

Form

**990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2009 calendar year, or tax year beginning <b>07/01</b> , 2009, and ending <b>06/30</b> , 20 <b>10</b>																						
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;">           Please use IRS label or print or type. See Specific Instructions.         </td> <td style="width:60%;"> <b>C</b> Name of organization <b>American Heart Association Inc</b>            Doing Business As            Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>7272 Greenville Ave</b>            City or town, state or country, and ZIP + 4  <b>Dallas, TX 75231</b> </td> <td style="width:25%;"> <b>D</b> Employer identification number  <b>13 : 5613797</b>  <b>E</b> Telephone number  <b>( 214 ) 373-6300</b>  <b>G</b> Gross receipts \$ <b>963,190,256</b> </td> </tr> <tr> <td colspan="3"> <b>F</b> Name and address of principal officer: <b>Nancy A Brown</b>  <b>7272 Greenville Ave, Dallas, TX 75231</b> </td> </tr> <tr> <td colspan="3"> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶         </td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="3"> <b>J</b> Website: ▶ <b>www.heart.org</b> </td> </tr> <tr> <td colspan="3"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> </tr> <tr> <td colspan="3"> <b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>NY</b> </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>American Heart Association Inc</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7272 Greenville Ave</b> City or town, state or country, and ZIP + 4 <b>Dallas, TX 75231</b>	<b>D</b> Employer identification number <b>13 : 5613797</b> <b>E</b> Telephone number <b>( 214 ) 373-6300</b> <b>G</b> Gross receipts \$ <b>963,190,256</b>	<b>F</b> Name and address of principal officer: <b>Nancy A Brown</b> <b>7272 Greenville Ave, Dallas, TX 75231</b>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶			<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <b>www.heart.org</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>NY</b>		
Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>American Heart Association Inc</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7272 Greenville Ave</b> City or town, state or country, and ZIP + 4 <b>Dallas, TX 75231</b>	<b>D</b> Employer identification number <b>13 : 5613797</b> <b>E</b> Telephone number <b>( 214 ) 373-6300</b> <b>G</b> Gross receipts \$ <b>963,190,256</b>																				
<b>F</b> Name and address of principal officer: <b>Nancy A Brown</b> <b>7272 Greenville Ave, Dallas, TX 75231</b>																						
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶																						
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																						
<b>J</b> Website: ▶ <b>www.heart.org</b>																						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																						
<b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>NY</b>																						

**Part I Summary**

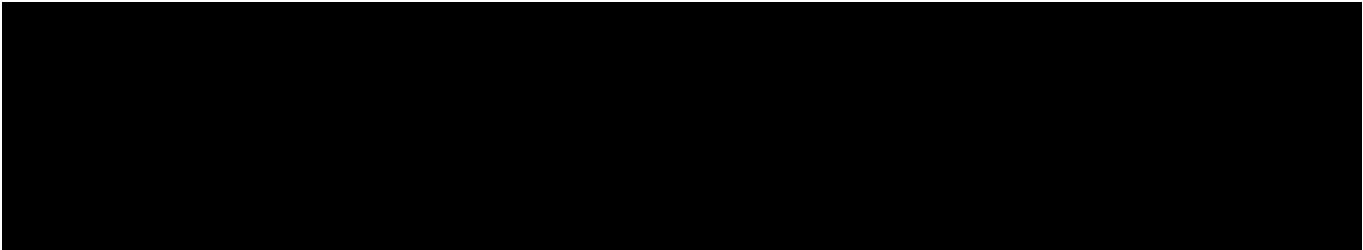
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>Building healthier lives, free of cardiovascular diseases and stroke.</b>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
	5	Total number of employees (Part V, line 2a)	5	3,960	
	6	Total number of volunteers (estimate if necessary)	6	22,000,000	
	<b>Revenue</b>	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	332,703
b		Net unrelated business taxable income from Form 990-T, line 34	7b	1,181	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	454,633,469	527,940,836	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,607,133	22,528,845	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,535,790	33,517,190	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,752,904	16,474,735	
13		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	463,457,716	600,461,606	
<b>Expenses</b>		14	Benefits paid to or for members (Part IX, column (A), line 4)	134,954,358	108,543,957
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	274,981,772	239,753,017	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>95,588,174</b>	6,291,889	5,476,048	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	217,240,923	226,653,330	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	633,468,942	580,426,352	
	19	Revenue less expenses. Subtract line 18 from line 12	-170,011,226	20,035,254	
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21		Total liabilities (Part X, line 26)	940,643,648	945,715,377	
22		Net assets or fund balances. Subtract line 21 from line 20	422,738,350	393,552,319	
			517,905,298	552,163,058	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <b>Sunder Joshi, CFO</b> Type or print name and title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>KPMG LLP</b> <b>300 North Greene Street Suite 400, Greensboro, NC 2740</b>	
		Phone no. ▶ ( <b>336</b> ) <b>275-3394</b>

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

☒ Yes ☐ No**FILED ELECTRONICALLY**



Organization: American Heart Association Inc  
EIN: 13-5613797  
Return Type: Form 990  
Return Year: 2009  
Submission ID: 7800582010315c066164  
Return Timestamp: 11/11/2010 10:49:50 AM  
Accepted Date: 11/11/2010

Thank you for using the 990 Online system for preparing and electronically filing your Form 990 return. This email contains some important identifying information about the return we transmitted. You may want to keep this email in case you need to contact the IRS regarding your return.

The return described above was transmitted to the IRS. The IRS has ACCEPTED the return. Congratulations.

NOTE: The IRS does NOT reject returns for being late. If this return was transmitted to the IRS after the due date, and your organization has not filed a Form 8868 (Request for Extension), you may receive a letter from the IRS indicating whether your organization owes any penalties or other fees.

Please visit <http://efile.form990.org> to stay informed of enhancements to our efilg systems.

Once again, thank you for using the 990 Online system.

-----  
e-file.form990.org technical support  
Phone: 888-666-1773 (toll free)  
email: [efiletechsupport@urban.org](mailto:efiletechsupport@urban.org)

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

Department of the Treasury  
Internal Revenue Service

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 10  
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  
▶ See instructions on back.

**2009**

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 return for which you are using this 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 for the return for which you are filing 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>600,461,606</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____


**Part II Declaration of Officer**

**6** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Sign Here**



Signature of officer

Date

11/8/10

**Sunder Joshi, CFO**

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 Use Only**

ERO's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if also paid preparer ☐

Check if self-employed ☐

ERO's SSN or PTIN

EIN

Phone no. ( )

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's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

11/8/10

Check if self-employed ☐

Preparer's SSN or PTIN

P00008888

EIN

13 5613797

**KPMG LLP**

**300 North Greene Street Suite 400, Greensboro, NC 27401**

Phone no. ( 336 ) **275-3394**

**Part III Statement of Program Service Accomplishments**

- 1** Briefly describe the organization's mission:  
**Building healthier lives, free of cardiovascular diseases and stroke.**
- 
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 110,116,393 including grants of \$ 106,108,031 ) (Revenue \$ 0 )  
**See Schedule O**

**4b** (Code: ) (Expenses \$ 240,323,155 including grants of \$ 1,665,783 ) (Revenue \$ 4,307,680 )  
**See Schedule O**

**4c** (Code: ) (Expenses \$ 69,769,961 including grants of \$ 770,143 ) (Revenue \$ 67,561,934 )  
**See Schedule O**

**4d** Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**  
 (Expenses \$ 16,720,480 including grants of \$ 0 ) (Revenue \$ 13,496,423 )

**4e Total program service expenses** ▶ **436,929,989**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<input checked="" type="checkbox"/>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	<input checked="" type="checkbox"/>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .	<input checked="" type="checkbox"/>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	<input checked="" type="checkbox"/>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .	<input checked="" type="checkbox"/>	
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<input checked="" type="checkbox"/>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
<b>32</b> 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>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b>	<b>2403</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	<b>6</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	<input checked="" type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	<b>3960</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	<b>2b</b>	<input checked="" type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	<input checked="" type="checkbox"/>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	<input checked="" type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	<b>0</b>
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	<input checked="" type="checkbox"/>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	<input checked="" type="checkbox"/>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	<input checked="" type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>22</b>
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>22</b>
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [See Schedule O, Statement 2](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► [Sunder Joshi CAO CFO, \(214\)373-6300](#)  
[7272 Greenville Ave, Dallas, TX 75231](#)



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Neil M Meltzer Chairman	7	✓						0	0	0
Debra W Lockwood CPA Chairman-Elect	4	✓						0	0	0
David A Josserand Immediate Past Chairman	4	✓						0	0	0
William H Roach Jr Esq Secretary-Treasurer	6	✓						0	0	0
Clyde W Yancy MD FAHA President	8	✓						0	0	0
Timothy J Gardner MD FAHA Immediate Past President	4	✓						0	0	0
Ralph L Sacco MD FAHA President-Elect	7	✓						0	0	0
Donna K Arnett PhD FAHA Board Member	3	✓						0	0	0
Kenneth D Block MD FAHA Board Member	3	✓						0	0	0
Mary A Caldwell RN PhD FAHA Board Member	3	✓						0	0	0
Stephen R Daniels MD PhD FAHA Board Member	3	✓						0	0	0
Pierre B Fayad MD FAHA Board Member	3	✓						0	0	0
Debra A Geihlsler Board Member	3	✓						0	0	0
Larry B Goldstein MD FAHA Board Member	3	✓						0	0	0
Max Gomez PhD Board Member	3	✓						0	0	0
Ron W Haddock Board Member	3	✓						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	(C) Position (check all that apply)						(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			
Pamela K Knous Board Member	3	<input checked="" type="checkbox"/>						0	0	0
Paula Lank BSN Board Member	3	<input checked="" type="checkbox"/>						0	0	0
Mark B McClellan MD PhD Board Member	3	<input checked="" type="checkbox"/>						0	0	0
Hon Judith F Olson Board Member	3	<input checked="" type="checkbox"/>						0	0	0
David A Spina Board Member	3	<input checked="" type="checkbox"/>						0	0	0
Gordon Tomaselli MD FAHA Board Member	3	<input checked="" type="checkbox"/>						0	0	0
Nancy A Brown CEO	38			<input checked="" type="checkbox"/>				554,537	0	91,470
Sunder Joshi CAO/CFO	38			<input checked="" type="checkbox"/>				316,741	0	57,713
David W Livingston EVP-Corp Sec/General Counsel	38			<input checked="" type="checkbox"/>				263,077	0	43,806
Gordon McCullough COO-Field Operations	38			<input checked="" type="checkbox"/>				392,150	0	46,337
Rose Marie Robertson Chief Science Officer	38			<input checked="" type="checkbox"/>				389,948	0	55,906
Meighan Vafa CMO	38			<input checked="" type="checkbox"/>				295,985	0	42,000
Michael Weamer EVP	38				<input checked="" type="checkbox"/>			458,128	0	49,617
<b>1b Total</b>								<b>6,163,785</b>	<b>0</b>	<b>936,583</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **251**

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

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
Infocision Management Corp, 325 Springside Dr, Akron, OH 44333	Telephone marketing	5,541,940
Edelman, 21992 Network Place, Chicago, IL 60673	Public relations	3,150,975
Oracle USA Inc, P O Box 71028, Chicago, IL 60694	Computer licensing	1,632,641
Brigham and Womens Physicians Org, P O Box 3684, Boston, MA 02241	Editorial services	1,600,571
Donna Levine Associates Inc, 626 W Randolph St 603, Chicago, IL 60661	Promotions consulting	1,414,310

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **136**

<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	8,950,182					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	247,147,660					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions).	<b>1e</b>	0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	271,842,994					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		59,184,806					
	<b>h Total.</b> Add lines 1a-1f . . . . .		527,940,836					
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> Conferences and seminars . . . . .	900099	19,336,525	19,336,525	0	0		
	<b>b</b> Membership dues . . . . .	900099	3,139,396	3,139,396	0	0		
	<b>c</b> Fees & grants . . . . .	900099	52,924	52,924	0	0		
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .		0	0	0	0		
	<b>g Total.</b> Add lines 2a-2f . . . . .		22,528,845					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		16,001,635	0	0	16,001,635		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0		
	<b>5</b> Royalties . . . . .		17,365,602	0	0	17,365,602		
	<b>6a</b> Gross Rents . . . . .	(i) Real	1,227,755					
		(ii) Personal	0					
		<b>b</b> Less: rental expenses . . . . .	204,617					0
		<b>c</b> Rental income or (loss) . . . . .	1,023,138					0
	<b>d</b> Net rental income or (loss) . . . . .		1,023,138	0	0	1,023,138		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	339,258,071					
		(ii) Other	1,028,931					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	321,917,895					853,552
		<b>c</b> Gain or (loss) . . . . .	17,340,176					175,379
	<b>d</b> Net gain or (loss) . . . . .		17,515,555	0	0	17,515,555		
	<b>8a</b> Gross income from fundraising events (not including \$ 247,147,660 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	8,450,787					
		<b>b</b> Less: direct expenses . . . . .	31,705,728					
		<b>c</b> Net income or (loss) from fundraising events . . . . .	-23,254,941					0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	205,604					
		<b>b</b> Less: direct expenses . . . . .	56,554					
		<b>c</b> Net income or (loss) from gaming activities . . . . .	149,050					0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	44,622,210					
<b>b</b> Less: cost of goods sold . . . . .		7,990,304						
<b>c</b> Net income or (loss) from sales of inventory . . . . .		36,631,906	36,631,906					0
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> Change in value of SIA . . . . .	900099	-16,048,017	0	0	-16,048,017			
	<b>b</b> Miscellaneous revenue . . . . .	900099	607,997	275,294	332,703	0		
	<b>c</b> . . . . .							
	<b>d</b> All other revenue . . . . .		0	0	0	0		
	<b>e Total.</b> Add lines 11a-11d . . . . .		-15,440,020					
<b>12 Total revenue.</b> See instructions. . . . .		600,461,606	59,436,045	332,703	12,752,022			

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>108,119,091</b>	<b>108,119,091</b>		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	<b>401,275</b>	<b>401,275</b>		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	<b>23,591</b>	<b>23,591</b>		
<b>4</b> Benefits paid to or for members . . . . .	<b>0</b>	<b>0</b>		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	<b>5,807,575</b>	<b>0</b>	<b>5,807,575</b>	<b>0</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>7</b> Other salaries and wages . . . . .	<b>181,557,559</b>	<b>121,327,375</b>	<b>18,088,088</b>	<b>42,142,096</b>
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	<b>15,646,552</b>	<b>10,029,515</b>	<b>2,061,186</b>	<b>3,555,851</b>
<b>9</b> Other employee benefits . . . . .	<b>19,437,050</b>	<b>13,141,571</b>	<b>1,658,922</b>	<b>4,636,557</b>
<b>10</b> Payroll taxes . . . . .	<b>17,304,281</b>	<b>10,718,052</b>	<b>2,831,046</b>	<b>3,755,183</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>b</b> Legal . . . . .	<b>1,146,153</b>	<b>0</b>	<b>1,146,153</b>	<b>0</b>
<b>c</b> Accounting . . . . .	<b>873,566</b>	<b>0</b>	<b>873,566</b>	<b>0</b>
<b>d</b> Lobbying . . . . .	<b>2,317,822</b>	<b>2,317,822</b>	<b>0</b>	<b>0</b>
<b>e</b> Professional fundraising services. See Part IV, line 17	<b>5,476,048</b>			<b>5,476,048</b>
<b>f</b> Investment management fees . . . . .	<b>2,354,788</b>	<b>0</b>	<b>2,354,788</b>	<b>0</b>
<b>g</b> Other . . . . .	<b>40,375,890</b>	<b>32,899,342</b>	<b>497,551</b>	<b>6,978,997</b>
<b>12</b> Advertising and promotion . . . . .	<b>2,807,373</b>	<b>2,807,373</b>	<b>0</b>	<b>0</b>
<b>13</b> Office expenses . . . . .	<b>95,427,244</b>	<b>78,290,477</b>	<b>2,500,310</b>	<b>14,636,457</b>
<b>14</b> Information technology . . . . .	<b>11,079,432</b>	<b>7,334,382</b>	<b>1,144,797</b>	<b>2,600,253</b>
<b>15</b> Royalties . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> Occupancy . . . . .	<b>16,198,370</b>	<b>10,569,585</b>	<b>1,811,732</b>	<b>3,817,053</b>
<b>17</b> Travel . . . . .	<b>16,253,459</b>	<b>11,026,608</b>	<b>1,518,357</b>	<b>3,708,494</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>19</b> Conferences, conventions, and meetings . . . . .	<b>15,605,117</b>	<b>14,133,496</b>	<b>461,274</b>	<b>1,010,347</b>
<b>20</b> Interest . . . . .	<b>118,263</b>	<b>0</b>	<b>118,263</b>	<b>0</b>
<b>21</b> Payments to affiliates . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Depreciation, depletion, and amortization . . . . .	<b>10,907,405</b>	<b>7,415,999</b>	<b>1,295,338</b>	<b>2,196,068</b>
<b>23</b> Insurance . . . . .	<b>1,188,504</b>	<b>355,494</b>	<b>757,936</b>	<b>75,074</b>
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> <u>Miscellaneous expenses</u>	<b>8,407,564</b>	<b>4,464,328</b>	<b>2,946,854</b>	<b>996,382</b>
<b>b</b> <u>Other awards and grants</u>	<b>1,592,380</b>	<b>1,554,613</b>	<b>34,453</b>	<b>3,314</b>
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> .....				
<b>f</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	<b>580,426,352</b>	<b>436,929,989</b>	<b>47,908,189</b>	<b>95,588,174</b>
<b>26</b> <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	<b>168,023,583</b>	<b>99,973,474</b>	<b>14,813,755</b>	<b>53,236,354</b>

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>43,365,846</b>	<b>1</b>	<b>5,625,556</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>72,721,820</b>	<b>2</b>	<b>38,763,806</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>141,586,658</b>	<b>3</b>	<b>147,956,820</b>
	<b>4</b> Accounts receivable, net . . . . .	<b>5,982,720</b>	<b>4</b>	<b>6,425,461</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>6,930,518</b>	<b>8</b>	<b>4,308,523</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>13,049,474</b>	<b>9</b>	<b>15,644,538</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> <b>191,808,363</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> <b>112,964,912</b>		
	<b>11</b> Investments—publicly traded securities . . . . .	<b>83,571,622</b>	<b>10c</b>	<b>78,843,451</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>377,742,869</b>	<b>11</b>	<b>459,326,825</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>3,470,658</b>	<b>12</b>	<b>3,560,724</b>
	<b>14</b> Intangible assets . . . . .		<b>13</b>	<b>0</b>
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	<b>0</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>192,221,463</b>	<b>15</b>	<b>185,259,673</b>	
	<b>940,643,648</b>	<b>16</b>	<b>945,715,377</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>50,274,620</b>	<b>17</b>	<b>47,817,703</b>
	<b>18</b> Grants payable . . . . .	<b>332,636,058</b>	<b>18</b>	<b>301,664,773</b>
	<b>19</b> Deferred revenue . . . . .	<b>6,863,348</b>	<b>19</b>	<b>6,861,989</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>1,865,000</b>	<b>20</b>	<b>1,710,000</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>0</b>	<b>21</b>	<b>0</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			
		<b>0</b>	<b>22</b>	<b>0</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>0</b>	<b>23</b>	<b>0</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>0</b>	<b>24</b>	<b>0</b>
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	<b>31,099,324</b>	<b>25</b>	<b>35,497,854</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>422,738,350</b>	<b>26</b>	<b>393,552,319</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	<b>164,733,213</b>	<b>27</b>	<b>175,683,999</b>
	<b>28</b> Temporarily restricted net assets . . . . .	<b>219,026,810</b>	<b>28</b>	<b>226,870,252</b>
	<b>29</b> Permanently restricted net assets . . . . .	<b>134,145,275</b>	<b>29</b>	<b>149,608,807</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	<b>517,905,298</b>	<b>33</b>	<b>552,163,058</b>
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	<b>940,643,648</b>	<b>34</b>	<b>945,715,377</b>

**Part XI Financial Statements and Reporting**

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

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



## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

**Open to Public Inspection**

Name of the organization

**American Heart Association Inc**

Employer identification number

13 5613797

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
  - 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 organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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.)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.  

a ☐ Type I

b ☐ Type II

c ☐ Type III—Functionally integrated

d ☐ Type III—Other

  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
  - h Provide the following information about the supported organization(s).

[illegible]

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	447,360,703	483,709,148	482,887,909	456,896,010	531,080,232	2,401,934,002
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	447,360,703	483,709,148	482,887,909	456,896,010	531,080,232	2,401,934,002
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						2,401,934,002

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	447,360,703	483,709,148	482,887,909	456,896,010	531,080,232	2,401,934,002
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	37,945,024	41,172,345	41,645,781	37,639,033	34,594,992	192,997,175
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	47,180	41,752	58,893	239,580	244,954	632,359
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	-1,027,172	-2,067,312	2,440,957	-19,448,094	-15,684,974	-35,786,595
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						2,559,776,941
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	625,822,038
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	<b>93.83</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>93.19</b>	%
<b>16a 33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>			
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>18 Private foundation.</b> 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33⅓% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33⅓% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**General Explanation - Schedule A, Part II, Section B, Line 10: Other Income** Other income is generally comprised of the change in value of split interest agreements and uncollectible accounts receivable.

**Schedule B**  
**Schedule of Contributors**

**American Heart Association Inc**

**13-5613797**

**Organization Type:**

**Filers of:**

- Form 990 or 990-EZ      ☒ 501(c)(3) Organization  
   ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
   ☐ 527 Political Organization
- Form 990PF                      ☐ 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 section 501(c)(7), (8), (10) organizations can check boxes for both the General Rule and a Special Rule -- see instructions.

**General Rule--**

- ☐ For organizations filing Form 990, 990-EZ or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II.)

**Special Rules--**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For section 501(c)(7), (8), or (10) organizations filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organizations filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PDF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF).

---

**Schedule B - Part I**  
**Contributors**

**American Heart Association Inc**

**13-5613797**

<b>Reference</b>	<b>Name and Address</b>	<b>Contribution</b>	<b>Type</b>	
1		\$14,577,244	<b>Person</b>	Yes
			<b>Payroll</b>	No
			<b>Noncash</b>	No



SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), 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.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ 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 . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <tr> <td><b>If the amount on line 1e, column (a) or (b) is:</b></td> <td><b>The lobbying nontaxable amount is:</b></td> </tr> <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> </table>	<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2006</b>	<b>(b) 2007</b>	<b>(c) 2008</b>	<b>(d) 2009</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?	✓		294,478
<b>d</b> Mailings to members, legislators, or the public?	✓		64,677
<b>e</b> Publications, or published or broadcast statements?	✓		69,352
<b>f</b> Grants to other organizations for lobbying purposes?	✓		1,344,711
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		193,460
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		351,145
<b>i</b> Other activities? If "Yes," describe in Part IV		✓	
<b>j</b> Total. Add lines 1c through 1i			2,317,823
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. 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 plans, coordinates and implements a public advocacy program. At the national level, this program includes maintaining and expanding contacts with Members of Congress. Similar relationships are built by the regional affiliates, advocating at the state and local levels. To guide its federal, state and local efforts, the Association implements a public policy agenda by maintaining active partnership in health-related coalitions with other like-minded groups; 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 Association encourages Congress and state legislatures to join the fight against heart disease and stroke, the number one and number three biggest killers of Americans, respectively. The Association's public policies fall into nine distinct categories: Heart Disease and Stroke Research - A top priority of the Association is to ensure that the Federal Government continues on the path of significantly increasing funding for the National Institutes of Health, including significant increases for heart**

**Part IV - Supplemental Information (Continued)**

and stroke research. **Health Promotion and Disease Prevention** - Research has clearly illustrated that tobacco use, lack of physical activity, obesity and poor nutrition are major risk factors for heart disease, stroke and other cardiovascular diseases. Research also demonstrates that much of the disease resulting from these behaviors can be prevented. The Association advocates at the state and federal level for public policies aimed at addressing the risk factors related to heart disease and stroke. **Health Disparities** - The Association works to reduce healthcare disparities in heart disease, stroke and associated risk. Activities are aimed at increasing awareness, promoting research, and improving quality and access to care to reduce disparities among women and minority populations. **Obesity Prevention** - Obesity is a major modifiable risk factor for cardiovascular diseases. State and federal advocacy efforts focus on promoting quality physical and health education, increased physical activity opportunities, strong nutrition policies and research to effectively treat and prevent obesity, especially in children. **Tobacco Control** - The Association works to reduce tobacco use - particularly among children and youth - and reduce exposure to secondhand smoke in order to lower the incidence of cardiovascular diseases. The Association supports efforts to fund educational programs, to establish smoke-free public places, and to regulate the manufacture, sale, distribution, labeling and promotion of tobacco products. **Quality and Availability of Care** - The Association supports public policies at the state and federal level that ensure all Americans have access to and coverage for quality health care, access to appropriate emergency cardiovascular and stroke care, and access to appropriate cardiovascular and stroke drugs, treatments and devices. **Stroke** - Access to quality stroke care, including prevention, treatment and rehabilitation services, is a priority of the American Heart Association and its division the American Stroke Association. Advocacy activities are aimed at promoting the development and implementation of the essential elements of stroke systems of care. **Chain of Survival** - A strong emergency response system is a critical factor in saving the lives of victims of heart attack, cardiac arrest and stroke. Advocacy efforts are aimed at promoting all components of the Chain of Survival, including funding for the purchase of automated external defibrillators (AEDs). **Charitable organizations** - The Association supports policies that encourage more Americans to make charitable contributions to the non-profit sector. In addition, the Association supports policies that preserve and enhance our ability to advocate the views of our volunteers before Congress, State Legislatures, and state and federal regulatory agencies.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**American Heart Association Inc**

Employer identification number

**13 : 5613797**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ . . . . .

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

a Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$ . . . . .
b Assets included in Form 990, Part X . . . . .	▶ \$ . . . . .

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	33,011,216	44,033,948			
<b>b</b> Contributions	3,052,355	532,564			
<b>c</b> Net investment earnings, gains, and losses	4,039,740	-7,212,938			
<b>d</b> Grants or scholarships	0	0			
<b>e</b> Other expenditures for facilities and programs	366,464	4,342,358			
<b>f</b> Administrative expenses	0	0			
<b>g</b> End of year balance	39,736,847	33,011,216			

- 2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Term endowment ▶ 0 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

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

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	11,737,563		11,737,563
<b>b</b> Buildings	0	84,635,473	37,512,351	47,123,122
<b>c</b> Leasehold improvements	0	4,453,797	1,595,869	2,857,928
<b>d</b> Equipment	0	90,981,530	73,856,692	17,124,838
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,843,451



**Part VII Investments—Other Securities.** 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
Financial derivatives . . . . .	0	
Closely-held equity interests . . . . .	0	
Other <b>Miscellaneous securities</b>	3,560,724	End-of-Year Market Value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	3,560,724	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Split Interest Agreements</b>	73,267,045
<b>Beneficial Interest in Perpetual Trusts</b>	111,992,628
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	185,259,673

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
<b>Capital lease obligations</b>	1,906,219
<b>Postretirement benefits</b>	17,504,004
<b>Supplemental retirement plans</b>	2,258,665
<b>Charitable gift annuities</b>	11,728,836
<b>Rent deferrals/amortization</b>	2,020,894
<b>Other payables</b>	79,236
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	35,497,854

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	<b>600,461,606</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	<b>580,426,352</b>
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	<b>20,035,254</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	<b>17,228,202</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>	<b>0</b>
<b>6</b>	Investment expenses	<b>6</b>	<b>0</b>
<b>7</b>	Prior period adjustments	<b>7</b>	<b>0</b>
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	<b>-3,005,696</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	<b>14,222,506</b>
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	<b>34,257,760</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>628,333,492</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>17,228,202</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>5,100,014</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>22,328,216</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>606,005,276</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>2,354,788</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	<b>-7,898,458</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>-5,543,670</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>600,461,606</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>594,075,732</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>5,100,014</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	<b>0</b>
<b>c</b>	Other losses	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	<b>3,005,696</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>8,105,710</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>585,970,022</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>2,354,788</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	<b>-7,898,458</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>-5,543,670</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>580,426,352</b>

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part V, Line 4 - The intended use of endowment funds is to provide funding for research and other mission related programs.**

**Schedule D, Part X - The Association did not have any material unrelated business income tax liability for the years ended June 30, 2010 and 2009. The Association believes that it has taken no significant uncertain tax positions.**

**Schedule D, Part XI, Line 8 - FASB Statement 158 requires employers to fully recognize the overfunded or underfunded positions (the difference between the fair value of plan assets and the benefit obligation) of defined benefit pension, retiree healthcare and other postretirement plans in their balance sheets. The effect of this change on AHA is \$3,005,696 for fiscal year ended June 30, 2010.**

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part XII, Line 4b - Cost of goods sold (7,990,304); rental expenses (204,617); fundraising expenses 296,463. Net total (7,898,458) is included in revenue on Form 990 but included in expenses on the financial statements.

Schedule D, Part XIII, Line 2d - Refer to Schedule D, Part XI, Line 8 explanation.

Schedule D, Part XIII, Line 4b - Cost of goods sold (7,990,304); rental expenses (204,617); fundraising expenses 296,463 are included in revenue on Form 990, but included in expenses on financial statements.

## Statement of Activities Outside the United States

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

► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2009

## Open to Public Inspection

Name of the organization

**American Heart Association Inc**

Employer identification number

13

5613797

## Part I

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

- 1 For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sch F, Stmt 1					
Totals	1	1			2,672,114

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐  
Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sch F, Stmt 2						

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 . . . . . ☐ 2

3 Enter total number of other organizations or entities . . . . . ☐ 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]



**Part IV** **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F, Part I, Line 2 - With respect to grants made by American Heart Association to foreign entities, 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 organization.**

## Accounts and Activities Outside the United States

		Offices	Employees	Total
<b>Region</b>	Central America and the Caribbean	0	0	198,643
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	East Asia and the Pacific	0	0	594,931
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	Europe (including Iceland and Greenland) 1		1	1,025,109
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	Middle East and North Africa	0	0	184,676
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	0	0	124,172
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	South America	0	0	412,666
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	South Asia	0	0	53,328
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	Sub-Saharan Africa	0	0	54,998
<b>Activities</b>	Program Services			
<b>Services</b>	Educational & training			
<b>Region</b>	Europe (including Iceland and Greenland) 0		0	10,000
<b>Activities</b>	Grantmaking			
<b>Services</b>				
<b>Region</b>	Middle East and North Africa	0	0	13,591
<b>Activities</b>	Grantmaking			
<b>Services</b>				
	<b>Total:</b>	<b>1</b>	<b>1</b>	<b>2,672,114</b>

## Schedule F, Part IV, Statement 2

Form: Schedule F

Page: 2

Line Number: Part II Line 1

American Heart Association Inc

13-5613797

## Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region	Europe (including Iceland and Greenland)	10,000	0
Grant	Research & education		
Cash Disbursement	Check disbursement		
Non-Cash Assistance			
Valuation			
Region	Middle East and North Africa	13,591	0
Grant	Research & education		
Cash Disbursement	Check disbursement		
Non-Cash Assistance			
Valuation			

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

### Open To Public Inspection

Name of the organization

**American Heart Association Inc**

Employer identification number

13 | 5613797

**Fundraising Activities.** Complete if the organization answered “Yes” to 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 ten 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 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			
See Schedule O, Statement 3						
Total . . . . . ►				13,911,652	6,207,584	7,704,068

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

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>Dallas Hrtwalk</b> (event type)	(b) Event #2 <b>Chicago Hrtwalk</b> (event type)	(c) Other events <b>3701</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>2,998,255</b>	<b>2,566,745</b>	<b>209,514,421</b>	<b>215,079,421</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>2,998,255</b>	<b>2,566,745</b>	<b>201,063,634</b>	<b>206,628,634</b>
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	<b>0</b>	<b>0</b>	<b>8,450,787</b>	<b>8,450,787</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>5</b> Noncash prizes . . . . .	<b>0</b>	<b>54,203</b>	<b>5,247,482</b>	<b>5,301,685</b>
	<b>6</b> Rent/facility costs . . . . .	<b>122,652</b>	<b>163,586</b>	<b>6,414,831</b>	<b>6,701,069</b>
	<b>7</b> Food and beverages . . . . .	<b>0</b>	<b>429</b>	<b>7,144,158</b>	<b>7,144,587</b>
	<b>8</b> Entertainment . . . . .	<b>12,575</b>	<b>64,651</b>	<b>1,113,687</b>	<b>1,190,913</b>
	<b>9</b> Other direct expenses . . . . .	<b>85,822</b>	<b>5,624</b>	<b>3,407,240</b>	<b>3,498,686</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶	<b>( 23,836,940 )</b>			
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶	<b>-15,386,153</b>			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .	<b>0</b>	<b>0</b>	<b>205,604</b>	<b>205,604</b>
	<b>2</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Direct Expenses	<b>3</b> Noncash prizes . . . . .	<b>0</b>	<b>0</b>	<b>41,482</b>	<b>41,482</b>
	<b>4</b> Rent/facility costs . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>5</b> Other direct expenses . . . . .	<b>0</b>	<b>0</b>	<b>15,072</b>	<b>15,072</b>
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶	<b>( 56,554 )</b>			
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶	<b>149,050</b>			

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: <u>MO, NC, NE, SD, TX, VA, WI</u>		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "No," explain: <u>Licensed where required. Some states do not require specific licensure or the activity is below the specified threshold.</u>		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	<input checked="" type="checkbox"/>
<b>12</b> 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? . . . . .	<b>12</b>	<input checked="" type="checkbox"/>

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . .		
<b>b</b>	An outside facility . . . . .		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ <b>Sunder Joshi CAO CFO</b>			
Address ▶ <b>7272 Greenville Ave Dallas, TX 75231</b>			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		✓
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ . . . . . and the amount of gaming revenue retained by the third party ▶ \$ . . . . .		
<b>c</b>	If "Yes," enter name and address of the third party:		
Name ▶ . . . . .			
Address ▶ . . . . .			
<b>16</b>	Gaming manager information:		
Name ▶ . . . . .			
Gaming manager compensation ▶ \$ . . . . .			
Description of services provided ▶ . . . . .			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		✓
<b>b</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 ▶ \$ <b>0</b>		

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990.**

2009

## Open to Public Inspection

**American Heart Association Inc**

13 : 5613797

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.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	235
3	Enter total number of other organizations	0



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Travel sponsorships to scientific conferences	179	121,175	0	FMV	
Student scientific scholarships	102	238,300	0	FMV	
Student investigator research awards	34	23,500	0	FMV	
School health initiative awards	29	18,300	0	FMV	

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Schedule I, Part I, Line 1 - Institutional Eligibility for Awards & Location of Work for Applicants/Awardees:** Association research awards must be limited to non-profit institutions. Such institutions include: medical, osteopathic and dental schools, veterinary schools, schools of public health, pharmacy schools, nursing schools, universities and colleges, public and voluntary hospitals and other non-profit 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 the Veterans Administration employees. The research committee should scrutinize the available resources as they relate to local, state or national needs. **Individual Eligibility for Awards:** The principal investigator must hold a doctoral or appropriate advanced degree at the time the award is activated for fellowships and, for grants, at the time of application. Exceptions must be documented in writing by the research committee of reference and approved by the AHA Research Committee. The basic requirements of eligibility for all American Heart Association research programs, National Center or Affiliate are given below. **PREDOCTORAL FELLOWSHIPS:** Post baccalaureate, predoctoral students seeking a PhD, MD, DO, 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 (example: MD who is seeking a PhD). **POSTDOCTORAL FELLOWSHIPS:** Individuals who have obtained a PhD, MD, DO 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. **Exception:** MD's or MD/PhD's with clinical responsibilities who need instructor or similar title to see patients, but who devote at least 80% full-time to research training. **CLINICAL RESEARCH PROGRAM:** Health care professionals with a Masters, MD, DO or PhD degree. Individuals are not eligible to be the principal investigator if they currently hold or have held, certain NIH awards (such as RO1, R21, PO1); certain AHA awards (BGIA, SDG, EIA, GIA); or an award equivalent to the above (an independent investigator award). **BEGINNING GRANT-IN-AID:** Faculty/staff members initiating independent research careers. At application, applicants must hold an MD, PhD, DO or equivalent doctoral degree and must meet institutional requirements for grant submission. At activation, applicants must hold a faculty/staff rank up to and including Assistant Professor (or equivalent). **SCIENTIST DEVELOPMENT GRANT:** Individuals initiating independent research careers. At application, applicants must hold an MD, PhD, DO or equivalent doctoral degree and must meet institutional requirements for grant submission. At activation, applicant must hold a faculty/staff position. Applicant's faculty rank shall be up to and including Assistant Professor (or equivalent) at application. Applications may be submitted in the final year of a postdoctoral research fellowship or in the initial years of the independent research

**Part IV - Supplemental Information (Continued)**

career. At time of award activation, no more than four years will have elapsed since applicant's first full-time faculty/staff appointment at the level of assistant professor or its equivalent. A pivotal requirement is the demonstration that the award will promote independent status for the applicant. Applicant shall have received no prior national-level grant as of time of Scientist Development Grant activation. **ESTABLISHED INVESTIGATOR AWARD:** At time of application, faculty/staff members at the mid-level stages of their independent research careers. At application, applicants must hold an MD, PhD, DO or equivalent doctoral degree and must meet institutional requirements for grant submission. At the time of award activation, the investigator must be at least four (4) years but no more than nine (9) years (i.e., eight years and 12 months) since the first faculty/staff appointment at the level of assistant professor or equivalent (including, but not limited to, research assistant professor, research scientist, staff scientist, etc.) Instructor positions (or equivalent positions) do not count toward the four or nine years of eligibility. Applicants must have current national-level 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. **GRANT-IN-AID:** Faculty/staff members conducting independent research at time of application. At application, principal investigator must hold an MD, PhD, DO or equivalent doctoral degree and must meet institutional requirements for grant submission. **SPECIAL AWARDS/PILOT PROGRAMS:** Eligibility is determined by an Affiliate or the National Center based upon special local or national circumstances. The funding component must request and receive approval from the AHA Research Committee to develop and implement a pilot research program for a limited period of time. **AFFILIATE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP:** To be eligible for this program, undergraduate students should be currently classified at the junior or senior academic status at the time of award activation. Students must be enrolled full-time in an undergraduate degree program, at the time of application, in either a four-year college or university, or a two-year institution with plans to transfer to a four-year college or university by the fall semester immediately following the summer program. Students may either be attending an institution within the Affiliate, or be a resident of one of these states. **NATIONAL FELLOW-TO-FACULTY TRANSITION AWARD:** Physicians who hold an MD, MD/PhD., DO or equivalent doctoral degree at the time of application submission and who seek additional research training under the supervision of a sponsor/mentor prior to embarking on a career of independent research. Applicants must be enrolled in or have completed an Accreditation Council for Graduate Medical Education (ACGME)-approved residency or a clinical fellowship program associated with an ACGME-approved residency. Applicants must have completed the clinical portion of their training program by the time of award activation. It is the responsibility of the applicant to identify and work with a sponsor/mentor to develop the application. Candidates may have had no more than five (5) years of postdoctoral research training (beyond clinical training) at time of application. The award is not intended for individuals of faculty/staff rank. At the time of award activation, applicant may not hold a faculty/staff appointment. The exceptions are MD or MD/PhD with clinical responsibilities who hold a title of instructor or similar due to their patient care responsibilities but who devote at least 80 percent full-time effort to research training. The mentor may hold an MD, PhD., DO or other equivalent degree. Because of the strong mentoring component of this award and the importance of developing a meaningful relationship between awardee and mentor, an individual mentor may sponsor only one applicant to the program per year. **NATIONAL INNOVATIVE RESEARCH GRANT:** All levels of faculty/staff members conducting research at time of application. At application, principal investigator must hold an MD, PhD, DO or equivalent doctoral degree and must meet institutional requirements for grant submission. Eligibility for the Innovative Research Award is not restricted based upon experience level or seniority. Seniority will not be used as a criterion in evaluating an application's merit. 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 from I-765). Awardee must meet American Heart Association citizenship criteria throughout the durations of the award. Foreign nationals holding permanent residence or other appropriate visa statuses must submit documentation as required by the funding component. The National Center and each Affiliate Research Committee have the authority to add more restrictive eligibility criteria to a research award program. For example, a limitation may be placed on annual funding dollars from other sources.

Schedule I, Part I, Line 2 - Monitoring Use of Grant Funds: Research grants are awarded by American Heart Association (AHA) annually and paid to the grantee quarterly over the multi-year life of the award. Grantees are required to submit reports of scientific progress annually. These reports are reviewed by volunteer committees comprised primarily of active and experienced researchers. An annual expenditure report is required prior to issuing

**Part IV - Supplemental Information (Continued)**

each subsequent year's payments. Expenditure reports are required to be filed within 120 days of the end of each grant year and are reviewed by AHA.

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Form: Schedule I

13-5613797

Page: 1

Line Number: Part II

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	Albany Med Ctr 47 New Scotland Ave Albany, NY 12208	179,069	0
<b>EIN</b>	14-1338310		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Albert Einstein College of Med 1300 Morris Park Ave Bronx, NY 10461	79,586	0
<b>EIN</b>	13-1624225		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Alton Ochsner Med Fda New Orleans 1514 Jefferson Hwy New Orleans, LA 70121	149,224	0
<b>EIN</b>	72-0502505		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Arizona State Univ Tempe PO Box 873503 Tempe, AZ 85287	67,210	0
<b>EIN</b>	86-0196696		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Barrow Neurological Inst Phoenix 350 W Thomas Rd Phoenix, AZ 85013	119,379	0
<b>EIN</b>	86-0096787		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Baylor College of Med Houston One Baylor Pl Houston, TX 77030	1,783,451	0
<b>EIN</b>	74-1613878		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-</b>			

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Beth Israel Deaconess Med Ctr 330 Brookline Ave Boston, MA 02215	1,441,593	0
<b>EIN</b>	04-2103881		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Blood Ctr of Wisconsin PO Box 78961 Milwaukee, WI 53278	95,724	0
<b>EIN</b>	39-0807235		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Boston Med Ctr 660 Harrison Ave Boston, MA 02118	654,776	0
<b>EIN</b>	04-3314093		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Boston Univ Med Campus 660 Harrison Ave Boston, MA 02118	278,551	0
<b>EIN</b>	04-3314093		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Brigham & Women's Hospital PO Box 3149 Boston, MA 02241	2,711,228	0
<b>EIN</b>	04-2312909		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Caritas St Elizabeth's Med Ctr 736 Cambridge St Boston, MA 02135	179,069	0
<b>EIN</b>	04-2103622		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	CarnegieMellon Univ Pittsburgh	238,758	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	5000 Forbes Ave		
	Pittsburgh, PA 15213		
<b>EIN</b>	25-0969449		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Carolinas Med Ctr Charlotte	74,160	0
	1221 E Morehead St		
	Charlotte, NC 28204		
<b>EIN</b>	56-6060481		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Case Western Reserve Univ	340,954	0
	10900 Euclide Ave		
	Cleveland, OH 44106		
<b>EIN</b>	34-1018992		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	CedarsSinai Med Ctr	278,551	0
	8700 Beverly Blvd 6500		
	Los Angeles, CA 90048		
<b>EIN</b>	95-1644600		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Childrens Hospital Los Angeles	194,443	0
	4650 Sunset Blvd		
	Los Angeles, CA 90027		
<b>EIN</b>	95-1690977		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Children's Hospital Oakland Research Inst	38,889	0
	2195 Hearst Ave		
	Berkeley, CA 94720		
<b>EIN</b>	94-6002123		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Childrens Hospital Boston	794,504	0
	PO Box 414413		
	Boston, MA 02241		
<b>EIN</b>	04-2774441		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Children's Hospital Cincinnati 3333 Burnet Ave Cincinnati, OH 45229	804,000	0
-------------------------	---	---------	---

EIN 31-0833936

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Clemson Univ 300 Brackett Hall Clemson, SC 29634	41,602	0
-------------------------	--	--------	---

EIN 57-6000254

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Cleveland Clinic PO Box 931531 Cleveland, OH 44193	977,642	0
-------------------------	--	---------	---

EIN 34-0714585

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Cleveland Clinic Fda PO Box 931531 Cleveland, OH 44193	1,037,332	0
-------------------------	--	-----------	---

EIN 34-0714585

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Colorado School Of Mines 1500 Illinois St Golden, CO 80401	356,303	0
-------------------------	--	---------	---

EIN 84-6000551

IRC code section 501c6

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Colorado State Univ Fort Collins 2002 Campus Delivery Fort Collins, CO 80523	312,380	0
-------------------------	--	---------	---

EIN 84-6000545

IRC code section Govt

Method of valuation FMV

Description of non-



## Schedule I, Part IV, Statement 1

American Heart Association Inc

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Columbia Univ New York 722 W 168th St New York, NY 10032	501,935	0
<b>EIN</b>	13-5598093		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Cornell Univ Ithaca 341 Pine Tree Rd Ithaca, NY 14850	39,793	0
<b>EIN</b>	15-0532082		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Drexel Univ 3201 Arch St Philadelphia, PA 19104	277,615	0
<b>EIN</b>	23-1352630		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Duke Univ Durham 2200 W Main St Ste 300 Durham, NC 27705	1,238,069	0
<b>EIN</b>	56-0532129		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	East Tennessee State Univ Johnson City Box 70732 Johnson City, TN 37614	149,224	0
<b>EIN</b>	62-6021046		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Eastern Washington Univ 202 Sutton Hall Cheney, WA 99004	119,379	0
<b>EIN</b>	91-6000624		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Emory Univ School Med	1,171,053	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	1599 Clifton Rd 4th Fl		
	Atlanta, GA 30322		
<b>EIN</b>	58-0566256		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Florida Atlantic Univ	24,418	0
	PO Box 198660		
	Atlanta, GA 30384		
<b>EIN</b>	65-0385507		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Florida Hospital	149,224	0
	601 E Rollins St		
	Orlando, FL 32803		
<b>EIN</b>	59-0724459		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Florida State Univ	324,257	0
	874 Traditions Way		
	Tallahassee, FL 32306		
<b>EIN</b>	59-3211153		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Fred Hutchinson Cancer Research Ctr Seattle	119,379	0
	1100 Fairview Ave N		
	Seattle, WA 98109		
<b>EIN</b>	23-7156071		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	George Washington Univ Washington DC	320,153	0
	44983 Knoll Square		
	Asburn, VA 20147		
<b>EIN</b>	53-0196584		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Georgia Inst of Technology	303,921	0
	PO Box 100117		
	Atlanta, GA 30384		
<b>EIN</b>	58-0603146		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Georgia State Univ Atlanta	130,820	0
	PO Box 3999		
	Atlanta, GA 30302		

EIN 58-1845423

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Gladstone Inst San Francisco	81,395	0
	1650 Owens St		
	San Francisco, CA 94158		

EIN 23-7203666

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Harvard School of Public Health	1,247,085	0
	PO Box 415649		
	Boston, MA 02241		

EIN 04-2103580

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Henry Ford Health System	325,579	0
	One Ford Place 5E		
	Detroit, MI 48202		

EIN 38-1357020

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Hospital of the Univ of Pennsylvania	536,302	0
	PO Box 785541		
	Philadelphia, PA 19178		

EIN 23-1352685

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Immune Disease Inst	75,064	0
	CLSB-3rd Fl		
	Boston, MA 02115		

EIN 04-2158520

IRC code section 501c3

Method of valuation FMV

Description of non-

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Indiana Univ Indianapolis PO Box 66057 Indianapolis, IN 46266	874,542	0
<b>EIN</b>	35-6001673		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Johns Hopkins Univ School of Med 12529 Collections Center Dr Chicago, IL 60693	1,680,351	0
<b>EIN</b>	52-0595110		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Kansas State Univ Manhattan 10 Anderson Hall Manhattan, KS 66506	129,327	0
<b>EIN</b>	48-0771751		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	La Jolla Inst for Allergy and Immunology 9420 Athena Cr La Jolla, CA 92037	77,777	0
<b>EIN</b>	33-0328688		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Los Angeles BioMed Research Inst HarborUCLA Med Ctr 1124 W Carson St Torrance, CA 90502	126,533	0
<b>EIN</b>	95-2138184		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Louisiana State Univ Health Sciences Ctr Shreveport 1501 Kings Highway Shreveport, LA 71130	59,066	0
<b>EIN</b>	72-0702002		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Name and address</b>	Louisiana State Univ Baton Rouge Sponsored Program Accounting Baton Rouge, LA 70803	149,224	0
<b>EIN</b>	72-6000848		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Loyola Univ Med Ctr 820 N Michigan Ave Chicago, IL 60611	605,690	0
<b>EIN</b>	36-1408475		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Maine Med Ctr 22 Bramhall St Portland, ME 04102	124,805	0
<b>EIN</b>	01-0238552		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Marquette Univ PO Box 1881 Milwaukee, WI 53201	228,604	0
<b>EIN</b>	39-0806251		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Masonic Med Research Laboratory Utica 2150 Bleecker St Utica, NY 13501	179,069	0
<b>EIN</b>	13-5648611		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Massachusetts General Hospital PO Box 414876 Boston, MA 02241	2,090,039	0
<b>EIN</b>	04-2697983		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Massachusetts Inst of Technology 600 Memorial Dr Cambridge, MA 02319	278,551	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

EIN 04-2103594

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Mayo Clinic Jacksonville	80,284	0
-------------------------	--------------------------	--------	---

4500 San Pablo Rd  
Jacksonville, FL 32224

EIN 59-3337028

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Mayo Clinic Rochester	870,011	0
-------------------------	-----------------------	---------	---

PO Box 4006  
Rochester, MN 55903

EIN 41-6011702

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Med College of Georgia	1,639,513	0
-------------------------	------------------------	-----------	---

P O Box 945552  
Atlanta, GA 30912

EIN 58-1418202

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Med College of Wisconsin	816,426	0
-------------------------	--------------------------	---------	---

8701 Watertown Plank Rd  
Milwaukee, WI 53226

EIN 39-0806261

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Med Univ of South Carolina	960,213	0
-------------------------	----------------------------	---------	---

19 Hagood Ave Ste 608  
Charleston, SC 29425

EIN 57-6000722

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	MetroHealth Med Ctr	159,172	0
-------------------------	---------------------	---------	---

PO Box 73308  
Cleveland, OH 44193

EIN 34-6004382

IRC code section Govt

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Miami Univ Oxford	278,551	0
	501 E High St		
	Oxford, OH 45056		

EIN 31-6402089

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Michigan State Univ	139,312	0
	301 Administration Bldg		
	East Lansing, MI 48824		

EIN 38-6005984

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Montana State Univ Bozeman	163,600	0
	309 Montana Hall		
	Bozeman, MT 59717		

EIN 81-6010045

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Mount Sinai School of Med	981,203	0
	One Gustave Levy Place		
	New York, NY 10029		

EIN 13-6171197

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Nationwide Children's Hospital	109,431	0
	PO Box 715245		
	Columbus, OH 43271		

EIN 31-6056230

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	NCIRE The Veterans Health Research Inst	151,033	0
	4150 Clement St		
	San Francisco, CA 94121		

EIN 94-3084159

IRC code section 501c3

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research



## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Name and address</b>	Nemours Alfred I duPont Hospital for Children 1600 Rockland Rd Wilmington, DE 19803	278,551	0
<b>EIN</b>	59-0634433		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	New York Med College Valhalla 40 Sunshine Cottage Rd Valhalla, NY 10595	457,620	0
<b>EIN</b>	13-1099420		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	New York Univ School of Med 550 First Ave New York, NY 10016	557,102	0
<b>EIN</b>	13-5562309		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	North Carolina Central Univ Durham 1801 Fayetteville St Durham, NC 27707	139,276	0
<b>EIN</b>	56-6000730		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	North Dakota State Univ Fargo NDSU Dept 3130 Fargo, ND 58108	129,327	0
<b>EIN</b>	45-6002439		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Northeastern Ohio Universities College of Med 4209 State Route 44 Rootstown, OH 44272	79,586	0
<b>EIN</b>	34-1131512		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Northern California Inst for Research and Education 4150 Clement San Francisco, CA 94121	126,614	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

EIN 94-3084159

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Northern Illinois Univ De Kalb	459,773	0
-------------------------	--------------------------------	---------	---

Lowden Hall 201

DeKalb, IL 60115

EIN 36-6008480

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Northwestern Univ Chicago	1,136,435	0
-------------------------	---------------------------	-----------	---

750 N Lake Shore Dr

Chicago, IL 60611

EIN 36-2167817

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Northwestern Univ Evanston	156,662	0
-------------------------	----------------------------	---------	---

633 Clark St

Evanston, IL 60208

EIN 36-2167817

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	NYU	378,034	0
-------------------------	-----	---------	---

665 BRdway Ste 801

New York, NY 10012

EIN 13-5562308

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	NYU Med Ctr	39,793	0
-------------------------	-------------	--------	---

545 First Ave

New York, NY 10016

EIN 13-5562309

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Oregon Health & Science Univ Portland	593,560	0
-------------------------	---------------------------------------	---------	---

2525 SW 1st Ave

Portland, OR 97201

EIN 93-1176109

IRC code section Govt

Method of valuation FMV

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Palo Alto Inst for Research and Education Inc	378,034	0
	PO Box V-38		
	Palo Alto, CA 94304		
<b>EIN</b>	77-0207331		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Penn State College of Med Milton S Hershey Med	278,551	0
	Research Ctr		
	PO Box 850 G230		
	Hershey, PA 17033		
<b>EIN</b>	24-6000376		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Pennington BioMed Research Ctr Baton Rouge	80,284	0
	6400 Perkins Rd		
	Baton Rouge, LA 70808		
<b>EIN</b>	72-6000848		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Pennsylvania State Univ College of Med Hershey	36,175	0
	PO Box 850 G230		
	Hershey, PA 17033		
<b>EIN</b>	24-6000376		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Pennsylvania State Univ Univ Park	41,602	0
	227 W Beaver Ave		
	State College, PA 16801		
<b>EIN</b>	24-6000376		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Presbyterian Hospital New York	85,012	0
	525 E 68th St		
	New York, NY 10065		
<b>EIN</b>	13-3957095		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		

## Description of non-cash assistance

## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Princeton Univ P O Box 5292 Princeton, NJ 08544	39,793	0
<b>EIN</b>	21-0634501		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Providence VA Med Ctr Box 1929 Providence, RI 02912	179,069	0
<b>EIN</b>	05-0258809		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Rehabilitation Inst of Chicago 345 E Superior Chicago, IL 60611	82,093	0
<b>EIN</b>	36-2256036		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Research Fda of SUNY 402 Crofts Hall Buffalo, NY 14260	507,361	0
<b>EIN</b>	14-1368361		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Rice Univ PO Box 1892 MS-16 Houston, TX 77251	45,219	0
<b>EIN</b>	74-1109620		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Rosalind Franklin Univ 3333 Green Bay Rd North Chicago, IL 60064	407,879	0
<b>EIN</b>	36-2181973		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Rush Univ Med Ctr 1700 W Van Buren	89,060	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Chicago, IL 60612

EIN 36-2174823

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	San Diego State Univ Research Fda	116,666	0
-------------------------	-----------------------------------	---------	---

5250 Campanile Dr

San Diego, CA 92182

EIN 95-6042721

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Sanford Research	92,284	0
-------------------------	------------------	--------	---

1100 E 21st St

Sioux Falls, SD 57105

EIN 46-0450378

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Scripps Research Inst	162,790	0
-------------------------	-----------------------	---------	---

10550 N Torrey Pines Rd

La Jolla, CA 92037

EIN 33-0435954

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Seattle Children's Hospital	92,284	0
-------------------------	-----------------------------	--------	---

PO Box 34935

Seattle, WA 98124

EIN 91-0564748

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Southern Illinois Univ Carbondale	129,327	0
-------------------------	-----------------------------------	---------	---

SIUC Mailcode 6812

Carbondale, IL 62901

EIN 37-6005981

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	St Francis Hospital The Heart Ctr	179,069	0
-------------------------	-----------------------------------	---------	---

100 Port Washington Blvd

Roslyn, NY 11576

EIN 11-3090867

IRC code section 501c3

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	St Joseph's Hospital and Med Ctr	119,379	0
	3501 W Thomas Rd		
	Phoenix, AZ 85013		

EIN 86-0096787

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	St Jude Children's Research Hospital Memphis	24,418	0
	262 Danny Thomas Pl		
	Memphis, TN 38105		

EIN 62-0646012

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	St Louis Univ	262,475	0
	3700 W Pine Mall		
	St Louis, MO 63108		

EIN 43-0654872

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Stanford Univ School of Med	2,608,103	0
	PO Box 44253		
	San Francisco, CA 94144		

EIN 94-1156365

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	SUNY Downstate Med Ctr	427,775	0
	PO Box 9		
	Albany, NY 12201		

EIN 14-1368361

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Temple Univ School of Med	399,739	0
	PO Box 824242		
	Philadelphia, PA 19182		

EIN 23-1365971

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas A&M Univ Health Science Ctr 400 Harvey Mitchell Parkway South College Station, TX 77845	777,773	0
<b>EIN</b>	74-1238434		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas A&M Univ College Station 3000 Briarcrest Dr Bryan, TX 77802	245,993	0
<b>EIN</b>	74-6000541		
<b>IRC code section</b>	503c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas A&M Univ College Station Mail Stop 1260 College Station, TX 77843	126,614	0
<b>EIN</b>	74-6000531		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas A&M Univ Commerce PO Box 3011 Commerce, TX 75429	126,343	0
<b>EIN</b>	75-6001353		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas Heart Inst 6770 Bertner Ave Houston, TX 77030	278,551	0
<b>EIN</b>	74-6053200		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Texas Tech Univ Health Sciences Ctr Amarillo 3601 4th St MS 6271 Lubbock, TX 79430	126,614	0
<b>EIN</b>	75-2668014		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Burnham Inst 10901 N Torrey Pines Rd	775,964	0



## Schedule I, Part IV, Statement 1

American Heart Association Inc

	La Jolla, CA 92037		
<b>EIN</b>	51-0197108		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Children's Hospital of Philadelphia PO Box 8500 Philadelphia, PA 19178	547,154	0
<b>EIN</b>	23-1352166		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Henry M Jackson Fda for the Advancement of Military Medicine 1401 Rockville Pike Ste 600 Rockville, MD 20852	41,602	0
<b>EIN</b>	52-1317896		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Ohio State Univ 1960 Kenny Rd Columbus, OH 43213	1,131,388	0
<b>EIN</b>	31-6025986		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Research Inst at Nationwide Children's Hospital 700 Childrens Dr Columbus, OH 43205	160,981	0
<b>EIN</b>	31-6056230		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Rockefeller Univ 1230 York Ave - Box 259 New York, NY 10065	85,012	0
<b>EIN</b>	13-1624158		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	The Salk Inst for Biological Studies P O Box 85800 San Diego, CA 92186	278,551	0
<b>EIN</b>	95-2160097		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	The Scripps Research Inst Scripps Florida	39,377	0
	10550 North Torrey Pines		
	La Jolla, CA 92037		

EIN 33-0435954

IRC code section 501C3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	The Univ of Texas Med Branch	278,551	0
	PO Box 4786-750		
	Houston, TX 77210		

EIN 74-6000949

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Thomas Jefferson Univ	271,316	0
	1020 Walnut St		
	Philadelphia, PA 19107		

EIN 23-1352651

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Thomas Jefferson Univ Philadelphia	83,204	0
	1025 Walnut		
	Philadelphia, PA 19107		

EIN 23-1352651

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Tufts Med Ctr	357,233	0
	800 Washington St		
	Boston, MA 02111		

EIN 04-3400617

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Tulane Univ New Orleans	337,825	0
	800 E Commerce Rd		
	Harahan, LA 70123		

EIN 72-0423889

IRC code section 501c3

Method of valuation FMV

Description of non-

## Schedule I, Part IV, Statement 1

American Heart Association Inc

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	UMDNJ Piscataway 335 George St New Brunswick, NJ 08903	457,620	0
<b>EIN</b>	22-1980408		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Alabama Birmingham 1530 3rd Ave South Birmingham, AL 35294	1,423,795	0
<b>EIN</b>	63-6005396		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Arizona Tucson PO Box 3520 Tucson, AZ 85713	272,709	0
<b>EIN</b>	74-2652689		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Arkansas for Med Sciences 4301 W Markham Slot 812 Little Rock, AR 72205	217,053	0
<b>EIN</b>	71-6046242		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California San Francisco 1855 Folsom St San Francisco, CA 94103	1,843,593	0
<b>EIN</b>	94-6036493		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California Davis PO Box 989062 West Sacramento, CA 95798	818,470	0
<b>EIN</b>	94-6036494		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California Irvine	398,835	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	1400 Biological Sciences III		
	Irvine, CA 92697		
<b>EIN</b>	95-2226406		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California Los Angeles	1,566,851	0
	Box 951432		
	Los Angeles, CA 90095		
<b>EIN</b>	95-6006143		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California Riverside	85,012	0
	1127 Hinderaker Hall		
	Riverside, CA 92521		
<b>EIN</b>	95-6006142		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of California San Diego	2,071,083	0
	9500 Gilman Dr		
	La Jolla, CA 92093		
<b>EIN</b>	95-6006144		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Central Florida	149,224	0
	12424 Research Pkwy		
	Orlando, FL 32826		
<b>EIN</b>	59-2924021		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Chicago	1,090,394	0
	6054 South Drexel Ave		
	Chicago, IL 60637		
<b>EIN</b>	36-2177139		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Cincinnati	419,636	0
	201 E Fifth St		
	Cincinnati, OH 45202		
<b>EIN</b>	31-6000989		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Colorado Denver	1,461,251	0
	PO Box 238		
	Denver, CO 80291		

EIN 84-6000555

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Colorado Boulder	164,186	0
	Dept 220		
	Denver, CO 80291		

EIN 84-6000555

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Connecticut Farmington	278,551	0
	263 Farmington Ave		
	Farmington, CT 06489		

EIN 52-1725543

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Florida Gainesville	647,885	0
	123 Grinter Hall		
	Gainesville, FL 32611		

EIN 96-9663814

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Florida Jacksonville	278,551	0
	123 Grinter Hall		
	Gainesville, FL 32611		

EIN 59-6002052

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Georgia Research Fda Inc	78,754	0
	475 N Lumpkin St		
	Athens, GA 30602		

EIN 58-1353149

IRC code section 501c3

Method of valuation FMV

Description of non-

## Schedule I, Part IV, Statement 1

American Heart Association Inc

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Georgia Athens 315 Riverbend Rd Athens, GA 30602	119,661	0
<b>EIN</b>	58-1353149		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Hawaii 2530 Dole St Honolulu, HI 96822	86,119	0
<b>EIN</b>	99-6000354		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Houston Houston PO Box 988 Houston, TX 77001	253,228	0
<b>EIN</b>	74-6001399		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Illinois ChampaignUrbana P O Box 4610 Springfield, IL 62708	419,636	0
<b>EIN</b>	37-6000511		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Illinois Chicago POBOX 20787 Springfield, IL 62708	1,718,760	0
<b>EIN</b>	37-6000511		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Iowa Iowa City B5 Jessup Hall Iowa City, IA 52242	836,634	0
<b>EIN</b>	42-6004813		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Kansas Med Ctr	146,511	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	3901 Rainbow Blvd		
	Kansas City, KS 66160		
<b>EIN</b>	48-1108830		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Kentucky College of Med	159,172	0
	PO Box 931113		
	Cleveland, OH 44193		
<b>EIN</b>	61-6033693		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Kentucky Lexington	605,035	0
	337 Frank D Peterson Svc Bldg		
	Lexington, KY 40506		
<b>EIN</b>	61-6033693		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Louisville	41,602	0
	570 S Preston St		
	Louisville, KY 40292		
<b>EIN</b>	61-1029626		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Maryland Baltimore	1,132,293	0
	PO Box 41428		
	Baltimore, MD 21203		
<b>EIN</b>	52-6002033		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Maryland Baltimore County	278,551	0
	413 A Admin Bldg		
	Baltimore, MD 21250		
<b>EIN</b>	52-6002033		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Maryland College Park	417,827	0
	4101 Chesapeake Bldg		
	College Park, MD 20742		
<b>EIN</b>	52-6002033		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Massachusetts Med School	121,188	0
	55 Lake Ave North		
	Worcester, MA 01655		

EIN 04-3167352

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Med and Dentistry of New Jersey	363,564	0
	PO Box 2685		
	New Brunswick, NJ 08903		

EIN 22-1775306

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Miami School of Med Miami	1,222,827	0
	P O Box 025405		
	Miami, FL 33102		

EIN 59-0624458

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Michigan Med Ctr	2,027,336	0
	3003 S State St		
	Ann Arbor, MI 48109		

EIN 38-6006309

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Minnesota	1,250,919	0
	200 Oak St SE		
	Minneapolis, MN 55455		

EIN 41-6007513

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Mississippi Jackson	253,927	0
	2500 North State St		
	Jackson, MS 39216		

EIN 64-6008520

IRC code section 501c3

Method of valuation FMV

Description of non-



## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Missouri Columbia 310 Jesse Hall Columbia, MO 65211	488,405	0
<b>EIN</b>	43-6003859		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Nebraska Med Ctr Omaha 985090 Nebraska Med Ctr Omaha, NE 68198	238,961	0
<b>EIN</b>	47-0049123		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Nebraska Lincoln 312 North 14th St Lincoln, NE 68588	278,378	0
<b>EIN</b>	47-0049123		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of New England Biddeford 11 Hills Beach Rd Biddeford, ME 04005	277,983	0
<b>EIN</b>	01-0211810		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of New Mexico Health Sciences Ctr 1 University of New Mexico Albuquerque, NM 87131	425,062	0
<b>EIN</b>	85-6000642		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of North Carolina Charlotte 9201 University City Blvd Charlotte, NC 28223	139,276	0
<b>EIN</b>	56-0791228		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of North Carolina Chapel Hill	1,396,374	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	P O Box 402420		
	Atlanta, GA 30384		
<b>EIN</b>	56-6001393		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of North Texas Health Science Ctr	126,614	0
	3500 Camp Bowie Blvd		
	Fort Worth, TX 76107		
<b>EIN</b>	75-6064033		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Notre Dame	446,764	0
	836 Grace Hall		
	Notre Dame, IN 46556		
<b>EIN</b>	35-0868188		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Oklahoma	135,658	0
	201 David L Boren Blvd		
	Norman, OK 73019		
<b>EIN</b>	73-6017987		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Oklahoma Health Sciences Ctr	405,165	0
	1100 N Lindsay		
	Oklahoma City, OK 73104		
<b>EIN</b>	73-6017987		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Oklahoma Norman	22,610	0
	201 David L Boren Blvd		
	Norman, OK 73019		
<b>EIN</b>	73-6017987		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Oregon Eugene	278,551	0
	PO Box 3237		
	Eugene, OR 97403		
<b>EIN</b>	48-1278531		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Pennsylvania School of Med PO Box 785541 Philadelphia, PA 19178	1,171,181	0
-------------------------	---	-----------	---

EIN 23-1352685

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Pittsburgh PO Box 371220 Pittsburgh, PA 15251	1,709,292	0
-------------------------	---	-----------	---

EIN 25-0965591

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Rochester Med Ctr 910 Genesee St Rochester, NY 14611	1,447,280	0
-------------------------	--	-----------	---

EIN 16-0743209

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of South Alabama Mobile 307 University Blvd N Mobile, AL 36688	39,377	0
-------------------------	---	--------	---

EIN 63-0477348

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of South Carolina Research Fda PO Box 751475 Charlotte, NC 28275	417,827	0
-------------------------	---	---------	---

EIN 57-0967350

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of South Carolina Columbia 1600 Hampton St Columbia, SC 29208	139,276	0
-------------------------	--	---------	---

EIN 57-6001153

IRC code section Govt

Method of valuation FMV

Description of non-

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of South Florida Tampa PO Box 864568 Orlando, FL 32886	149,224	0
<b>EIN</b>	59-3102112		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Southern California 1501 San Pablo St Los Angeles, CA 90074	290,308	0
<b>EIN</b>	95-1642394		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Southern Mississippi Hattiesburg Box 5174 Hattiesburg, MS 39406	149,224	0
<b>EIN</b>	64-6000818		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Tennessee Health Science Ctr Memphis 62 South Dunlap St Memphis, TN 38163	322,866	0
<b>EIN</b>	62-6001636		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Tennessee Knoxville 210 Student Services Bldg Knoxville, TN 37996	149,224	0
<b>EIN</b>	62-6001636		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas Health Science Ctr at San Antonio 7703 Floyd Curl Dr San Antonio, TX 78229	1,580,037	0
<b>EIN</b>	74-1576031		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas Health Science Ctr Houston	1,118,591	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	PO Box 20036		
	Houston, TX 77225		
<b>EIN</b>	74-1761309		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas M D Anderson Cancer Ctr Houston	126,614	0
	PO Box 4390		
	Houston, TX 77210		
<b>EIN</b>	17-4600118		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas San Antonio	612,005	0
	One UTSA Circle		
	San Antonio, TX 78249		
<b>EIN</b>	74-1717115		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas Southwestern Med Ctr at Dallas	2,108,125	0
	PO Box 841753		
	Dallas, TX 75284		
<b>EIN</b>	75-6002868		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Texas Arlington	126,614	0
	219 W Main St		
	Arlington, TX 76010		
<b>EIN</b>	75-6000121		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Toledo Health Science Campus	41,602	0
	2801 W Bancroft St		
	Toledo, OH 43606		
<b>EIN</b>	34-6401483		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Univ of Utah	872,082	0
	201 S Presidents Circle		
	Salt Lake City, UT 84112		
<b>EIN</b>	87-6000525		

## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Vermont Burlington 223 Waterman Burlington, VT 05405	264,081	0
-------------------------	--	---------	---

EIN 03-0179440

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Virginia Charlottesville PO Box 400195 Charlottesville, VA 22904	1,588,104	0
-------------------------	--	-----------	---

EIN 54-6001796

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Washington Seattle 12455 Collections Dr Chicago, IL 60693	1,807,306	0
-------------------------	---	-----------	---

EIN 91-6001537

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Wisconsin Madison 21 N Park St Madison, WI 53715	210,899	0
-------------------------	--	---------	---

EIN 39-6006492

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Univ of Wisconsin Madison 21 N Park St Madison, WI 53715	1,123,263	0
-------------------------	--	-----------	---

EIN 39-6006492

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	UT MD Anderson Cancer Ctr P O Box 4390 Houston, TX 77210	200,774	0
-------------------------	--	---------	---

EIN 74-6001118

IRC code section Govt

Method of valuation FMV

Description of non-

## cash assistance

<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Vanderbilt Univ Med Ctr Dept of Finance AT 40303 Atlanta, GA 31192	1,471,926	0
<b>EIN</b>	62-0476822		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Veterans Affairs Med Ctr San Francisco 4150 Clement St San Francisco, CA 94121	126,614	0
<b>EIN</b>	94-3084159		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Veterans Med Research Fda San Diego 3350 La Jolla Village Dr San Diego, CA 92161	194,443	0
<b>EIN</b>	33-0189397		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Virginia Commonwealth Univ Richmond PO Box 843039 Richmond, VA 23284	942,133	0
<b>EIN</b>	54-6001758		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Virginia Polytechnic Inst Blacksburg 1880 Pratt Dr Ste 2006 Blacksburg, VA 24060	255,037	0
<b>EIN</b>	54-6001805		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Wake Forest Univ School of Med Medical Center Blvd Winston Salem, NC 27157	672,336	0
<b>EIN</b>	22-3849199		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Washington State Univ Pullman	44,807	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

	PO Box 643140		
	Pullman, WA 99164		
<b>EIN</b>	91-6001108		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Washington Univ School of Med	1,181,206	0
	700 Rosedale Ave		
	Saint Louis, MO 63112		
<b>EIN</b>	43-0653611		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Wayne State Univ	176,355	0
	5057 Woodward		
	Detroit, MI 48202		
<b>EIN</b>	38-6028429		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Weill Med College of Cornell Univ	550,772	0
	100 BRdway 8th Fl		
	New York, NY 10065		
<b>EIN</b>	13-1623978		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	West Virginia Univ Morgantown	468,185	0
	PO Box 6001		
	Morgantown, WV 26506		
<b>EIN</b>	55-0665758		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Wright State Univ Dayton	361,755	0
	3640 Colonel Glenn Hwy		
	Dayton, OH 45435		
<b>EIN</b>	31-0732831		
<b>IRC code section</b>	Govt		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Research		
<b>Name and address</b>	Yale Univ School of Med	1,277,052	0
	PO Box 1873		
	New Haven, CT 06508		
<b>EIN</b>	06-0646973		



## Schedule I, Part IV, Statement 1

American Heart Association Inc

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Research

<b>Name and address</b>	Center for Emergency Medicine of Western Penn 230 McKee Place Suite 500 Pittsburg, PA 15213	31,098	0
-------------------------	---	--------	---

EIN 25-1443759

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant ECC course effectiveness study

<b>Name and address</b>	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	17,000	0
-------------------------	---	--------	---

EIN 75-6002868

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant ECC course effectiveness study

<b>Name and address</b>	University of Washington ROC Clinical Trial Center Seattle, WA 98105	500,000	0
-------------------------	--	---------	---

EIN 91-6001537

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Clinical trials

<b>Name and address</b>	George Washington University 44983 Knoll Square Ashburn, VA 20147	130,272	0
-------------------------	---	---------	---

EIN 53-0196584

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant ACLS Course Evaluation

<b>Name and address</b>	Indiana University 1044 W Walnut St Indianapolis, IN 46202	68,182	0
-------------------------	--	--------	---

EIN 35-6001673

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Different Approaches to teaching and evaluating  
Advanced Cardiac Life Support to healthcare  
professionals

<b>Name and address</b>	Lee County Sheriff 14750 Six Mile Cypress Pkwy Fort Myers, FL 33912	33,144	0
-------------------------	---	--------	---

EIN 59-6000705

IRC code section Govt

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Method of valuation FMV

Description of non-cash assistance

Purpose of grant AED placement

<b>Name and address</b>	Henry Ford Health Systems	7,000	0
	2799 W Grand Blvd		
	Detroit, MI 48202		

EIN 38-1357020

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Michigan Stroke campaign

<b>Name and address</b>	St Mary's Hospital	47,000	0
	1800 East Lake Shore Drive		
	Decatur, IL 62521		

EIN 37-0661244

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant AED placement

<b>Name and address</b>	Tufts New England Medical Ctr	75,000	0
	800 Washington St		
	Boston, MA 02111		

EIN 23-7000827

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Student research

<b>Name and address</b>	Brigham and Women's Hospital	10,000	0
	PO Box 3149		
	Boston, MA 02199		

EIN 04-2312909

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Student research

<b>Name and address</b>	Yale University	22,000	0
	333 Cedar Street		
	New Haven, CT 06520		

EIN 06-0646973

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Student research

<b>Name and address</b>	Albert Einstein College of Med	19,800	0
	1300 Morris Park Ave		
	Bronx, NY 10461		

EIN 23-7075620

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Purpose of grant</b>	Student awards/Research		
<b>Name and address</b>	Bronx Community Health Network 1 Fordham Plaza Suite 1108B Bronx, NY 10458	22,500	0
<b>EIN</b>	13-3905296		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	Creative Outlet Dance Theatre 80 Hansen Place Suite 303 Brooklyn, NY 11217	18,000	0
<b>EIN</b>	11-3307754		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	New York Botanical Garden 200th St Bronx, NY 10458	12,350	0
<b>EIN</b>	13-1693134		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	Third Sector New England Inc 89 South Street 7th Floor Boston, MA 02111	16,875	0
<b>EIN</b>	04-2261109		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	Boston Learning Center 208 Ashmont Street Dorchester, MA 02124	12,600	0
<b>EIN</b>	04-3292156		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	Waltham Partnership for Youth 119 School Street Waltham, MA 02451	7,092	0
<b>EIN</b>	04-3399437		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Community health initiative		
<b>Name and address</b>	Cycle Kids Inc 205 Mount Auburn Street	18,401	0

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Cambridge, MA 02138

EIN 20-1169399

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Community health initiative

<b>Name and address</b>	YWCA of Greater Lawrence Inc	17,800	0
-------------------------	------------------------------	--------	---

38 Lawrence Street

Lawrence, MA 01840

EIN 04-2130847

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Community health initiative

<b>Name and address</b>	Whittier Street Health Center	19,732	0
-------------------------	-------------------------------	--------	---

1125 Tremont Street

Roxbury, MA 02120

EIN 04-2619517

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Community health initiative

<b>Name and address</b>	Sports 4 Kids	22,500	0
-------------------------	---------------	--------	---

380 Washington Street

Oakland, CA 94607

EIN 94-3251867

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Community health initiative

<b>Name and address</b>	Black Nurses Association	6,000	0
-------------------------	--------------------------	-------	---

5060 N 19th Avenue Suite 210

Phoenix, AZ 85015

EIN 95-3543065

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Blood Pressure Screening

<b>Name and address</b>	Delano Union School District	40,000	0
-------------------------	------------------------------	--------	---

1405 12th Avenue

Delano, CA 93215

EIN 95-6000993

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Madera Unified School District	90,000	0
-------------------------	--------------------------------	--------	---

1902 Howard Road

Madera, CA 93637

EIN 35-2247260

IRC code section Govt

## Schedule I, Part IV, Statement 1

American Heart Association Inc

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Kings Canyon Unified School Di 675 West Manning Avenue Reedley, CA 93654	30,000	0
-------------------------	--	--------	---

EIN 58-2103066

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Carson City School District 1402 West King Street Carson City, NV 89703	12,214	0
-------------------------	---	--------	---

EIN 88-6000130

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Sanger Unified School District 1905 Seventh Street Sanger, CA 93657	65,000	0
-------------------------	---	--------	---

EIN 95-6002210

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Visalia Unified School Distric 5000 West Cypress Avenue Visalia, CA 93277	20,000	0
-------------------------	---	--------	---

EIN 77-0531549

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	School Board of Miami Dade Cou 1500 Biscayne Blvd Rm 229 Miami, FL 33132	202,000	0
-------------------------	--	---------	---

EIN 59-6000572

IRC code section Govt

Method of valuation FMV

Description of non-cash assistance

Purpose of grant School health initiatives

<b>Name and address</b>	Boston Educational Development 26 Court St 5th Fl Boston, MA 02108	80,000	0
-------------------------	--	--------	---

EIN 22-2514422

IRC code section 501c3

Method of valuation FMV

Description of non-cash assistance

## Schedule I, Part IV, Statement 1

American Heart Association Inc

<b>Purpose of grant</b>	School health initiatives		
<b>Name and address</b>	Mended Hearts 7272 Greenville Ave Dallas, TX 75231	100,000	0
<b>EIN</b>	04-6073589		
<b>IRC code section</b>	501c3		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Programs for heart attack survivors		
<b>Name and address</b>	Tobacco Free Kids Action Fund 1400 I St NW Ste 1200 Washington, DC 20005	237,500	0
<b>EIN</b>	52-1974904		
<b>IRC code section</b>	501c4		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Tobacco prevention & cessation		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

American Heart Association Inc

Employer identification number

13

5613797

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input 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 (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

✓

2

✓

4a

✓

4b

✓

4c

✓

5a

✓

5b

✓

6a

✓

6b

✓

7

✓

8

✓

9

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Nancy A Brown	(i)	541,496	0	13,041	76,509	14,961	646,007	0
	(ii)	0	0	0	0	0	0	0
Sunder Joshi	(i)	314,499	0	2,242	43,818	13,895	374,454	0
	(ii)	0	0	0	0	0	0	0
David W Livingston	(i)	261,105	0	1,972	36,487	7,319	306,883	0
	(ii)	0	0	0	0	0	0	0
Gordon McCullough	(i)	371,874	0	20,276	34,300	12,037	438,487	0
	(ii)	0	0	0	0	0	0	0
Rose Marie Robertson	(i)	387,967	0	1,981	46,673	9,233	445,854	0
	(ii)	0	0	0	0	0	0	0
Meighan Vafa	(i)	293,278	0	2,707	41,250	750	337,985	0
	(ii)	0	0	0	0	0	0	0
Michael Weamer	(i)	429,683	0	28,445	34,300	15,317	507,745	0
	(ii)	0	0	0	0	0	0	0
John Brennan	(i)	335,069	0	66,316	34,300	13,238	448,923	0
	(ii)	0	0	0	0	0	0	0
Roman Bowser	(i)	355,237	0	20,090	34,300	6,578	416,205	0
	(ii)	0	0	0	0	0	0	0
Kevin Harker	(i)	318,562	0	5,957	43,331	11,982	379,832	0
	(ii)	0	0	0	0	0	0	0
David Markiewicz	(i)	311,156	0	3,900	44,305	12,326	371,687	0
	(ii)	0	0	0	0	0	0	0
Midge Epstein	(i)	299,184	0	5,340	42,206	13,761	360,491	0
	(ii)	0	0	0	0	0	0	0
Sandra Hijikata	(i)	277,500	0	803	39,577	5,295	323,175	0
	(ii)	0	0	0	0	0	0	0
John Meiners	(i)	270,032	0	2,566	38,417	10,390	321,405	0
	(ii)	0	0	0	0	0	0	0
Michael L Wilson	(i)	247,080	0	8,113	24,378	10,651	290,222	0
	(ii)	0	0	0	0	0	0	0
Leslie Upton	(i)	240,199	0	3,101	33,674	6,818	283,792	0
	(ii)	0	0	0	0	0	0	0



**Part III Supplemental Information**

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

Schedule J, Part I, Line 1a - To encourage good health practices, American Heart Association (AHA) makes available a membership to a local fitness center to senior management. Of the officers and key employees listed, the following participate in the program - Nancy Brown, Sunder Joshi, Leslie Upton and Robyn Landry.

Schedule J, Part I, Line 4 - Line 4b: AHA provides a 457f Retirement Restoration Plan to certain members of senior management. While AHA employees are generally eligible to participate in the qualified retirement plan and the 403b plan, contributions by AHA to the qualified retirement plan and the 403b plan are capped pursuant to IRS regulations. Under the Retirement Restoration Plan, AHA is allowed to make contributions based on the amount a participant would have been allowed to make 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 at the end of the year in a lump sum. The payment is 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. Previously vested, Gordon McCullough received \$18,498. Michael Weamer received \$26,705, Roman Bowser received \$16,408 and John Brennan received \$13,518. Michael Wilson vested and received \$6,336.

Schedule J, Part I, Line 5 - Line 5a: The senior management of AHA participates in an Incentive Plan designed to establish a consistent reward plan for the unified organization and to create a sense of shared responsibility in AHA's success and to focus priorities. The Incentive Plan is designed as part of the total cash compensation provided to the senior executives. The total cash compensation has been determined as reasonable by the Compensation Committee and outside independent compensation consultants. For 2009/2010 Fiscal Year, the Incentive Plan focused on achievement of revenue goals and talent management goals. Award opportunities under the Incentive Plan range from 0% to 15% of base salary. No incentives were awarded in calendar year 2009.

Schedule J, Part II - General Disclosure regarding CEO's compensation: During the calendar year, Nancy Brown's base pay was \$541,496. Schedule J-2: General Disclosure regarding Former Board Member compensation: The compensation reported for Mark B. Taubman, MD, FAHA, represents honoraria fees for editorial services provided to the Association for calendar year 2009 during the normal course of business.

SCHEDULE J-1  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.  
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization <b>American Heart Association Inc</b>						Employer identification number <b>13 5613797</b>	
---	--	--	--	--	--	---	--

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joanne McLaughlin	(i)	238,532	0	2,160	33,368	750	274,810	0
	(ii)	0	0	0	0	0	0	0
Kathleen Rogers	(i)	237,270	0	1,975	33,602	12,843	285,690	0
	(ii)	0	0	0	0	0	0	0
Robyn Landry	(i)	221,855	0	2,838	31,706	11,937	268,336	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

13 | 5613797

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

**American Heart Association Inc**

Employer identification number

**13**

**5613797**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	✓	355	264,645	Fair market value
2 Art—Historical treasures . . . . .	✓	1	800	Fair market value
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	✓	1865	817,377	Fair market value
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	100	1,169,957	Fair market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	✓	1	53,241	Fair market value
12 Securities—Miscellaneous . . . . .	✓	3	94	Fair market value
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	✓	3	665,965	Fair market value
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	✓	386	99,322	Fair market value
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>Personal property</u> ) . . . . .	✓	8869	1,922,090	Fair market value
26 Other ► ( <u>Recreation/Travel</u> ) . . . . .	✓	13173	5,568,512	Fair market value
27 Other ► ( <u>Ad Council advert</u> ) . . . . .	✓	1	41,071,200	Fair market value
28 Other ► ( <u>Miscellaneous</u> ) . . . . .	✓	1370	7,551,602	Fair market value

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 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**Schedule M, Part I, Line 32b - The Association receives the proceeds from the sale of donated vehicles that are received and processed by Insurance Auto Auction.**

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**American Heart Association Inc**

Employer identification number

**13 5613797**

Form 990, Part III - In 2009-10, the American Heart Association announced its groundbreaking 2020 Health Impact Goal: To improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent. The goal is a wake-up call to the vast majority of Americans who think their heart health is better than it is. The association published its goal on Jan. 20, 2010, in its scientific journal, *Circulation*. The paper provided the first definition of cardiovascular health and specific measures for ideal, intermediate and poor health. The 2020 goal will drive the association's efforts for the next decade. The American Heart Association's programs fall into four categories: Research Support, Public Education, Professional Education and Community Programs.

Form 990, Part III, Line 4a - Research Support: The American Heart Association funds research at the national and affiliate (regional) levels. Since becoming a voluntary health organization in 1948, we have spent more than \$3.3 billion on projects that explore the prevention, detection and treatment of heart disease and stroke. Grants support projects, fellowships and investigatorships for research training or career development for a specific period. During the past year, the association funded 943 new awards, totaling about \$120 million.

Form 990, Part III, Line 4b - Public 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. We have several impactful programs, including Go Red For Women, Power To End Stroke and Start! In 2009-10, the association's Public Education efforts provided billions of people important information about cardiovascular health. In its seventh year, Go Red For Women continued to inform women of their No. 1 killer. Women across the country were asked to "Speak Up!" about heart disease as part of a nationwide casting call. An NBC television show, which aired in 140 markets, featured spokeswoman Andie MacDowell and three casting call finalists. The association launched the Spanish-language version of Go Red, Go Red Por Tu Corazon, at the Latin GRAMMY Awards. National Wear Red Day and American Heart Month activities continued to grow, and the Go Red Facebook page had more than 112,000 fans. An aggressive education campaign that heightens awareness of the disproportionately high risk of stroke among African-Americans, Power To End Stroke culminated a successful year with the Power Awards at the Apollo Theater in Harlem. Since its inception, the campaign has registered 570,000 people, 22,000 Ambassadors and reached 200,000 healthcare providers. Start! is an American Heart Association initiative that encourages physical activity and wellness in workplace to help Americans live longer, heart-healthier lives. In April, more than 8,000 companies and nearly 750,000 people participated in our fourth annual National Start! Walking Day. The Start! Fit Friendly Company increased recognized companies by 24 percent and now numbers 1,500 companies. Stroke: The American Stroke Association focused on improving public understanding of stroke warning signs and the availability of the best stroke treatment facilities. In May, American Stroke Month, the association promoted Stroke Care Near You, a comprehensive stroke Web page and a stroke-mapping website that allows people to use their zip code to find the closest certified stroke center. A program to increase the knowledge of warning signs and the importance of calling 9-1-1 right away was successfully piloted in Kansas City, Mo., and Nashville, Tenn. Diversity: Reaching and serving diverse audiences is a priority for the American Heart Association. Our vision on health equity includes three pillars: 1) to help healthcare providers improve their cultural competency; 2) to reduce health disparities; and 3) better reach minority audiences through targeted initiatives. Nutrition: The American Heart Association established the Nutrition Center, an online portal that provides consumers great resources for making healthier food choices. Food Certification: The heart-check mark has become and remains the strongest, most visible nationwide food labeling program in the United States, with 111 participating companies and 836 certified products. The heart-check mark was updated this year to more prominently feature the benefits of the certified products. Childhood Obesity: America's leading beverage companies delivered on their agreement with us to remove full-calorie soft drinks from schools. Shipments to schools have declined by 95 percent since 2004 - a dramatic step in fighting childhood obesity. In August, the association published a scientific statement on sugars, and a limit on sugar-sweetened beverages was a primary dietary metric for the 2020 goal. Consumer Publications: In 2009-10, the American Heart Association and Random House released two new publications, "Healthy Family Meals," the first AHA cookbook for the family, and "The Complete Guide to Women's Heart Health," a comprehensive book for women of all ages. Customer Service: The association strives to anticipate,

**Supplemental Information (Continued)**

understand, meet and exceed our customers' needs and expectations. In 2009-10, the multi-channel national service center served more than 1 million customers. Customer care specialists answered 393,488 toll-free telephone calls, made 55,521 outbound "thank-you" calls, and 65,165 customers were serviced by the CPR locator. We also handled 622,599 data entry, business reply cards, e-mails, letters, product fulfillment and cards for our consumer health initiatives. The association's consumer website, americanheart.org, which was completely redesigned and renamed heart.org, received more than 27 million unique visitors throughout the year, generating more than 94 million page views. Communications: The American Heart Association worked with national and local news media outlets to present the latest news on cardiovascular disease and stroke to the public. In 2009-10, about 36 billion people read, viewed or heard a media report from the American Heart Association. This includes cause initiatives, scientific journal articles, scientific meetings, health communications, stroke, health disparities and cultural health and media advocacy. Health Education Initiatives: The association launched a relationship with Intel, to develop, evaluate and license AHA scientific guidelines-based heart failure care protocols and educational content, which will help Intel customers manage and treat their heart failure patients. Our Heart360 continues to build momentum, with the November launch of the Provider Portal. This free online application is connecting patients and providers and allowing them to monitor their health remotely.

Form 990, Part III, Line 4c - Professional Education: Research is most useful when its results are made available to scientists and healthcare professionals. To make this happen, the American Heart Association provided continuing education to nearly 399,000 healthcare professionals in 2009-10, an increase of nearly 140,000 registrants from last year. The association was re-accredited by the ACCME to provide continuing medical education for another four years; it also received provider status from the American Nurses Credentialing Center. Another important way that the American Heart Association provides professional education is through conferences. Scientific Sessions, the world's largest gathering of scientists, healthcare providers and others concerned about cardiovascular disease, was held in November 2009 and drew more than 21,000 people. The International Stroke Conference, held in February 2010, had more than 3,500 attendees. The Arteriosclerosis, Thrombosis and Vascular Biology Conference broke attendance records with nearly 1,100 attendees. In fact, all of our Specialty conferences saw attendance increases. Scientific Journals: The American Heart Association reports the latest in cardiovascular research through its 11 scientific and medical journals, which have 87,000 subscribers. Emergency Cardiovascular Care: For more than 40 years, the American Heart Association has pioneered the development of CPR training and published science-based resuscitation guidelines. During 2009-10, 13 million people in the United States were trained in ECC courses. The department also launched a national Hands-Only CPR awareness campaign to encourage more people to give CPR to adults who have a sudden cardiac arrest. Quality Improvement: The cornerstone of the association's quality improvement efforts is Get With The Guidelines, which helps hospitals consistently care for cardiac and stroke patients following the most up-to-date guidelines and recommendations. At the end of FY 2009-10, more than 1,788 hospitals were implementing the program. We launched Get With The Guidelines-Outpatient, Target: Heart Failure and Target: Stroke this year to extend our efforts to healthcare practices and outpatient clinics.

Form 990, Part III, Line 4d - Community Programs: The American Heart Association provides community services at the local, state and national levels, most significantly, through public advocacy. Public Advocacy: In 2009-10, the American Heart Association helped define healthcare reform with passage of the Patient Protection and Affordable Care Act. Thousands of volunteers from the association's You're The Cure grassroots network helped make this achievement possible - sending 67,847 messages to Congress. About 70 advocates from key congressional districts also participated in a fly-in. The enactment of this meaningful, patient-centered health reform legislation is critical to helping the AHA achieve its 2020 impact goal. Volunteers and staff also helped pass key legislation in several states. The Founder's Affiliate helped pass new legislation in Rhode Island that ensures that acute care hospitals are prepared to treat stroke patients and comply with approved care guidelines. The Pacific Mountain Affiliate passed a bill in Washington state that enables emergency dispatchers to send the right medical care to heart disease and stroke patients. And the Great Rivers Affiliate played a major role in helping implement a law that allows Kentucky to provide a special designation on nationally certified primary stroke centers, which will improve care for stroke patients.



**Supplemental Information (Continued)**

Form 990, Part VI, Section B, Line 11 - In early November, management distributed a draft of the Form 990 to the Audit Committee appointed by the American Heart Association's Board of Directors. The Audit Committee members reviewed the draft. Management updated the draft based on feedback from the Audit Committee members. Prior to finalization of the return, a final draft of Form 990 was provided to all members of the Board of Directors. The form distributed to the Board of Directors reflects the return ultimately filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c - The American Heart Association (AHA) has established a Conflict of Interest policy which has been reviewed and approved by the Board of Directors. The policy is binding on all volunteers, staff and components of AHA. A Conflict of Interest questionnaire, which includes the Conflict of Interest Policy, Standards and Ethics Policy, is required to be completed by all AHA Board of Directors members; committee, subcommittee, task force and writing group members; and AHA spokespersons upon their appointment; and to Officers and journal editors prior to their election or appointment. After the initial completion of the Conflict of Interest Disclosure Questionnaire, volunteers and designated staff are requested to update it whenever material changes occur in their AHA role, employment or other relationship identified as relevant on the Disclosure Questionnaire. 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.

Form 990, Part VI, Section B, Line 15 - AHA's Board of Directors appoints a Compensation Committee to provide recommendations regarding compensation related matters within the organization. The Compensation Committee is responsible for reviewing and providing recommendations for the Chief Executive Officer's (CEO) compensation to the AHA Executive Committee of the Board of Directors. The AHA Executive Committee of the Board of Directors reviews and makes final recommendations on the Chief Executive Officer's Compensation to the Board of Directors for final approval. The Compensation Committee is comprised of members who are considered independent of management pursuant to AHA's Conflict of Interest Policy. The Compensation Committee engages an outside independent consultant to provide external benchmarking with respect to compensation levels and provision of benefits. The Compensation Committee's outside independent consultant provides information with respect to the appropriateness of the CEO's compensation as compared to the 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 insure that AHA complies with the Intermediate Sanction & Rebuttable Presumption Policy. For purposes of the 2009 calendar year, the compensation review of the CEO by the Compensation Committee was last completed in September 2009. Key factors that are considered by the Compensation Committee with respect to compensation are as follows: compensation philosophy, experience and qualifications of the candidate, market competitiveness, and compensation requirements and history of the candidate. Components of compensation that are routinely reviewed by the Compensation Committee include base salary, incentive opportunity both short and long term, retirement, benefits and perquisites.

Form 990, Part VI, Section C, Line 19 - The American Heart Association (AHA) makes available the three most recent years of audited financial statements, three most recent years of the Form 990 and the Conflict of Interest policy on AHA's internet website, [www.americanheart.org](http://www.americanheart.org). The AHA does not make its governing documents available to the general public.

Schedule G, Part I, Line 2b(vi) - The amounts retained by fundraisers may include reimbursement of costs and/or out of pocket expenses incurred.



Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	See Program Accomplishments disclosure in Schedule O, referencing Form 990, Part III, Line 4d	16,720,480	0	13,496,423
Total:		16,720,480	0	13,496,423

**Schedule O, Statement 2**

Form: 990

Page: 6

Line Number: Part VI Section C Line 17

**American Heart Association Inc****13-5613797****States Where Copy Of Return Is Filed**

---

**States**

---

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

**Schedule O, Statement 3**

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

**American Heart Association Inc****13-5613797****Fundraiser Activity Information**

<b>Name</b>	<b>Activity</b>	<b>C1</b>	<b>Gross Receipts</b>	<b>Amount Or Retained By Contractor</b>	<b>Net To Organization</b>
Infocision Management Corp	Telemarketing Solicitations	No	12,808,127	5,541,940	7,266,187
Cone LLC	Fundraising consultant	No	0	369,181	-369,181
Insurance Auto Auction	Donated vehicle program	Yes	1,103,525	296,463	807,062
<b>Total:</b>			<b>13,911,652</b>	<b>6,207,584</b>	<b>7,704,068</b>

C1 = Fundraiser control of funds?