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. SEVERAL SURVEYS WERE
UTILIZED IN DEVELOPING THE COMPARISON, INCLUDING SURVEYS FROM VARIOUS
COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE INDEPENDENT
CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA
COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY.
DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE
MEETING MINUTES. FOR PURPOSES OF THE 2019-20 FISCAL YEAR, THE COMPENSATION
REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED
IN AUGUST AND OCTOBER OF 2019, AND FEBRUARY OF 2020.

KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT
TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND
QUALIFICATIONS OF THE CANDIDATE, MARKET COMPETITIVENESS, AND COMPENSATION
REQUIREMENTS AND HISTORY OF THE CANDIDATE. COMPONENTS OF COMPENSATION THAT

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

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

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 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 EDITORIAL SERVICES PROVIDED TO THE ORGANIZATION
PRIOR TO BEGINNING THEIR BOARD TERM, WHICH ARE OUTSIDE THE SCOPE OF THE
BOARD MEMBERS' BOARD OF DIRECTOR RESPONSIBILITIES.

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE VALUE SPLIT INT AGMTS	\$ 623,975
NET UNREALIZED LOSS BEN INT PERP TRUST	\$ -5,307,070
POST RETIREMENT FAS 158 ADJ	\$ -1,074,866
CHANGE IN BEGINNING NET ASSETS	\$ -19,145
TOTAL	\$ -5,777,106

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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	-258,411	74,762,235	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	DE	AHA	RELATED	-266,823	1,481,892		X	N/A		X	33.33
(2) RQI PARTNERS, LLC 7272 GREENVILLE AVENUE DALLAS TX 75231 83-0935798	TRAINING	DE	AHA	RELATED	2,165,582	17,450,108		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) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	N/A	T	N/A	N/A	N/A		X
(2) VARIOUS CHARITABLE RMDR TRUSTS (7) 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	N/A	T	N/A	N/A	N/A		X
(3) HEARTCENTRAL, INC. 7272 GREENVILLE AVENUE DALLAS TX 75231 46-4881302	HEALTH	DE	AHA	C			100.000000	X	
(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) PERPETUAL TRUSTS (44)	C	1,957,818	CASH CONTRIBUTIONS RECEIV
(2) CHARITABLE REMAINDER TRUSTS (7)	C	1,180,173	CASH CONTRIBUTIONS RECEIV
(3) APHELION CARDEATION, LLC	B	1,300,000	CAPITAL CONTRIBUTION
(4) RQI PARTNERS, LLC	A	25,809,875	ACCRUAL
(5) RQI PARTNERS, LLC	J	105,130	ACCRUAL
(6) RQI PARTNERS, LLC	L	1,032,036	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.

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?

	Yes	No
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) RQI PARTNERS, LLC	M	35,975,193	ACCRUAL
(2) RQI PARTNERS, LLC	Q	486,337	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.