

## 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)

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

2008

Open to Public  
Inspection

## A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <u>AMERICAN HEART ASSOCIATION, INC.</u>	<b>D</b> Employer identification number
		Doing Business As	<u>13-5613797</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number
		<u>7272 GREENVILLE AVENUE</u>	<u>(214) 373-6300</u>
		City or town, state or country, and ZIP + 4	
		<u>DALLAS, TX 75231</u>	<b>G</b> Gross receipts \$ <u>904,680,917.</u>
	<b>F</b> Name and address of principal officer: <u>NANCY A. BROWN, CEO</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>7272 GREENVILLE AVE. DALLAS, TX 75231</u>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <u>WWW.AMERICANHEART.ORG</u>			
<b>K</b> Type 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: <u>1924</u> <b>M</b> State of legal domicile: <u>NY</u>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>22</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>22</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<u>4,500</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>22,000,000</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<u>380,524.</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>13,524.</u>	
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>480,857,835.</u>	<u>454,633,469.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>22,999,634.</u>	<u>22,607,133.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>33,988,397.</u>	<u>-32,535,790.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>107,140,593.</u>	<u>18,752,904.</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>644,986,459.</u>	<u>463,457,716.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>158,857,817.</u>	<u>134,954,358.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>NONE</u>	<u>NONE</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>264,023,497.</u>	<u>274,981,772.</u>
Expenses	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>110,488,786.</u>	<u>3,154,228.</u>	<u>6,291,889.</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>241,104,450.</u>	<u>217,240,923.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>667,139,992.</u>	<u>633,468,942.</u>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-22,153,533.</u>	<u>-170,011,226.</u>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,159,579,931</u>	<u>940,643,648.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>426,463,060.</u>	<u>422,738,350.</u>
		<u>733,116,871.</u>	<u>517,905,298.</u>

## 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	Date	
<b>Paid Preparer's Use Only</b>	Type or print name		
	Preparer's signature	Preparer's identifying number (see instructions) <u>P00008888</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.
	<u>KPMG LLP</u>	<u>13-5565207</u>	<u>336-275-3394</u>
	<u>300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401</u>		

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 07/01, 2008, and ending 06/30, 2009

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

**2008**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Name and title of officer

SUNDER JOSHI, CEO**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. 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-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) .....	1b	<u>463457716.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 990-B check here ▶ <input type="checkbox"/>	b Balance Due (Form 990-B, line 3c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KPMG LLP to enter my PIN  as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Sunder Joshi

Date ▶

11/12/09**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	6	0	3	8	2	7	1	9	2	3
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

[Signature]

Date ▶

11/12/09**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

JSA

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**Part III** Statement of Program Service Accomplishments (see instructions)**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 \$ 137,447,012. including grants of \$ 131,912,688. ) (Revenue \$ NONE )

SEE STATEMENT 1

**4b** (Code: ) (Expenses \$ 240,050,522. including grants of \$ 2,139,515. ) (Revenue \$ 5,235,050. )

SEE STATEMENT 2

**4c** (Code: ) (Expenses \$ 72,193,182. including grants of \$ 902,155. ) (Revenue \$ 67,132,807. )

SEE STATEMENT 7

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

(Expenses \$ 21,553,008. including grants of \$ NONE ) (Revenue \$ 14,534,093. )

**4e** Total program service expenses ► \$ 471,243,724. (Must equal Part IX, Line 25, column (B).)

**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)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> <input type="checkbox"/>	<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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> <b>Sections 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b> <input type="checkbox"/>	<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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b> <input type="checkbox"/>	<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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<b>11</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<b>12</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b> <input checked="" type="checkbox"/>	<input 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 U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<b>14b</b> <input checked="" type="checkbox"/>	<input 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? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	<b>15</b> <input checked="" type="checkbox"/>	<input 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? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<b>17</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> <input checked="" type="checkbox"/>	<input 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .	<b>24a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b> <input type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<b>25a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b> <input type="checkbox"/>	<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> . . . . .	<b>26</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<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> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<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> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<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> . . . . .	<b>34</b>	X
<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> . . . . .	<b>35</b>	X
<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> . . . . .	<b>36</b>	X
<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> . . . . .	<b>37</b>	X

Form **990** (2008)

**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> 2,518	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 4	
<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>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b> 4,500	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<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>	X
<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>	X
<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>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>SEE SCHEDULE O</u> 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>	X
<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>	X
<b>c</b>	If "Yes," to question 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>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<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>	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<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>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> NONE	
<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>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X
<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>	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other 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>	

Form **990** (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	22
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	22
<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>	X
<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>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<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>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<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>9b</b>	X
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	X
<b>11</b>	Is there any officer, director or 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>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<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>	X
<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>	X
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<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>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
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>	X
<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 STATEMENT 9

**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, CFO, 7272 GREENVILLE AVE. DALLAS, TX 75231  
214-373-6300







**Part VIII Statement of Revenue**

13-5613797

				(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> 10,411,991.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 243,634,643.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 200,586,835.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	13,304,480.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		454,633,469.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	CONFERENCES AND SEMINARS		20,260,308.	20,260,308.		
	<b>b</b>	MEMBERSHIP DUES		2,262,541.	2,262,541.		
	<b>c</b>	FEES AND GRANTS		84,284.	84,284.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		22,607,133.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		20,307,364.			20,307,364.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	<b>5</b>	Royalties . . . . . ▶		15,837,004.			15,837,004.
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents . . . . .	1,494,665.				
	<b>b</b>	Less: rental expenses . . . . .	419,851.				
	<b>c</b>	Rental income or (loss) . . . . .	1,074,814.				
	<b>d</b>	Net rental income or (loss) . . . . . ▶		1,074,814.			1,074,814.
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory	341,381,371.	3,181,478.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	395,496,728.	1,909,275.			
	<b>c</b>	Gain or (loss) . . . . .	-54,115,357.	1,272,203.			
	<b>d</b>	Net gain or (loss) . . . . . ▶		-52,843,154.			-52,843,154.
	<b>8a</b>	Gross income from fundraising events (not including \$ 243,634,643. of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>	17,585,383.				
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>	32,720,483.				
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		-15,135,100.			-15,135,100.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>	363,017.				
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>	102,562.				
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		260,455.			260,455.
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>	48,498,547.				
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>	10,574,302.					
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		35,924,245.	35,924,245.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	CHANGE IN VALUE OF SPLIT INTEREST		-10,472,340.			-10,472,340.	
<b>b</b>	LOSS ON UNCOLLECTIBLE A/R		-11,381,219.	-11,381,219.			
<b>c</b>	OTHER REVENUE	541800	2,645,045.	2,264,521.	380,524.		
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		-19,208,514.				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		463,457,716.	49,414,680.	380,524.	-40,970,957.	

**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 . . .	134,365,399.	134,365,399.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	515,627.	515,627.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	73,332.	73,332.		
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,889,773.		6,889,773.	
<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) . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	213,046,748.	141,334,594.	20,353,227.	51,358,927.
<b>8</b> Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	16,126,611.	10,736,360.	1,488,786.	3,901,465.
<b>9</b> Other employee benefits . . . . .	21,740,598.	14,270,580.	2,303,519.	5,166,499.
<b>10</b> Payroll taxes . . . . .	17,178,042.	10,971,881.	2,256,714.	3,949,447.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	941,559.		941,559.	
<b>c</b> Accounting . . . . .	913,585.		913,585.	
<b>d</b> Lobbying . . . . .	3,783,283.	3,783,283.		
<b>e</b> Professional fundraising services. See Part IV, line 17	6,291,889.			6,291,889.
<b>f</b> Investment management fees . . . . .	2,068,455.		2,068,455.	
<b>g</b> Other . . . . .	46,182,973.	38,077,093.	547,994.	7,557,886.
<b>12</b> Advertising and promotion . . . . .	7,189,888.	7,189,888.		
<b>13</b> Office expenses . . . . .	63,926,421.	43,665,523.	3,453,429.	16,807,469.
<b>14</b> Information technology . . . . .	10,900,789.	7,107,612.	1,264,524.	2,528,653.
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	16,227,946.	10,537,869.	1,895,244.	3,794,833.
<b>17</b> Travel . . . . .	22,904,832.	15,426,389.	1,952,464.	5,525,979.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
<b>19</b> Conferences, conventions, and meetings . . . .	19,402,708.	16,980,053.	798,713.	1,623,942.
<b>20</b> Interest . . . . .	163,663.		163,663.	
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . .	11,171,995.	7,594,012.	1,293,481.	2,284,502.
<b>23</b> Insurance . . . . .	1,111,354.	292,173.	750,241.	68,940.
<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> OTHER EXPENSES -----	9,296,183.	7,250,177.	2,408,814.	-362,808.
<b>b</b> OTHER AWARDS AND GRANTS -----	1,055,289.	1,071,879.	-7,753.	-8,837.
<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	633,468,942.	471,243,724.	51,736,432.	110,488,786.
<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 . . . . .	194,935,728.	115,980,267.	17,778,459.	61,177,002.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	39,258,787.	<b>1</b>	43,365,846.
	<b>2</b> Savings and temporary cash investments . . . . .	120,029,985.	<b>2</b>	72,721,820.
	<b>3</b> Pledges and grants receivable, net . . . . .	173,464,271.	<b>3</b>	141,586,658.
	<b>4</b> Accounts receivable, net . . . . .	6,606,587.	<b>4</b>	5,982,720.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 sales or use . . . . .	7,848,727.	<b>8</b>	6,930,518.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,863,611.	<b>9</b>	13,049,474.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 187,300,428.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 103,728,806.		
	<b>11</b> Investments - publicly traded securities . . . . .	84,470,252.	<b>10c</b>	83,571,622.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	478,100,762.	<b>11</b>	377,742,869.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	3,395,460.	<b>12</b>	3,470,658.
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	232,541,489.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,159,579,931.	<b>15</b>	192,221,463.	
<b>17</b> Accounts payable and accrued expenses . . . . .	55,570,455.	<b>16</b>	940,643,648.	
<b>18</b> Grants payable . . . . .	330,089,230.	<b>17</b>	50,274,620.	
<b>19</b> Deferred revenue . . . . .	7,540,768.	<b>18</b>	332,636,058.	
<b>20</b> Tax-exempt bond liabilities . . . . .	2,015,000.	<b>19</b>	6,863,348.	
<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>	1,865,000.	
<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>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>		
<b>24</b> Unsecured notes and loans payable . . . . .		<b>23</b>		
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	31,247,607.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	426,463,060.	<b>25</b>	31,099,324.	
<b>27</b> <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>	422,738,350.	
<b>28</b> Unrestricted net assets . . . . .	299,472,171.	<b>27</b>	164,733,213.	
<b>29</b> Temporarily restricted net assets . . . . .	274,481,500.	<b>28</b>	219,026,810.	
<b>30</b> Permanently restricted net assets . . . . .	159,163,200.	<b>29</b>	134,145,275.	
<b>31</b> <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		<b>30</b>		
<b>32</b> Capital stock or trust principal, or current funds . . . . .		<b>31</b>		
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>32</b>		
<b>34</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	733,116,871.	<b>33</b>	517,905,298.	
<b>35</b> Total net assets or fund balances . . . . .	1,159,579,931.	<b>34</b>	940,643,648.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	X
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>	X
<b>3a</b>	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>3a</b>	X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?
- (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 organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	448,859,626.	447,360,703.	483,709,148.	482,887,909.	456,896,010.	2,319,713,396.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	448,859,626.	447,360,703.	483,709,148.	482,887,909.	456,896,010.	2,319,713,396.
<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) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						2,319,713,396.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	448,859,626.	447,360,703.	483,709,148.	482,887,909.	456,896,010.	2,319,713,396.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	29,951,447.	37,945,024.	41,172,345.	41,645,781.	37,639,033.	188,353,630.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	96,367.	47,180.	41,752.	58,893.	239,580.	483,772.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	906,076.	-1,027,172.	-2,067,312.	2,440,957.	-19,448,094.	-19,195,545.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						2,489,355,253.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	682,490,329.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	93.19 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	92.78 %
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</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 "fact-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</b> <b>10%-facts-and-circumstances test - 2007.</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</b> <b>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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5 . . . . .						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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 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**  
▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2008**

**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(cy)(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	Employer identification number
AMERICAN HEART ASSOCIATION, INC.	13-5613797

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

		(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?	X		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?	X		447,055.
<b>d</b>	Mailings to members, legislators, or the public?	X		92,157.
<b>e</b>	Publications, or published or broadcast statements?	X		100,099.
<b>f</b>	Grants to other organizations for lobbying purposes?	X		2,225,686.
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		502,738.
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		415,547.
<b>i</b>	Other activities? If "Yes," describe in Part IV		X	
<b>j</b>	Total lines 1c through 1i			3,783,282.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	<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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

DESCRIPTION OF LOBBYING ACTIVITIES

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. THE EXPENDITURES ASSOCIATED WITH THIS PUBLIC ADVOCACY PROGRAM  
CONSTITUTE 0.597 PERCENT OF TOTAL EXPENDITURES. 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 AND STROKE RESEARCH. HEALTH

**Part IV** Supplemental Information (continued)

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,

**Part IV** Supplemental Information *(continued)*

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

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public  
Inspection

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 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 Trust, Escrow and Custodial Arrangements.** Complete if 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>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

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 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 . . . . .	44,033,948.				
<b>b</b> Contributions . . . . .	532,564.				
<b>c</b> Investment earnings or losses . . . . .	-7,212,938.				
<b>d</b> Grants or scholarships . . . . .	NONE				
<b>e</b> Other expenditures for facilities and programs . . . . .	4,342,358.				
<b>f</b> Administrative expenses . . . . .	NONE				
<b>g</b> End of year balance . . . . .	33,011,216.				

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

- a** Board designated or quasi-endowment ► \_\_\_\_\_ %  
**b** Permanent endowment ► 100.0000 %  
**c** Term endowment ► \_\_\_\_\_ %

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

**(i)** unrelated organizations . . . . . **3a(i)** ☐ Yes ☒ No  
**(ii)** related organizations . . . . . **3a(ii)** ☐ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ Yes ☐ No

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) Depreciation	(d) Book value
<b>1a</b> Land . . . . .		12,151,392.		12,151,392.
<b>b</b> Buildings . . . . .		5,804,685.	2,936,270.	2,868,415.
<b>c</b> Leasehold improvements . . . . .		82,561,355.	34,427,648.	48,133,707.
<b>d</b> Equipment . . . . .		86,782,996.	66,364,888.	20,418,108.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				83,571,622.

Schedule D (Form 990) 2008



**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 and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►		

**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) should equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
SPLIT-INTEREST AGREEMENTS	92,541,740.
BENEFICIAL INTEREST IN	99,679,723.
PERPETUAL TRUSTS	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) . . . . . ►	192,221,463.

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

(a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASE OBLIGATION	1,894,833.
POST-RETIREMENT BENEFITS	13,948,865.
SUPPLEMENTAL RETIREMENT PLANS	1,753,776.
ANNUITIES (INCLUDING CGA)	11,881,735.
RENT DEFERRALS/AMORTIZATION	1,540,940.
OTHER PAYABLES	79,175.
_____	
_____	
_____	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	31,099,324.

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 Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	463,457,716.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	633,468,942.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	-170,011,226.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-47,134,811.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	1,934,462.
<b>9</b>	Total adjustments (net). Add lines 4-8	<b>9</b>	-45,200,349.
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	-215,211,575.

**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>	469,374,882.
<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>	-47,134,811.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	44,310,252.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,824,559.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	472,199,441.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	2,068,455.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-10,810,180.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-8,741,725.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	463,457,716.

**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>	684,586,457.
<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>	44,310,252.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	-1,934,462.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	42,375,790.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	642,210,667.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	2,068,455.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-10,810,180.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-8,741,725.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	633,468,942.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

**Part XIV Supplemental Information** (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

PROVIDE FUNDING FOR RESEARCH AND OTHER PROGRAMS.

SCHEDULE D, PART X

AUDITED FINANCIAL STATEMENT FOOTNOTE FOR FIN 48

AMERICAN HEART ASSOCIATION (AHA) HAD NO SIGNIFICANT UNCERTAIN TAX

POSITIONS FOR THE YEARS ENDED JUNE 30, 2009 AND 2008.

SCHEDULE D, PART XII, LINE 4B

OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12

COST OF GOODS SOLD &lt;10,574,302&gt;, RENTAL EXPENSES &lt;419,851&gt;, FUNDRAISING

EXPENSES 183,973 (TOTAL &lt;10,810,180&gt;) ARE INCLUDED IN REVENUE ON FORM 990

BUT INCLUDED IN EXPENSES ON FINANCIAL STATEMENT.

SCHEDULE D, PART XIII, LINE 2D

EFFECT OF ADOPTION OF FASB STATEMENT NO 158

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 \$1,934,462 FOR FISCAL YEAR ENDED JUNE 30,

2009.

**Part XIV** Supplemental Information *(continued)*

SCHEDULE D, PART XIII, LINE 4B

OTHER AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25

COST OF GOODS SOLD <10,574,302>, RENTAL EXPENSES <419,851>, FUNDRAISING

EXPENSES 183,973 (TOTAL <10,810,180>) ARE INCLUDED IN REVENUE ON FORM 990

BUT INCLUDED IN EXPENSES ON FINANCIAL STATEMENT.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

**Employer identification number**

AMERICAN HEART ASSOCIATION, INC.

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 in region
NORTH AMERICA			GRANTMAKING		23,332.
EUROPE			GRANTMAKING		50,000.
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATIONAL & TRAINING	114,728.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATIONAL & TRAINING	879,847.
EUROPE		1	PROGRAM SERVICES	EDUCATIONAL & TRAINING	729,798.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL & TRAINING	152,804.
NORTH AMERICA			PROGRAM SERVICES	EDUCATIONAL & TRAINING	299,611.
SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL & TRAINING	412,244.
SOUTH ASIA			PROGRAM SERVICES	EDUCATIONAL & TRAINING	25,814.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATIONAL & TRAINING	51,407.
<b>Totals . . . . .</b> ►		1			2,739,585.

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

**Schedule F (Form 990) 2008**

JSA

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[illegible]

<b>2</b>	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .	▶	2
<b>3</b>	Enter total number of other organizations or entities . . . . .	▶	NONE

**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 other additional information.

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

WITH RESPECT TO GRANTS MADE BY AMERICAN HEART ASSOCIATION'S (AHA)

EMERGENCY CARDIAC CARE DIVISION, INITIAL FUNDS ARE PROVIDED TO GRANTEE

WITHIN 30 DAYS OF SIGNING THE GRANT AGREEMENT. AS OUTLINED IN THE

AGREEMENT, THE RECIPIENT OF AHA FUNDS IS REQUIRED TO SATISFY CERTAIN

REQUIREMENTS. 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.

WITH RESPECT TO THE GRANTS MADE TO THE WORLD HEART FEDERATION (WHF), WHF

IS RECOGNIZED IN EUROPE AS AN ORGANIZATION THAT IS SIMILAR TO A U.S.

PUBLIC CHARITY. THESE GRANTS WERE MADE TO WHF FOR USE IN ITS EXEMPT

MISSION. ACCORDINGLY, AHA EXPECTS WHF TO USE THE FUNDS FOR PROPER

PURPOSES, AND AS SUCH, DOES NOT SUBSEQUENTLY MONITOR THE GRANTS MADE TO

WHF.



SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Supplemental Information Regarding
Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public
Inspection

Employer identification number

13-5613797

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] 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 activities? [X] 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. Form 990-EZ filers are not required to complete this table.

Table with 6 main columns: (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. Rows include INFOCISION MANAGEMENT CORP., CONE LLC, AUTOMOTIVE RECOVERY SERVICES, and a Total row.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, 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) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DAL HEART WALK (event type)	CHI HEART WALK (event type)	3, 243 (total number)	
Revenue	1 Gross receipts . . . . .	3,092,783.	3,069,243.	215,577,233.	221,739,259.
	2 Less: Charitable contributions . . . . .	3,092,783.	3,069,243.	197,628,833.	203,790,859.
	3 Gross revenue (line 1 minus line 2) . . . . .			17,948,400.	17,948,400.
Direct Expenses	4 Cash prizes . . . . .	NONE	NONE	NONE	NONE
	5 Non-cash prizes . . . . .	NONE	41,035.	5,553,344.	5,594,379.
	6 Rent/facility costs . . . . .	148,461.	294,168.	7,135,308.	7,577,937.
	7 Other direct expenses . . . . .	77,521.	2,591.	16,077,928.	16,158,040.
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 29,330,356. )
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				-11,381,956.

**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	1 Gross revenue . . . . .			363,017.	363,017.
	2 Cash prizes . . . . .			NONE	NONE
Direct Expenses	3 Non-cash prizes . . . . .			89,967.	89,967.
	4 Rent/facility costs . . . . .			NONE	NONE
	5 Other direct expenses . . . . .			12,595.	12,595.
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 102,562. )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				260,455.
9	Enter the state(s) in which the organization operates gaming activities: <u>SEE STATEMENT 10</u>				
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .				9a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "No," Explain: <u>LICENSED WHERE REQUIRED. SOME STATES DO NOT REQUIRE SPECIFIC LICENSURE OR THE ACTIVITY IS BELOW THE SPECIFIED THRESHOLD.</u>				
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				10a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," Explain: _____				
11	Does the organization operate gaming activities with nonmembers? . . . . .				11 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .				12 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Schedule G (Form 990 or 990-EZ) 2008

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> 100.0000 %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ► <u>SUNDER JOSHI, CFO</u>		
	Address ► <u>7272 GREENVILLE AVE. DALLAS, TX 75231</u>		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		X
<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:		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information:		
	Name ► <u>NOT APPLICABLE</u>		
	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>17a</b>		X
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury  
Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
 ► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number	
--------------------------------	--

13-5613797
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## Part I General Information on Grants and Assistance

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

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

[illegible]

- |          |  |   |      |
|----------|--|---|------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations . . . . . | ▶ | 222  |
| <b>3</b> | Enter total number of other organizations . . . . .                            | ▶ | NONE |

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

Schedule I (Form 990) 2008

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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	235	172,280.	NONE	FMV	NONE
STUDENT SCIENTIFIC SCHOLARSHIPS	62	60,047.	NONE	FMV	NONE
STUDENT RESEARCH AWARDS	50	234,000.	NONE	FMV	NONE
STUDENT INVESTIGATOR RESEARCH AWARDS	23	13,500.	NONE	FMV	NONE
STUDENT HEALTH INITIATIVE GRANTS	73	35,800.	NONE	FMV	NONE

**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 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 EACH SUBSEQUENT YEAR'S PAYMENTS. EXPENDITURE

REPORTS ARE REQUIRED TO BE FILED WITHIN 120 DAYS OF THE END OF EACH GRANT

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

YEAR AND ARE REVIEWED BY AHA.

SCHEDULE I

GENERAL DISCLOSURE REGARDING ELIGIBILITY FOR AWARDS

INSTITUTIONAL ELIGIBILITY FOR AWARDS AND 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 PH.D., M.D., D.O., 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



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS PURSUING A  
 SECOND DOCTORAL DEGREE (EXAMPLE: M.D. WHO IS SEEKING A PH.D.).  
 POSTDOCTORAL FELLOWSHIPS  
 INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., D.O. 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.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

CLINICAL RESEARCH PROGRAM

HEALTH CARE PROFESSIONALS WITH A MASTERS, M.D., D.O. OR PH.D. 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 M.D., PH.D., D.O. OR EQUIVALENT

DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 M.D., PH.D., D.O. 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

INDEPENDENT RESEARCH 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 \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET

INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT THE TIME OF AWARD

ACTIVATION, THE 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 M. D.,  
PH. D., D. O. 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 M.D., M.D./PHD., D.O. 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 \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 M.D. OR M.D./PH.D. WITH CLINICAL

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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 M.D., PHD., D.O. 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

APPLICATION.

\* AT APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M.D., PH.D., D.O.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use 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

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

AWARD PROGRAM. FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING

DOLLARS FROM OTHER SOURCES.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MED 1300 MORRIS PARK AVE BRONX, NY 10461	23-7075620	501(C)(3)	158,239.		FMV		RESEARCH
BALL STATE UNIV 2000 W UNIVERSITY AVE MUNCIE, IN 47306	35-6000221	GOVT	132,130.		FMV		RESEARCH
BAYLOR COLLEGE OF MED HOUSTON ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	1,070,442.		FMV		RESEARCH
BECKMAN RESEARCH INST DUARTE 1450 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	130,315.		FMV		RESEARCH
BENAROYA RESEARCH INST AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	88,636.		FMV		RESEARCH
BETH ISRAEL DEACONESS MED CTR 99 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	632,957.		FMV		RESEARCH
BLOOD CTR OF WISCONSIN PO BOX 2178 MILWAUKEE, WI 53233	39-0807235	501(C)(3)	133,107.		FMV		RESEARCH
BOSTON UNIV BOSTON 715 ALBANY ST BOSTON, MA 02215	04-2103547	501(C)(3)	19,547.		FMV		RESEARCH
BOSTON UNIV MED CAMPUS 88 E NEWTON BOSTON, MA 02118	04-2103547	501(C)(3)	631,095.		FMV		RESEARCH
BRIGHAM AND WOMENS HOSPITAL 65 LANDSDOWNE ST BOSTON, MA 02115	04-2312909	501(C)(3)	5,256,544.		FMV		RESEARCH
BROWN UNIV BOX G-A1 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	66,088.		FMV		RESEARCH
CARITAS ST ELIZABETHS MED CTR 736 CAMBRIDGE ST BOSTON, MA 02135	04-2103622	501(C)(3)	286,692.		FMV		RESEARCH
CASE WESTERN RESERVE UNIV 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	1,028,539.		FMV		RESEARCH
CEDARS-SINAI MED CTR 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	260,629.		FMV		RESEARCH
CHILDRENS HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	649,712.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . **222**

**3** Enter total number of other organizations . . . . . **NONE**

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

**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL CINCINNATI 3333 BURNET AVE CINCINNATI, OH 45229	31-0537130	501(C)(3)	354,642.		FMV		RESEARCH
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	40,025.		FMV		RESEARCH
CHILDRENS HOSPITAL OAKLAND RESEARCH INST 5700 MLK JR WAY OAKLAND, CA 94609	04-2774441	501(C)(3)	20,013.		FMV		RESEARCH
CHILDRENS HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD	23-1352166	501(C)(3)	1,245,436.		FMV		RESEARCH
CLEMSON UNIV 201 SIKES HALL CLEMSON, SC 29634	57-0750000	GOVT	42,818.		FMV		RESEARCH
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	760,479.		FMV		RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	286,692.		FMV		RESEARCH
COLORADO STATE UNIV FORT COLLINS 1870 CAMPUS DEL FORT COLLINS, CO 80523	84-6000545	GOVT	550,969.		FMV		RESEARCH
COLUMBIA UNIV NEW YORK 630 W 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	1,955,651.		FMV		RESEARCH
CORNELL UNIV ITHACA T9-014 VET RSCH TOWER ITHACA, NY 14850	15-0532082	501(C)(3)	201,057.		FMV		RESEARCH
DANA-FARBER CANCER INST BOSTON 44 BINNEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	548,252.		FMV		RESEARCH
DREXEL UNIV 245 N 15TH ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	286,692.		FMV		RESEARCH
DUKE UNIV DURHAM 403 JEWELL DR DURHAM, NC 27710	56-0532129	501(C)(3)	1,268,469.		FMV		RESEARCH
EAST CAROLINA UNIV GREENVILLE RIVERS 331 RW GREENVILLE, NC 27858	23-7138921	GOVT	143,346.		FMV		RESEARCH
EAST TENNESSEE STATE UNIV JOHNSON CITY PO BOX 70577 JOHNSON CITY, TN 37601	23-7092731	GOVT	593,863.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ►

**3** Enter total number of other organizations . . . . . ►

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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OMB No. 1545-0047

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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIV SCHOOL OF MED 1639 PIERCE DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	2,165,681.		FMV		RESEARCH
FLORIDA ATLANTIC UNIV 777 GLADES RD BOCA RATON, FL 33431	65-0267991	GOVT	153,585.		FMV		RESEARCH
FLORIDA STATE UNIV 1115 W CALL ST TALLAHASSEE, FL 32306	59-3211153	GOVT	324,443.		FMV		RESEARCH
GEORGETOWN UNIV WASHINGTON DC 2300 EYE ST NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	286,692.		FMV		RESEARCH
GEORGIA INST OF TECHNOLOGY 315 FERST DR ATLANTA, GA 30332	58-0603146	GOVT	301,152.		FMV		RESEARCH
GEORGIA STATE UNIV ATLANTA 103 DECATUR ST SE ATLANTA, GA 30303	58-1845423	GOVT	276,453.		FMV		RESEARCH
GLADSTONE INST SAN FRANCISCO 1650 OWENS ST SAN FRANCISCO, CA 94140	23-7203666	501(C)(3)	275,522.		FMV		RESEARCH
H LEE MOFFITT CANCER CTR AND RESEARCH INST 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	82,631.		FMV		RESEARCH
HAMNER INST 6 DAVIS DR DURHAM, NC 27709	23-1967500	501(C)(3)	152,654.		FMV		RESEARCH
HARVARD PILGRIM HEALTH CARE 133 BROOKLINE AVE BOSTON, MA 01970	04-2103580	501(C)(3)	286,692.		FMV		RESEARCH
HARVARD SCHOOL OF PUBLIC HEALTH 401 PARK DR 4F W BOSTON, MA 02215	04-2103580	501(C)(3)	325,787.		FMV		RESEARCH
HARVARD UNIV CAMBRIDGE 240 LONGWOOD AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	325,787.		FMV		RESEARCH
HENRY FORD HEALTH SYSTEMS 2799 W GRAND BLVD DETROIT, MI 48202	38-1357020	501(C)(3)	419,799.		FMV		RESEARCH
IMMUNE DISEASE INST 800 HUNTINGTON AVE BOSTON, MA 02115	04-2158520	501(C)(3)	77,258.		FMV		RESEARCH
INDIANA UNIV BLOOMINGTON 107 S INDIANA AVE BLOOMINGTON, IN 47405	35-6001673	GOVT	458,887.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ►

**3** Enter total number of other organizations . . . . . ►

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**Schedule I-1 (Form 990) 2008**



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIV INDIANAPOLIS 635 BARNHILL DR INDIANAPOLIS, IN 46223	35-1990726	GOVT	974,098.		FMV		RESEARCH
INST OF BIOSCIENCES AND TECHNOLOGY 2121 W HOLCOMBE BLVD HOUSTON, TX 77030	74-1238434	GOVT	130,315.		FMV		RESEARCH
JACKSON LABORATORY 600 MAIN ST BOX 213 BAR HARBOR, ME 04609	01-0211513	501(C)(3)	80,981.		FMV		RESEARCH
JOHNS HOPKINS BLOOMBERG SCHOOL PUBLIC HLTH 615 N WOLFE ST BALTIMORE, MD 21205	52-0595110	501(C)(3)	186,164.		FMV		RESEARCH
JOHNS HOPKINS UNIV 725 N WOLFE ST LAUREL, MD 20723	52-0595110	501(C)(3)	860,077.		FMV		RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MED 720 RUTLAND AVE ROSS 345	52-0595110	501(C)(3)	2,727,271.		FMV		RESEARCH
KANSAS STATE UNIV MANHATTAN 116 ACKERT HALL MANHATTAN, KS 66506	48-0771751	GOVT	133,107.		FMV		RESEARCH
LA JOLLA INST FOR ALLERGY AND IMMUNOLOGY 9420 ATHENA CR SAN DIEGO, CA 92121	33-0328688	501(C)(3)	75,396.		FMV		RESEARCH
LEHIGH UNIV BETHELEHEM 27 MEMORIAL DR W BETHLEHEM, PA 18015	24-0795445	501(C)(3)	42,818.		FMV		RESEARCH
LOMA LINDA UNIV CAMPUS ST LOMA LINDA, CA 92350	95-1816009	501(C)(3)	130,315.		FMV		RESEARCH
LOS ANGELES BIOMED RSCH INST HARBOR-UCLA MC 1124 W CARSON ST TORRANCE, CA 90502	95-2138184	501(C)(3)	260,145.		FMV		RESEARCH
LOUISIANA STATE UNIV NEW ORLEANS 6400 FRERET ST 2000 STERN HALL CMB	00-0000000	GOVT	563,146.		FMV		RESEARCH
LOYOLA UNIV CHICAGO 2160 S FIRST AVE CHICAGO, IL 60626	36-1408475	501(C)(3)	132,895.		FMV		RESEARCH
LOYOLA UNIV MED CTR 2160 S FIRST AVE MAYWOOD, IL 60153	36-1408475	501(C)(3)	278,315.		FMV		RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	04-1564655	501(C)(3)	2,690,998.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INST OF TECHNOLOGY 149 13TH STREET CAMBRIDGE, MA 02142	04-2103594	501(C)(3)	111,698.		FMV		RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	358,365.		FMV		RESEARCH
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	1,111,852.		FMV		RESEARCH
MAYO CLINIC SCOTTSDALE 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	184,302.		FMV		RESEARCH
MED COLLEGE OF GEORGIA 1120 15TH ST AUGUSTA, GA 30912	58-1481202	GOVT	1,518,438.		FMV		RESEARCH
MED COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	712,028.		FMV		RESEARCH
MED UNIV OF SOUTH CAROLINA 173 ASHLEY AVE CHARLESTON, SC 29425	57-6000722	GOVT	511,020.		FMV		RESEARCH
MERCER UNIV MACON 1400 COLEMAN AVE MACON, GA 31207	58-0566167	501(C)(3)	153,585.		FMV		RESEARCH
METROHEALTH MED CTR 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	GOVT	139,623.		FMV		RESEARCH
MICHIGAN STATE UNIV 2201 BPS BLDG EAST LANSING, MI 48823	38-6005984	GOVT	403,041.		FMV		RESEARCH
MINNEAPOLIS MED RESEARCH FDN 914 S EIGHTH ST MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	102,390.		FMV		RESEARCH
MOREHOUSE SCHOOL OF MED 720 WESTVIEW DR SW MSM RW216 CVRI	58-1438873	501(C)(3)	153,585.		FMV		RESEARCH
MOUNT SINAI SCHOOL OF MED 1 GUSTAVE L LEVY PL BOX 1234	13-6171197	501(C)(3)	795,850.		FMV		RESEARCH
NEW YORK MED COLLEGE VALHALLA BASIC SCIENCES BLDG VALHALLA, NY 10595	13-1099420	501(C)(3)	184,302.		FMV		RESEARCH
NEW YORK UNIV SCHOOL OF MED 550 1 AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	893,586.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ►

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL INSTITUTE FOR HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-1986675	501(C)(3)	286,692.		FMV		RESEARCH
NORTHEASTERN OHIO UNIV COLLEGE OF MED 4209 STATE RT 44 ROOTSTOWN, OH 44272	00-0000000	GOVT	81,912.		FMV		RESEARCH
NORTHEASTERN UNIV BOSTON 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	39,094.		FMV		RESEARCH
NORTHERN CALIFORNIA INST FOR RSCH AND EDUC 4150 CLEMENT ST SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	465,375.		FMV		RESEARCH
NORTHWESTERN UNIV CHICAGO 320 E SUPERIOR ST MORTON 6-654	04-1679980	501(C)(3)	1,321,420.		FMV		RESEARCH
NORTHWESTERN UNIV EVANSTON 2205 TECH DR EVANSTON, IL 60208	04-1679980	501(C)(3)	145,208.		FMV		RESEARCH
OHIO STATE UNIV 345 DHLRI 473 W 12TH AVE COLUMBUS, OH 43210	31-6401599	GOVT	1,179,348.		FMV		RESEARCH
OHIO UNIV ATHENS OHIO UNIV ATHENS, OH 45701	31-6402269	GOVT	122,868.		FMV		RESEARCH
OKLAHOMA STATE UNIV STILLWATER 264 MCELROY HALL STILLWATER, OK 74074	73-6097060	GOVT	750,240.		FMV		RESEARCH
OKLAHOMA MED RESEARCH FDN 825 NE 13TH OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	130,315.		FMV		RESEARCH
OREGON HEALTH AND SCIENCE UNIV PORTLAND 20000 NW WALKER RD PORTLAND, OR 97201	48-1278531	GOVT	1,758,563.		FMV		RESEARCH
OREGON STATE UNIV CORVALLIS 1007 ALS BLDG CORVALLIS, OR 97331	48-1278540	GOVT	46,116.		FMV		RESEARCH
PALO ALTO INST FOR RESEARCH AND EDUC INC 488 LOCUST ST PALO ALTO, CA 94304	77-0207331	501(C)(3)	286,692.		FMV		RESEARCH
PENNSYLVANIA STATE UNIV COLLEGE OF MED S430 BST 200 LOTHROP ST HERSHEY, PA 17033	00-0000000	GOVT	359,296.		FMV		RESEARCH
PENNSYLVANIA STATE UNIV UNIV PARK 101 LIFE SCIENCES BLDG	24-6000376	GOVT	122,868.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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PORTLAND STATE UNIV 1825 SW BROADWAY PORTLAND, OR 97207	48-1278529	GOVT	46,116.		FMV		RESEARCH
PRINCETON UNIV WASHINGTON ROAD MOF 433 PRINCETON, NJ 08544	21-0634501	501(C)(3)	80,981.		FMV		RESEARCH
PURDUE UNIV WEST LAFAYETTE 210 S UNIVERSITY WEST LAFAYETTE, IN 47906	35-6002041	GOVT	229,912.		FMV		RESEARCH
R W JOHNSON MED SCHOOL NEW BRUNSWICK PO BOX 19 MEB 412 NEW BRUNSWICK, NJ 08901	00-0000000	GOVT	102,390.		FMV		RESEARCH
REHABILITATION INST OF CHICAGO 345 E SUPERIOR ST CHICAGO, IL 60611	36-2256036	501(C)(3)	173,129.		FMV		RESEARCH
RESEARCH FDN OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	39,094.		FMV		RESEARCH
RESEARCH INST AT NATIONWIDE CHILDRENS HOSP 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501(C)(3)	42,818.		FMV		RESEARCH
RICE UNIV PO BOX 1892 HOUSTON, TX 77005	74-1109620	501(C)(3)	260,629.		FMV		RESEARCH
ROCKEFELLER UNIV NEW YORK 1230 YORK AVE BOX 179 NEW YORK, NY 10065	13-1624158	501(C)(3)	286,692.		FMV		RESEARCH
SCRIPPS RESEARCH INST 10550 NORTH TORREY PINES RD	33-0435954	501(C)(3)	334,164.		FMV		RESEARCH
SOUTHWEST FDN FOR BIOMED RSCH SAN ANTONIO 7620 NW LOOP 410 SAN ANTONIO, TX 78245	74-1109630	501(C)(3)	286,692.		FMV		RESEARCH
ST JUDE CHILDRENS RESEARCH HOSPITAL MEMPHIS 332 N LAUDERDALE ST MEMPHIS, TN 38101	62-0646012	501(C)(3)	86,775.		FMV		RESEARCH
STANFORD UNIV 300 PASTEUR DRIVE STANFORD, CA 94305	94-1156365	501(C)(3)	73,535.		FMV		RESEARCH
STANFORD UNIV SCHOOL OF MED 300 PASTEUR DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,664,770.		FMV		RESEARCH
STEVENS INST OF TECHNOLOGY HOBOKEN CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	22-1487354	501(C)(3)	184,302.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY DOWNSTATE MED CTR 450 CLARKSON AVE BROOKLYN, NY 11203	16-1574621	GOVT	184,302.		FMV		RESEARCH
SUNY STONY BROOK 130 LIFE SCIENCES BLDG	16-1574621	GOVT	407,699.		FMV		RESEARCH
SUNY UPSTATE MED UNIV 750 E ADAMS ST SYRACUSE, NY 13210	16-1574621	GOVT	184,302.		FMV		RESEARCH
TEMPLE UNIV RM 826 3420 N BROAD ST	23-1365971	501(C)(3)	387,221.		FMV		RESEARCH
TEXAS AM UNIV COLLEGE STATION 4243 TAMU COLLEGE STATION, TX 77840	74-1238434	GOVT	936,404.		FMV		RESEARCH
TEXAS AM UNIV HEALTH SCIENCE CTR 2121 W HOLCOMBE BLVD	74-1238434	GOVT	643,196.		FMV		RESEARCH
TEXAS HEART INST PO BOX 20345 HOUSTON, TX 77225	74-6053200	501(C)(3)	130,315.		FMV		RESEARCH
TEXAS TECH UNIV HEALTH SCIENCES CTR LUBBOCK 1300 COULTER AVE LUBBOCK, TX 79430	75-2668014	501(C)(3)	260,629.		FMV		RESEARCH
THE BURNHAM INST 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	155,447.		FMV		RESEARCH
THE SCRIPPS RESEARCH INST-SCRIPPS FLORIDA 10550 N TORREY PINES RD JUPITER, FL 33458	33-0435954	501(C)(3)	89,802.		FMV		RESEARCH
THE UNIV OF TEXAS HEALTH SCIENCE CTR-TYLER 11937 US HWY 271 RSCH BLDG TYLER, TX 75708	75-6001354	501(C)(3)	260,629.		FMV		RESEARCH
THOMAS JEFFERSON UNIV 301 COLLEGE BLDG 1025 WALNUT ST	23-1352651	501(C)(3)	819,121.		FMV		RESEARCH
TUFTS MED CTR 750 WASHINGTON ST BOSTON, MA 02111	04-3400617	501(C)(3)	562,773.		FMV		RESEARCH
TUFTS UNIV BOSTON 750 WASHINGTON ST BOSTON, MA 02108	04-2103634	501(C)(3)	359,296.		FMV		RESEARCH
TUFTS UNIV SCHOOL OF MED BOSTON 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	77,258.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**

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Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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OMB No. 1545-0047

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TULANE UNIV NEW ORLEANS 1440 CANAL ST ROOM 1829	72-0423889	501(C)(3)	148,000.		FMV		RESEARCH
UCLA DAVID GEFFEN SCHOOL OF MED BOX 951772 LOS ANGELES, CA 90095	00-0000000	GOVT	87,497.		FMV		RESEARCH
UCLA SCHOOL OF PUBLIC HEALTH BOX 951772 LOS ANGELES, CA 90095	00-0000000	GOVT	20,013.		FMV		RESEARCH
UMDNJ NEWARK 185 SOUTH ORANGE AVE NEWARK, NJ 07103	00-0000000	GOVT	655,297.		FMV		RESEARCH
UMDNJ PISCATAWAY 675 HOES LN PISCATAWAY, NJ 08854	00-0000000	GOVT	184,302.		FMV		RESEARCH
UMDNJ SCHOOL OF OSTEOPATHIC MED STRATFORD ONE MEDICAL CENTER DR STRATFORD, NJ 08084	00-0000000	GOVT	184,302.		FMV		RESEARCH
UNIV AT ALBANY SUNY 1400 WASHINGTON AVE ALBANY, NY 12222	00-0000000	GOVT	39,094.		FMV		RESEARCH
UNIV OF ALABAMA AT BIRMINGHAM 1670 UNIVERSITY BLVD RM B140	63-6005396	GOVT	2,426,545.		FMV		RESEARCH
UNIV OF ARIZONA TUCSON 1501 N CAMPBELL AVE TUCSON, AZ 85724	74-2652689	GOVT	1,591,362.		FMV		RESEARCH
UNIV OF ARKANSAS FOR MED SCIENCES 4301 W MARKHAM ST LITTLE ROCK, AR 72205	71-6046242	GOVT	176,848.		FMV		RESEARCH
UNIV OF ARKANSAS LITTLE ROCK 4301 W MARKHAM ST LITTLE ROCK, AR 72204	71-0236904	GOVT	130,035.		FMV		RESEARCH
UNIV OF CALIFORNIA BERKELEY 119 MORGAN HALL BERKELEY, CA 94720	94-6002123	GOVT	123,799.		FMV		RESEARCH
UNIV OF CALIFORNIA DAVIS 717 HILLSWICK CR DAVIS, CA 95616	94-6036494	GOVT	409,560.		FMV		RESEARCH
UNIV OF CALIFORNIA IRVINE UC IRVINE IRVINE, CA 92697	95-2226406	GOVT	300,655.		FMV		RESEARCH
UNIV OF CALIFORNIA LOS ANGELES NRB 404635 CHARLES YOUNG DR	95-6006143	GOVT	1,413,774.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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OMB No. 1545-0047

**2008**

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Inspection**

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Employer identification number

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UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	GOVT	2,291,211.		FMV		RESEARCH
UNIV OF CALIFORNIA SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-6036493	GOVT	1,689,378.		FMV		RESEARCH
UNIV OF CALIFORNIA S F SCHOOL OF MED 505 PARNASSUS AVE SAN FRANCISCO, CA 94103	94-6036493	GOVT	131,245.		FMV		RESEARCH
UNIV OF CALIFORNIA SANTA BARBARA MESA RD SANTA BARBARA, CA 93106	95-6006145	GOVT	130,315.		FMV		RESEARCH
UNIV OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	59-6211832	GOVT	122,868.		FMV		RESEARCH
UNIV OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	1,835,139.		FMV		RESEARCH
UNIV OF CHICAGO HOSPITALS 5841 S MARYLAND AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	94,981.		FMV		RESEARCH
UNIV OF CINCINNATI 2120 E GALBRAITH RD RM 258	31-0896555	GOVT	492,042.		FMV		RESEARCH
UNIV OF COLORADO BOULDER CLARE SMALL BLDG RM 114 BOULDER, CO 80309	84-6000555	GOVT	188,338.		FMV		RESEARCH
UNIV OF COLORADO DENVER 13123 E 16TH AVE B-100 DENVER, CO 80217	84-6000555	GOVT	1,785,449.		FMV		RESEARCH
UNIV OF CONNECTICUT FARMINGTON 18 STEVEN ST APT B FARMINGTON, CT 06032	06-0772160	GOVT	286,692.		FMV		RESEARCH
UNIV OF CONNECTICUT STORRS 203 BRONWELL BLDG STORRS, CT 06268	06-0772160	GOVT	573,385.		FMV		RESEARCH
UNIV OF DELAWARE 541 SOUTH COLLEGE AVE NEWARK, DE 19716	51-6000297	GOVT	124,730.		FMV		RESEARCH
UNIV OF FLORIDA GAINESVILLE BOX 100274 1600 SW ARCHER RD	00-0000000	GOVT	996,344.		FMV		RESEARCH
UNIV OF GEORGIA ATHENS 315 RIVERBEND RD ATHENS, GA 30602	58-6001998	GOVT	167,830.		FMV		RESEARCH

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Department of the Treasury  
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UNIV OF HAWAII 2444 DOLE ST HONOLULU, HI 96822	99-6000354	GOVT	92,233.		FMV		RESEARCH
UNIV OF ILLINOIS CHAMPAIGN-URBANA 6 LOVEL CT APT D URBANA, IL 61801	37-6000511	GOVT	619,248.		FMV		RESEARCH
UNIV OF ILLINOIS CHICAGO 835 S WOLCOTT AVE CHICAGO, IL 60612	37-6000511	GOVT	629,688.		FMV		RESEARCH
UNIV OF IOWA IOWA CITY 405 S UNIVERSITY AVE IOWA CITY, IA 52242	42-6059867	GOVT	2,510,992.		FMV		RESEARCH
UNIV OF KANSAS LAWRENCE MALOTT HALL ROOM 4023 LAWRENCE, KS 66045	48-0680117	GOVT	84,492.		FMV		RESEARCH
UNIV OF KANSAS MED CTR 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-0680117	GOVT	335,095.		FMV		RESEARCH
UNIV OF KENTUCKY COLLEGE OF MED 1148 BRICK HOUSE LN LEXINGTON, KY 40536	61-6033693	GOVT	42,818.		FMV		RESEARCH
UNIV OF KENTUCKY LEXINGTON 175 N MOUNT TABOR RD APT 22	61-6033693	GOVT	1,294,075.		FMV		RESEARCH
UNIV OF LOUISVILLE 570 S PRESTON ST ROOM 102	61-1029626	GOVT	618,064.		FMV		RESEARCH
UNIV OF MARYLAND BALTIMORE 800 W BALTIMORE ST BALTIMORE, MD 21201	52-6002036	GOVT	809,811.		FMV		RESEARCH
UNIV OF MARYLAND BIOTECHNOLOGY INST 725 W LOMBARD ST BALTIMORE, MD 21202	52-6002033	GOVT	143,346.		FMV		RESEARCH
UNIV OF MASSACHUSETTS AMHERST 710 N PLEASANT ST AMHERST, MA 01007	04-3167352	GOVT	470,849.		FMV		RESEARCH
UNIV OF MASSACHUSETTS LOWELL 1 UNIVERSITY AVE LOWELL, MA 01854	04-3167352	GOVT	136,858.		FMV		RESEARCH
UNIV OF MASSACHUSETTS MED SCHOOL 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	GOVT	554,768.		FMV		RESEARCH
UNIV OF MED & DENTISTRY OF NEW JERSEY 185 S ORANGE AVE EDISON, NJ 08817	00-0000000	GOVT	445,862.		FMV		RESEARCH

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**Schedule I-1 (Form 990) 2008**



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
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**Continuation Sheet for Schedule I (Form 990)**

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UNIV OF MIAMI 1600 NW 10TH AVE MIAMI, FL 33136	59-0624458	501(C)(3)	1,059,823.		FMV		RESEARCH
UNIV OF MIAMI SCHOOL OF MED MIAMI 1600 NW 10TH AVE MIAMI, FL 33101	59-0624458	501(C)(3)	40,528.		FMV		RESEARCH
UNIV OF MICHIGAN 3337 BRAEBURN CR ANN ARBOR, MI 48109	38-6006309	GOVT	810,951.		FMV		RESEARCH
UNIV OF MICHIGAN MED CTR 720 WESTVIEW DR SW ANN ARBOR, MI 48109	38-6006309	GOVT	956,882.		FMV		RESEARCH
UNIV OF MINNESOTA JACKSON HALL 321 CHURCH ST SE	41-6007513	GOVT	3,155,183.		FMV		RESEARCH
UNIV OF MISSISSIPPI JACKSON 2500 N STATE ST JACKSON, MS 39216	64-6008520	GOVT	538,129.		FMV		RESEARCH
UNIV OF MISSOURI COLUMBIA MA415 MED SCI BLDG COLUMBIA, MO 65211	43-6003859	GOVT	485,888.		FMV		RESEARCH
UNIV OF NEBRASKA LINCOLN 986245 NEBRASKA MED CTR LINCOLN, NE 68588	00-0000000	GOVT	419,799.		FMV		RESEARCH
UNIV OF NEBRASKA MED CTR OMAHA 6001 DODGE ST OMAHA, NE 68198	47-0049123	GOVT	98,667.		FMV		RESEARCH
UNIV OF NEVADA RENO 1664 N VIRGINIA ST MS 318 RENO, NV 89557	88-6000024	GOVT	130,315.		FMV		RESEARCH
UNIV OF NEW ENGLAND BIDDEFORD 81 RESEARCH DR BIDDEFORD, ME 04005	01-0211810	501(C)(3)	286,692.		FMV		RESEARCH
UNIV OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-0275408	GOVT	176,856.		FMV		RESEARCH
UNIV OF NEW MEXICO-HEALTH SCIENCES CTR 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	GOVT	307,170.		FMV		RESEARCH
UNIV OF NORTH CAROLINA CHAPEL HILL CB 7525 CHAPEL HILL, NC 27599	56-6001393	GOVT	2,100,859.		FMV		RESEARCH
UNIV OF NORTH TEXAS HEALTH SCIENCE CTR 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	71-0986983	GOVT	130,315.		FMV		RESEARCH

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UNIV OF OKLAHOMA HEALTH SCIENCES CTR 1110 N STONEWALL AVE	73-6017987	GOVT	642,265.		FMV		RESEARCH
UNIV OF OREGON EUGENE 1229 UNIV OF OREGON EUGENE, OR 97403	93-6015767	GOVT	563,011.		FMV		RESEARCH
UNIV OF PENNSYLVANIA 524 CHRISTIAN ST UNIT C	23-1352685	501(C)(3)	2,823,129.		FMV		RESEARCH
UNIV OF PENNSYLVANIA SCHOOL OF MED RADER LABORATORY ROOM 642 BRB II-III	23-1352685	501(C)(3)	372,328.		FMV		RESEARCH
UNIV OF PITTSBURGH 2345 5TH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	2,121,337.		FMV		RESEARCH
UNIV OF ROCHESTER MED CTR 211 BAILEY RD AAB CVRI ROCHESTER, NY 14642	16-0743209	501(C)(3)	726,970.		FMV		RESEARCH
UNIV OF SOUTH ALABAMA MOBILE 307 UNIVERSITY BLVD MOBILE, AL 36688	63-0725648	GOVT	259,773.		FMV		RESEARCH
UNIV OF SOUTH FLORIDA TAMPA 12901 BRUCE B DOWNS BLVD TAMPA, FL 33620	59-0879015	GOVT	25,132.		FMV		RESEARCH
UNIV OF SOUTHERN CALIFORNIA 1501 SAN PABLO ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	549,649.		FMV		RESEARCH
UNIV OF SOUTHERN MISSISSIPPI HATTIESBURG 118 COLLEGE DR HATTIESBURG, MS 39401	64-6000818	GOVT	286,689.		FMV		RESEARCH
UNIV OF TENNESSEE HEALTH SCI CTR MEMPHIS 894 UNION AVE #257 NASH BLDG	62-6001636	GOVT	623,509.		FMV		RESEARCH
UNIV OF TENNESSEE KNOXVILLE 1215 W CUMBERLAND AVE KNOXVILLE, TN 37901	62-6047697	GOVT	367,748.		FMV		RESEARCH
UNIV OF TEXAS AUSTIN 1 UNIV STATION AUSTIN, TX 78712	74-6000203	GOVT	260,468.		FMV		RESEARCH
UNIV OF TEXAS EL PASO 500 W UNIV AVE EL PASO, TX 79968	74-6000813	GOVT	286,692.		FMV		RESEARCH
UNIV OF TEXAS HEALTH SCI CTR SAN ANTONIO HEALTH SCI CTR MAIL CODE 7872	74-1586031	GOVT	753,963.		FMV		RESEARCH

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UNIV OF TEXAS HEALTH SCIENCE CTR HOUSTON 1825 PRESSLER ST HOUSTON, TX 77225	74-1761309	GOVT	945,712.		FMV		RESEARCH
UNIV OF TEXAS ANDERSON CANCER CTR HOUSTON 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-1761309	GOVT	260,629.		FMV		RESEARCH
UNIV OF TEXAS SOUTHWESTERN MED CTR DALLAS 5323 HARRY HINES BLVD DALLAS, TX 75235	74-1761309	GOVT	5,584,186.		FMV		RESEARCH
UNIV OF TOLEDO HEALTH SCIENCE CAMPUS 3000 ARLINGTON AVE TOLEDO, OH 43606	34-6401483	501(C)(3)	184,302.		FMV		RESEARCH
UNIV OF UTAH 500 FOOTHILL BLVD SALT LAKE CITY, UT 84112	23-7112869	GOVT	1,565,265.		FMV		RESEARCH
UNIV OF VERMONT BURLINGTON 15 N 2030 E BLDG 533 BURLINGTON, VT 05405	03-0179440	GOVT	406,768.		FMV		RESEARCH
UNIV OF VIRGINIA CHARLOTTESVILLE 406 FARRISH CIRCLE B30	54-6001796	GOVT	1,269,637.		FMV		RESEARCH
UNIV OF WASHINGTON SEATTLE 9606 SUNBURST CT SE SEATTLE, WA 98195	91-6001537	GOVT	1,661,397.		FMV		RESEARCH
UNIV OF WISCONSIN MADISON 2632 GRANITE RD MADISON, WI 53706	39-0743975	GOVT	1,357,525.		FMV		RESEARCH
UNIV OF WISCONSIN-MILWAUKEE 2200 E KENWOOD BLVD MILWAUKEE, WI 53201	39-1805963	GOVT	286,692.		FMV		RESEARCH
UNIV OF WYOMING LARAMIE 1000 E UNIV AVE DEPT 3375 LARAMIE, WY 82071	83-6000331	GOVT	84,492.		FMV		RESEARCH
UTAH STATE UNIV 1400 OLD MAIN HILL LOGAN, UT 84322	00-0000000	GOVT	286,692.		FMV		RESEARCH
VANDERBILT UNIV 2215B GARLAND AVE 1285A MRB IV	62-0476822	501(C)(3)	2,327,336.		FMV		RESEARCH
VANDERBILT UNIV MED CTR 23RD AVE S AT PIERCE 560 RRB	62-0476822	501(C)(3)	835,302.		FMV		RESEARCH
VETERANS MED RESEARCH FDN SAN DIEGO 1501 NW 9TH AVE SAN DIEGO, CA 92161	33-0189397	501(C)(3)	595,724.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ►

**3** Enter total number of other organizations . . . . . ►

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

**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIV RICHMOND 401 COLLEGE ST RICHMOND, VA 23284	56-6001758	GOVT	329,510.		FMV		RESEARCH
VIRGINIA POLYTECHNIC INST BLACKSBURG 107 DAVIDSON HALL BLACKSBURG, VA 24061	54-6001805	GOVT	283,439.		FMV		RESEARCH
WAKE FOREST UNIV SCHOOL OF MED MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	642,945.		FMV		RESEARCH
WASHINGTON STATE UNIV PULLMAN 264 FULMER PULLMAN, WA 99163	91-6001108	GOVT	286,692.		FMV		RESEARCH
WASHINGTON UNIV CAMPUS BOX 1097 SAINT LOUIS, MO 63156	43-0653611	501(C)(3)	278,315.		FMV		RESEARCH
WASHINGTON UNIV SCHOOL OF MED 660 S EUCLID AVE SAINT LOUIS, MO 63166	43-0653611	501(C)(3)	2,211,406.		FMV		RESEARCH
WAYNE STATE UNIV 540 E CANFIELD DETROIT, MI 48202	00-0000000	GOVT	181,510.		FMV		RESEARCH
WEIL INST OF CRITICAL CARE MED 35100 BOB HOPE DR RANCHO MIRAGE, CA 92270	51-0181236	501(C)(3)	208,457.		FMV		RESEARCH
WEILL MED COLLEGE OF CORNELL UNIV 520 EAST 70TH ST NEW YORK, NY 10021	15-0532082	501(C)(3)	374,189.		FMV		RESEARCH
WEST VIRGINIA UNIV MORGANTOWN 3 BLACKFAN CR CLS-9 MORGANTOWN, WV 26506	00-0000000	GOVT	245,736.		FMV		RESEARCH
YALE UNIV 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	1,959,374.		FMV		RESEARCH
YALE UNIV SCHOOL OF MED 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	507,296.		FMV		RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ►

**3** Enter total number of other organizations . . . . . ►

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

**Schedule I-1 (Form 990) 2008**

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If line 1a is 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:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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 . . . . .

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

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

Schedule J (Form 990) 2008

**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.

[illegible]

**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

COMPENSATION - GENERAL EXPLANATION

DUE TO THE REDESIGN OF THE 2008 FORM 990, AMERICAN HEART ASSOCIATION

(AHA) HAS SPECIFIC SITUATIONS WHEREIN AMOUNTS WERE REPORTED AS

COMPENSATION IN THE 2007 FORM 990 FOR FISCAL YEAR ENDING JUNE 30, 2008

THAT ARE BEING REPORTED AGAIN IN AHA'S 2008 FORM 990 FOR FISCAL YEAR

ENDING JUNE 30, 2009. THE REDESIGNED 2008 FORM 990 REQUIRES FISCAL YEAR

END ORGANIZATIONS TO REPORT THEIR COMPENSATION ON A FORM W-2 CALENDAR

YEAR BASIS. IN PRIOR YEARS, THE FORM 990 REQUIRED COMPENSATION TO BE

REPORTED ON A FISCAL YEAR END BASIS CONSISTENT WITH AN ORGANIZATION'S

METHOD OF ACCOUNTING. ACCORDINGLY, THIS RETURN INCLUDES INCENTIVE

COMPENSATION THAT WAS INCLUDED IN THE RECIPIENT'S COMPENSATION REPORTED

ON AHA'S 2007 FORM 990, WHICH IS AGAIN BEING REPORTED IN THE 2008 FORM

990 SINCE THAT DISCLOSURE IS NOW ON A CALENDAR YEAR FORM W-2 BASIS. ALL

COMPENSATION AMOUNTS PREVIOUSLY REPORTED IN A PRIOR FORM 990 HAVE BEEN

DISCLOSED AS SUCH ON SCHEDULE J, PART II (SCHEDULE J-1), COLUMN F, AS

APPLICABLE.



**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

HEALTH CLUB DUES AND GROSS-UP PAYMENT

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 - CASS WHEELER, NANCY BROWN, SUNDER JOSHI,

LESLIE UPTON, AND ROMAN BOWSER. ADDITIONALLY, JOHN BRENNAN, A KEY

EMPLOYEE RECEIVED A GROSS-UP FOR TAXES IN 2008 RELATED TO MOVING EXPENSES

REIMBURSED BY AHA IN 2007.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PLAN

CASS WHEELER RETIRED AS CEO OF AHA IN DECEMBER 2008. AS A RESULT, MR.

WHEELER RECEIVED A \$300,000 SEVERANCE PAYMENT FOR HIS SERVICE TO THE

ORGANIZATION HAVING MET CERTAIN CONDITIONS PER AGREEMENT.

**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 4B

NONQUALIFIED RETIREMENT PLAN

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 WAS 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

**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.

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. CASS  
WHEELER VESTED AND RECEIVED \$51,800 (\$51,800 WAS PREVIOUSLY REPORTED AS  
BENEFITS ACCRUED IN PART V OF FORM 990). GORDON MCCULLOUGH VESTED AND  
RECEIVED \$127,171 (\$105,751 WAS PREVIOUSLY REPORTED AS BENEFITS ACCRUED  
IN PART V OF FORM 990). MICHAEL WEAMER VESTED AND RECEIVED \$158,491,  
(\$129,092 WAS PREVIOUSLY REPORTED AS BENEFITS ACCRUED IN PART V OF FORM  
990) AND ROMAN BOWSER PREVIOUSLY VESTED AND RECEIVED \$36,015 (\$36,015 WAS  
PREVIOUSLY REPORTED AS BENEFITS ACCRUED IN PART V OF FORM 990).

**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 5A

INCENTIVE COMPENSATION

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.

THE INCENTIVE PLAN FOCUSES ON FOUR BROAD CRITERIA, WHICH HAVE QUALITATIVE AND QUANTITATIVE ASPECTS - STRATEGIC PLAN GOALS, AFFILIATE-SPECIFIC CHANGE GOALS, REVENUE GOALS, AND TALENT MANAGEMENT GOALS. CRITERIA REGARDING DIVERSITY, EMPLOYEE ENGAGEMENT, TURNOVER, STAFF PROMOTABILITY GOALS ARE INCORPORATED INTO THE TALENT MANAGEMENT GOALS WITHIN THE INCENTIVE PLAN. AWARDS OPPORTUNITIES UNDER THE INCENTIVE PLAN RANGE FROM 0% TO 25% OF BASE SALARY. GENERALLY THE AWARDS SHOWN IN SCHEDULE J-1

**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.

WERE EARNED DURING FISCAL YEAR ENDING JUNE 30, 2008 AND PAID IN 2008,  
WITH THE EXCEPTION OF AWARDS TO ROSE MARIE ROBERTSON, MICHAEL WEAMER, AND  
JOANNE MCLAUGHLIN THAT WERE EARNED DURING FISCAL YEAR ENDING JUNE 30,  
2007, PAID IN 2008, AND WERE PREVIOUSLY REPORTED IN AHA'S 2007 FORM 990  
FOR FISCAL YEAR ENDING JUNE 30, 2008 AS COMPENSATION. ALL COMPENSATION  
AMOUNTS PREVIOUSLY REPORTED IN A PRIOR FORM 990 HAVE BEEN DISCLOSED AS  
SUCH ON SCHEDULE J, PART II (SCHEDULE J-1), COLUMN F, AS APPLICABLE.  
ACCORDINGLY, THESE AMOUNTS HAVE BEEN REPORTED IN THE 2007 FORM 990 DUE TO  
AHA'S FISCAL YEAR END FILING REQUIREMENTS IN PRIOR YEARS AND AGAIN IN THE  
2008 FORM 990 DUE TO THE REDESIGN OF THE 2008 FORM 990, WHICH IS ON A  
FORM W-2 CALENDAR YEAR BASIS.  
  
SCHEDULE J, PART I, LINE 7  
NON-FIXED PAYMENTS  
  
SEE SCHEDULE J, PART I, LINE 5A DISCUSSION REGARDING INCENTIVE  
COMPENSATION.

**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 III

GENERAL DISCLOSURE REGARDING CEO'S COMPENSATION

DURING THE CALENDAR YEAR, CASS WHEELER'S BASE PAY WAS \$595,797. INCLUDED

IN OTHER COMPENSATION, HE RECEIVED A \$51,800 LUMP SUM PAYMENT FOR AHA'S

RETIREMENT RESTORATION PLAN (\$51,800 WAS PREVIOUSLY REPORTED AS ACCRUED

EACH YEAR IN THE BENEFITS COLUMN OF PART V OF FORM 990). THE RETIREMENT

RESTORATION PLAN IS DESIGNED TO MAKE WHOLE, UPON A SPECIFIED VESTING

DATE, THOSE EMPLOYEES WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE

RETIREMENT CONTRIBUTION TO A 403B PLAN ARE CAPPED.

MR. WHEELER RETIRED AS CEO OF THE AHA IN DECEMBER 2008. AS A RESULT, MR.

WHEELER RECEIVED A \$300,000 SEVERANCE PAYMENT FOR HIS SERVICE TO THE

ORGANIZATION HAVING MET CERTAIN CONDITIONS PER AGREEMENT. ADDITIONALLY,

HE RECEIVED \$120,000 FOR PAID TIME OFF HE HAD ACCRUED PER AHA'S POLICY.

**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  
regarding compensation.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**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) 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				
M CASS WHEELER	(i)	595,797.	NONE	493,534.	NONE	53,238.	1,142,569.	51,800.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY A BROWN	(i)	441,173.	NONE	6,754.	30,333.	44,882.	523,142.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUNDER JOSHI	(i)	286,468.	NONE	3,349.	12,775.	47,036.	349,628.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GORDON MCCULLOUGH	(i)	378,947.	NONE	129,777.	NONE	44,234.	552,958.	105,751.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROSE MARIE ROBERTSON	(i)	400,969.	63,446.	3,064.	20,648.	34,914.	523,041.	63,446.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MEIGHAN VAFA	(i)	248,100.	NONE	2,376.	3,675.	32,950.	287,101.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID W LIVINGSTON	(i)	264,474.	NONE	2,128.	4,855.	39,520.	310,977.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL WEAMER	(i)	460,243.	94,041.	212,867.	NONE	47,551.	814,702.	223,133.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROMAN BOWSER	(i)	363,519.	NONE	39,357.	NONE	38,903.	441,779.	36,015.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN BRENNAN	(i)	337,530.	NONE	18,035.	15,803.	45,949.	417,317.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN HARKER	(i)	334,233.	NONE	5,198.	15,050.	42,356.	396,837.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIDGE EPSTEIN	(i)	299,075.	32,550.	6,944.	16,310.	45,220.	400,099.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID MARKIEWICZ	(i)	320,733.	NONE	4,099.	13,300.	42,894.	381,026.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANDRA HIJIKATA	(i)	288,575.	NONE	2,700.	8,400.	39,894.	339,569.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN MEINERS	(i)	273,858.	NONE	2,379.	12,740.	42,720.	331,697.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN ROGERS	(i)	224,980.	33,482.	2,603.	99.	44,037.	305,201.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

**Continuation Sheet for Schedule J (Form 990)**

► Attach to Form 990 to list additional information regarding compensation.

Name of the organization

Employer identification number	
--------------------------------	--

AMERICAN HEART ASSOCIATION, INC.

13-5613797

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

[illegible]



**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

AMERICAN HEART ASSOCIATION, INC.

Employer Identification number

13-5613797

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
DAVID A JOSSERAND CHAIRMAN	7.	X						NONE	NONE	NONE
TIMOTHY J GARDNER MD FAHA PRESIDENT	8.	X						NONE	NONE	NONE
NEIL M MELTZER MPH CHAIRMAN-ELECT	4.	X						NONE	NONE	NONE
CLYDE W YANCY MD FAHA PRESIDENT-ELECT	7.	X						NONE	NONE	NONE
GARY L ELLIS IMMEDIATE PAST-CHAIRMAN	4.	X						NONE	NONE	NONE
DANIEL W JONES MD FAHA IMMEDIATE PAST PRESIDENT	4.	X						NONE	NONE	NONE
DEBRA W LOCKWOOD SECRETARY-TREASURER	6.	X						NONE	NONE	NONE
DONNA K ARNETT PHD FAHA BOARD MEMBER	3.	X						NONE	NONE	NONE
SHONTA CHAMBERS MSW BOARD MEMBER	3.	X						NONE	NONE	NONE
MARK A CREAGER MD FAHA BOARD MEMBER	3.	X						NONE	NONE	NONE
STEPHEN R DANIELS MD PHD FAHA BOARD MEMBER	3.	X						NONE	NONE	NONE
PIERRE B FAYAD MD FAHA BOARD MEMBER	3.	X						NONE	NONE	NONE
DEBRA A GEIHSLER BOARD MEMBER	3.	X						NONE	NONE	NONE
LARRY B GOLDSTEIN MD FAHA BOARD MEMBER	3.	X						NONE	NONE	NONE
MAX GOMEZ PHD BOARD MEMBER	3.	X						NONE	NONE	NONE
RON W HADDOCK BOARD MEMBER	3.	X						NONE	NONE	NONE
PAULA LANK BSN RN BOARD MEMBER	3.	X						NONE	NONE	NONE
MARK B MCCLELLAN MD PHD BOARD MEMBER	3.	X						NONE	NONE	NONE
HONORABLE JUDITH F OLSON BOARD MEMBER	3.	X						NONE	NONE	NONE
DAVID A SPINA BOARD MEMBER	3.	X						NONE	NONE	NONE
SAMUEL H TURNER SR BOARD MEMBER	3.	X						NONE	NONE	NONE

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

**Schedule J-2 (Form 990) 2008**

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

AMERICAN HEART ASSOCIATION, INC.

Employer Identification number

13-5613797

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
RAY DURAZO BOARD MEMBER	3.	X						NONE	NONE	NONE
M CASS WHEELER CEO	38.			X				1,089,331.	NONE	53,238.
NANCY A BROWN COO-NATIONAL CENTER	38.			X				447,927.	NONE	75,215.
SUNDER JOSHI CFO	38.			X				289,817.	NONE	59,811.
GORDON MCCULLOUGH COO-FIELD OPERATIONS	38.			X				508,724.	NONE	44,234.
ROSE MARIE ROBERTSON CHIEF SCIENCE OFFICER	38.			X				467,479.	NONE	55,562.
MEIGHAN VAFA EVP	38.			X				250,476.	NONE	36,625.
DAVID W LIVINGSTON EVP-CORP SEC/GENERAL COUNSEL	38.			X				266,602.	NONE	44,375.
MICHAEL WEAMER EVP	38.				X			767,151.	NONE	47,551.
ROMAN BOWSER EVP	38.				X			402,876.	NONE	38,903.
JOHN BRENNAN EVP	38.				X			355,565.	NONE	61,752.
KEVIN HARKER EVP	38.				X			339,431.	NONE	57,406.
MIDGE EPSTEIN EVP	38.				X			338,569.	NONE	61,530.
DAVID MARKIEWICZ EVP	38.				X			324,832.	NONE	56,194.
SANDRA HIJIKATA EVP	38.				X			291,275.	NONE	48,294.
JOHN MEINERS EVP	38.				X			276,237.	NONE	55,460.
KATHLEEN ROGERS EVP	38.					X		261,065.	NONE	44,136.
MICHAEL WILSON EVP	38.					X		253,189.	NONE	41,588.
JOANNE MCLAUGHLIN AFFILIATE DEVELOPMENT OFFICER	38.					X		251,018.	NONE	32,383.
LESLIE UPTON EVP	38.					X		249,043.	NONE	40,398.
JEREMY BEAUCHAMP SVP	38.					X		242,671.	NONE	36,634.

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

**Schedule J-2 (Form 990) 2008**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**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 . . . . .	X	972	641,769.	FAIR MARKET VALUE
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .	X	12	226.	FAIR MARKET VALUE
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1,167	881,598.	FAIR MARKET VALUE
7 Boats and planes . . . . .	X	7	2,490.	FAIR MARKET VALUE
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	140	3,554,750.	FAIR MARKET VALUE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .	X	370	112,583.	FAIR MARKET VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (SCH. M, PART II) . . . . .	X	21,106	8,111,064.	FAIR MARKET VALUE
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

JSA

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**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 25

OTHER NON-CASH PROPERTY

NUMBER OF CONTRIBUTIONS	REVENUES ON FORM 990, PART VIII, LINE 1G	METHOD OF DETERMINING REVENUES
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TANGIBLE PERSONAL PROPERTY	6174	\$1,584,170	FMV
RECREATION	5759	\$2,249,808	FMV
TRAVEL	1604	\$1,977,238	FMV
FOOD AND DRINK	3574	\$1,413,133	DONOR STMT
MISCELLANEOUS	3995	\$ 886,715	FMV

TOTALS	21,106	\$8,111,064	
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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

PART III, LINE 4D

OTHER PROGRAM SERVICES

COMMUNITY PROGRAMS

THE AMERICAN HEART ASSOCIATION PROVIDES COMMUNITY SERVICES AT THE LOCAL,

STATE AND NATIONAL LEVELS. COMMUNITY PROGRAMS INCLUDE ADVOCACY EFFORTS,

COMMUNICATIONS ACTIVITIES, HEALTH SCREENINGS AND STATE HEALTH ALLIANCES.

PUBLIC ADVOCACY. IN 2008-2009, OUR ADVOCACY DEPARTMENT'S YOU'RE THE CURE

NATIONWIDE GRASSROOTS NETWORK CONSISTED OF MORE THAN 180,000 VOLUNTEERS -

INCLUDING DOCTORS, SCIENTISTS, PARENTS, AND HEART DISEASE AND STROKE

SURVIVORS - ACTIVELY INVOLVED IN THE ORGANIZATION'S PUBLIC POLICY AGENDA.

THESE VOLUNTEER-ADVOCATES CHALLENGE THEIR LAWMAKERS TO SUPPORT POLICIES

THAT WILL ADVANCE THE FIGHT AGAINST HEART DISEASE AND STROKE AND IMPROVE

THE HEALTH OF ALL AMERICANS. ABOUT 40,000 NEW ADVOCATES JOINED THE

NETWORK IN FY 2008-09.

MORE THAN 460 YOU'RE THE CURE ADVOCATES FROM 50 STATES AND PUERTO RICO ON

APRIL 20-21, 2009 PARTICIPATED IN THE AMERICAN HEART ASSOCIATION'S YOU'RE

THE CURE CONGRESSIONAL HEART AND STROKE LOBBY DAY TO ASK LAWMAKERS FOR

THEIR SUPPORT IN REDUCING DEATH AND DISABILITY FROM HEART DISEASE AND

STROKE. IN 354 MEETINGS, THESE ADVOCATES URGED MEMBERS OF CONGRESS TO

PASS MEANINGFUL HEALTH REFORM THIS YEAR AND SIGNIFICANTLY INCREASE

FUNDING FOR HEART DISEASE AND STROKE RESEARCH AND PREVENTION SUPPORTED BY

THE NATIONAL INSTITUTES OF HEALTH AND CENTERS FOR DISEASE CONTROL AND

PREVENTION.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

THE AMERICAN HEART ASSOCIATION'S ADVOCACY EFFORTS CONTINUE TO MOVE THE ASSOCIATION CLOSER TO ITS 2020 GOALS TO IMPROVE THE CARDIOVASCULAR HEALTH OF ALL AMERICANS BY 20 PERCENT WHILE REDUCING DEATHS FROM CARDIOVASCULAR DISEASES AND STROKE BY 20 PERCENT. IT INCLUDES ADVOCATING BEFORE LOCAL, STATE AND FEDERAL LEGISLATIVE AND REGULATORY BODIES ON PUBLIC POLICY ISSUES SUCH AS HEALTH CARE REFORM, QUALITY PHYSICAL EDUCATION AND HEALTHIER FOOD CHOICES IN SCHOOLS, WOMEN AND CARDIOVASCULAR DISEASE, STROKE, CHILDHOOD OBESITY, FUNDING FOR HEART DISEASE AND STROKE RESEARCH AND PREVENTION, TOBACCO CONTROL AND FUNDING FOR THE PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS IN PUBLIC PLACES.

EXPENSE: \$21,553,008 GRANTS: \$NONE REVENUE: \$14,534,093

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

PART V, QUESTION 4B

LIST OF FOREIGN COUNTRIES

BERMUDA AND IRELAND

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

PART VI, SECTION A, LINE 10

FORM 990 REVIEW PROCESS

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.



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

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING

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.

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

PART VI, SECTION B, LINE 15B

COMPENSATION REVIEW

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 &amp; REBUTTALS PRESUMPTION POLICY. FOR

PURPOSES OF THE 2008 CALENDAR YEAR, THE COMPENSATION REVIEW OF THE CEO BY

THE COMPENSATION COMMITTEE WAS LAST COMPLETED IN SEPTEMBER 2008.



Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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. THE AHA DOES NOT MAKE ITS GOVERNING

DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

PART VII, SECTION B, LINE 1

FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

INFOCISION MANAGEMENT CORPORATION TELEPHONE MARKETING \$6,000,506

325 SPRINGSIDE DR.

AKRON, OH 44333

EDELMAN PUBLIC RELATIONS \$2,190,306

21992 NETWORK PLACE

CHICAGO, IL 60673

DONNA LEVINE ASSOCIATES INCORPORATED CONSULTANT \$1,826,000

626 W. RANDOLPH STREET 603

CHICAGO, IL 60661

ORACLE USA INC COMPUTER LICENSING \$1,739,240

P.O. BOX 71028 AND MAINTENANCE

CHICAGO, IL 60694

LIPPINCOTT WILLIAMS &amp; WILKINS PUBLISHING \$1,783,469

16705 COLLECTION CENTER DR.

CHICAGO, IL 60693

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

SCHEDULE G, PART I, LINE 2B

FUNDRAISERS

THE AMOUNTS RETAINED BY FUNDRAISERS MAY INCLUDE REIMBURSEMENT OF COSTS

AND/OR OUT OF POCKET EXPENSES INCURRED.

FORM 990, PART III - PROGRAM SERVICES  
=====4A PROGRAM SERVICE  
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## OVERVIEW

IN 1999, THE AMERICAN HEART ASSOCIATION PUT FORTH ITS 2010 STRATEGIC GOAL OF REDUCING THE DEATH RATES FROM CORONARY HEART DISEASE AND STROKE, AS WELL AS THEIR RISK FACTORS, BY 25 PERCENT. SINCE THEN, ALL OF THE ORGANIZATION'S EFFORTS AND DECISIONS HAVE BEEN DRIVEN TOWARD MAKING THIS HAPPEN. AS THE DECADE CLOSES, THE ASSOCIATION IS REPORTING A 35.7 PERCENT REDUCTION IN THE DEATH RATE FROM CORONARY HEART DISEASE AND A 32.5 PERCENT REDUCTION IN THE DEATH RATE FROM STROKE. BASED ON NHANES AND NHIS DATA, THE ASSOCIATION CAN ALSO REPORT REDUCTIONS IN UNCONTROLLED HIGH BLOOD PRESSURE (27.7 PERCENT), PREVALENCE OF HIGH CHOLESTEROL (22.1 PERCENT), PREVALENCE OF SMOKING (19.8 PERCENT) AND A REDUCTION IN THOSE NOT ENGAGED IN MODERATE OR VIGOROUS PHYSICAL ACTIVITY (8.8 PERCENT). THESE ARE LANDMARK ACHIEVEMENTS RESULTING FROM TREMENDOUS EFFORTS IN THE AREA OF RESEARCH, HEALTHCARE, GOVERNMENT, BUSINESS AND COMMUNITIES.

THE AMERICAN HEART ASSOCIATION'S PROGRAMS FALL INTO FOUR CATEGORIES: RESEARCH SUPPORT, PUBLIC EDUCATION, PROFESSIONAL EDUCATION AND COMMUNITY PROGRAMS.

## RESEARCH SUPPORT

THE AMERICAN HEART ASSOCIATION FUNDS RESEARCH AT BOTH THE NATIONAL AND AFFILIATE (REGIONAL) LEVELS. SINCE THE ASSOCIATION BECAME A VOLUNTARY HEALTH ORGANIZATION IN 1948, WE HAVE SPENT MORE THAN \$3.2 BILLION DOLLARS FOR 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 OF TIME. DURING THE PAST YEAR, THE ASSOCIATION FUNDED 1,024 NEW AWARDS, INCLUDING 529 GRANTS AND 495 FELLOWSHIPS.

THE AMERICAN HEART ASSOCIATION'S RESEARCH COMMITMENT OVER THE PAST HALF CENTURY HAS HELPED LEAD TO DEVELOPMENTS SUCH AS PACEMAKERS, OPEN-HEART SURGERY, HEART TRANSPLANTATION, CLOT-BUSTING DRUGS AND BOTH AUTOMATED EXTERNAL DEFIBRILLATORS AND IMPLANTABLE DEFIBRILLATORS THAT CAN STOP POTENTIALLY FATAL HEART RHYTHM PROBLEMS. NOW SCIENTISTS AND PROFESSIONALS ARE GAINING NEW INSIGHTS INTO THE WORKINGS OF THE CARDIOVASCULAR SYSTEM, INCLUDING ITS GENETIC AND CELLULAR FOUNDATIONS, WHICH WILL PROVIDE MORE

## FORM 990, PART III - PROGRAM SERVICES

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ANSWERS ON HOW TO PREVENT AND/OR TREAT CARDIOVASCULAR DISEASE AND STROKE.

## 4B PROGRAM SERVICE

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PUBLIC HEALTH 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. PUBLIC HEALTH EDUCATION INCLUDES A NUMBER OF ASSOCIATION PROGRAMS, INCLUDING FOUR CONSUMER "CAUSE CAMPAIGNS" - ALLIANCE FOR A HEALTHIER GENERATION, GO RED FOR WOMEN, POWER TO END STROKE AND START!. IN 2008-2009, THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED BILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH.

ALLIANCE FOR A HEALTHIER GENERATION. THIS YEAR, THE AMERICAN HEART ASSOCIATION CONTINUED ITS JOINT INITIATIVE WITH THE WILLIAM J. CLINTON FOUNDATION TO STOP THE INCREASE OF CHILDHOOD OBESITY IN THE UNITED STATES BY 2010 AND REDUCE THE PREVALENCE OF CHILDHOOD OBESITY BY 2015. THE ALLIANCE HAS FOUR KEY INITIATIVES: INDUSTRY INITIATIVES, HEALTHY SCHOOLS PROGRAM, FOR THE EMPOWERME KIDS MOVEMENT, AND HEALTHCARE INITIATIVE. DURING THE SECOND YEAR OF IMPLEMENTATION, THE ALLIANCE SCHOOL BEVERAGE AGREEMENT RESULTED IN 58 PERCENT FEWER BEVERAGE CALORIES THAT HAVE BEEN SHIPPED TO SCHOOLS ACROSS THE UNITED STATES. ALLIANCE SCHOOL BEVERAGE, DAIRY AND COMPETITIVE FOOD AGREEMENTS ARE THE FIRST-EVER VOLUNTARY GUIDELINES FOR SNACKS AND SIDE ITEMS SOLD IN SCHOOLS THAT ARE PROVIDING HEALTHIER FOOD CHOICES FOR NEARLY 35 MILLION AMERICAN STUDENTS. THE HEALTHY SCHOOLS PROGRAM PROVIDES ON-SITE SUPPORT TO OVER 5,000 SCHOOLS IN ALL 50 STATES, UP FROM APPROXIMATELY 1,300 SCHOOLS IN 2008. IN AUGUST 2009 THE ALLIANCE AND ROBERT WOOD JOHNSON FOUNDATION RECOGNIZED 114 SCHOOLS ACROSS THE COUNTRY FOR OUTSTANDING ACHIEVEMENTS TOWARDS CREATING HEALTHIER SCHOOL ENVIRONMENTS. INCREASING NUMBERS OF SCHOOLS ARE CURRENTLY REPORTING THAT THEY ARE MEETING REQUIREMENTS FOR THESE AWARDS, AND BASED ON THIS PROGRESS, THERE WILL BE A SUBSTANTIAL INCREASE IN THE NUMBER OF SCHOOLS RECOGNIZED IN 2010. TO DATE, NEARLY 1.38 MILLION KIDS ACROSS THE COUNTRY HAVE JOINED THE EMPOWERME MOVEMENT TO MAKE HEALTHY BEHAVIOR CHANGES AND BECOME LEADERS AND ADVOCATES FOR HEALTHY EATING AND PHYSICAL ACTIVITY. IN FEBRUARY 2009 THE ALLIANCE HEALTHCARE INITIATIVE WAS ANNOUNCED - A COLLABORATIVE EFFORT WITH NATIONAL MEDICAL ASSOCIATIONS, LEADING INSURERS AND EMPLOYERS AND IS THE FIRST TIME A GROUP OF ORGANIZATIONS HAS WORKED TOGETHER TO ENSURE CHILDREN GET THE INSURANCE COVERAGE THEY



## FORM 990, PART III - PROGRAM SERVICES

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NEED TO FIGHT OBESITY AND THE FIRST TIME OUTCOMES WILL BE MONITORED TO ENSURE THE BENEFITS ARE BEING USED.

WHAT MOVES U CHALLENGE. THE AMERICAN HEART ASSOCIATION TEAMED UP WITH THE NATIONAL FOOTBALL LEAGUE'S PLAY 60 CAMPAIGN TO CREATE THE WHAT MOVES U CHALLENGE, WHICH AIMS TO INSPIRE KIDS TO GET MORE PHYSICALLY ACTIVE AND TO HELP SCHOOLS BECOME PLACES THAT ENCOURAGE ACTIVE LIFESTYLES YEAR-ROUND. SINCE 2006, THIS PROGRAM HAS REACHED MORE THAN 25,000 MIDDLE SCHOOLS IN THE U.S.

GO RED FOR WOMEN. 2009 MARKED THE SIXTH YEAR OF GO RED FOR WOMEN AS THE CAUSE CONTINUED TO INFORM WOMEN OF THEIR NO. 1 KILLER, WHILE MOVING FROM A FOCUS ON AWARENESS TO PERSONAL ACTION AND BEHAVIOR MODIFICATION.

\* AWARENESS OF HEART DISEASE AS WOMEN'S #1 KILLER HAS RISEN FROM 34 PERCENT IN 2000 TO 57 PERCENT IN 2006 (NEW TRACKING STUDY CURRENTLY BEING CONDUCTED).

\* MORE THAN 1,021,000 WOMEN HAVE JOINED THE MOVEMENT AND 96 PERCENT HAVE TAKEN SOME ACTION TOWARD A HEALTHIER LIFESTYLE.

\* MORE THAN 1.83 MILLION WOMEN HAVE LAUNCHED THE GO RED HEART CHECKUP.

\* AHA ADVOCACY CONTINUES TO SUPPORT THE HEART FOR WOMEN ACT AND THE WOMEN'S HEALTH INSURANCE FAIRNESS ACT.

TO DRIVE AWARENESS OF AMERICAN HEART ASSOCIATION AND ACTION AMONG WOMEN, GO RED FOR WOMEN HELD ITS SECOND NATIONWIDE CASTING CALL TO FIND ITS 2009 GO RED WOMEN TO REPRESENT THE CAUSE AND BEGAN PRODUCTION ON THE SECOND TELEVISION SPECIAL WITH NBC AND PEACOCK PRODUCTIONS. THE GO RED BETTERU WAS LAUNCHED IN JUNE - A FREE 12-WEEK ONLINE PROGRAM THAT PROVIDES GUIDANCE TO TRANSFORM OVERALL HEALTH THROUGH SMALL, SIMPLE CHOICES. ADDITIONALLY, TO REACH DIVERSE AUDIENCES, GO RED FOR WOMEN LAUNCHED GRASSROOTS EVENTS AND HEALTH FAIRS TARGETING HISPANIC AND AFRICAN-AMERICAN WOMEN IN MAJOR MARKETS, PARTNERED WITH SELECCIONES (SPANISH-LANGUAGE READER'S DIGEST) ON EDITORIAL COVERAGE AND AN INFLUENCER EVENT IN MIAMI, AND ENGAGED MULTIPLE DIVERSE AMERICAN HEART ASSOCIATION VOLUNTEER SPOKESPEOPLE FOR MEDIA OUTREACH.

POWER TO END STROKE. POWER TO END STROKE (PTES) IS AN AGGRESSIVE EDUCATION AND AWARENESS CAMPAIGN THAT EMBRACES AND CELEBRATES THE CULTURE, ENERGY, CREATIVITY AND LIFESTYLES OF AFRICAN AMERICANS. THROUGH THIS CAMPAIGN, THE ASSOCIATION HEIGHTENS AWARENESS OF THE DISPROPORTIONATELY HIGH RISK OF STROKE IN THE AFRICAN AMERICAN COMMUNITY. ACCORDING TO A SURVEY OF THOSE PARTICIPATING IN POWER:

## FORM 990, PART III - PROGRAM SERVICES

- \* 61% GOT THEIR BP CHECKED
- \* 54% GOT THEIR CHOLESTEROL CHECKED
- \* 50% STARTED WALKING/EXERCISING
- \* 54% EAT MORE NUTRITIOUSLY
- \* 44% ARE MORE ACTIVE
- \* 38% FEEL BETTER
- \* 34% LOST WEIGHT

THE 2008-2009 CAMPAIGN CELEBRATED A SUCCESSFUL YEAR WITH A POWER AWARDS WEEKEND IN ATLANTA, GEORGIA. THE WEEKEND CONSISTED OF A TELEVISED POWER AWARDS GALA, AMBASSADOR LUNCHEON AND POWER SUNDAY CHURCH SERVICE. MORE THAN 250 PEOPLE PARTICIPATED IN THE WEEKEND ACTIVITIES. SINCE ITS INCEPTION, THE CAMPAIGN HAS GENERATED OVER 4.9 BILLION MEDIA IMPRESSIONS, 20,545 AMBASSADORS AND 518,758 PROGRAM REGISTRANTS.

START! IS AN AMERICAN HEART ASSOCIATION INITIATIVE THAT HELPS CREATE A CULTURE OF PHYSICAL ACTIVITY AND HEALTHY EATING IN ORDER TO HELP AMERICANS LIVE LONGER, HEART-HEALTHIER LIVES. START! WORKS IN TANDEM WITH CORPORATE AMERICA TO HELP PRIORITIZE AND FOSTER A CULTURE OF PHYSICAL ACTIVITY AND WELLNESS IN THE WORKPLACE. SINCE ITS LAUNCH IN JANUARY 2007, NEARLY 1,200 COMPANIES HAVE BEEN RECOGNIZED AS START! FIT-FRIENDLY COMPANIES, AND OVER 200,000 INDIVIDUALS HAVE REGISTERED FOR MYSTART! ONLINE, A ROBUST TOOL THAT ALLOWS THEM TO TRACK PHYSICAL ACTIVITY AND NUTRITION, DOWNLOAD PERSONALIZED WALKING PLANS AND SEARCH FOR NEARBY WALKING PATHS. THE INITIATIVE'S SIGNATURE DAY, NATIONAL START! WALKING DAY, SAW HUNDREDS OF THOUSANDS OF AMERICANS WALKING AT LEAST 30 MINUTES ON A DESIGNATED DAY IN APRIL TO SUPPORT THE CAUSE. THE CAUSE ALSO SAW A 120 PERCENT INCREASE IN THE NUMBER OF PEOPLE OFFICIALLY REGISTERED FROM THE PREVIOUS YEAR. IN ADDITION, START! HAS GARNERED MORE THAN 9.5 BILLION MEDIA IMPRESSIONS ASSOCIATION-WIDE.

STROKE. THE GOAL OF THE AMERICAN STROKE ASSOCIATION IS TO REDUCE STROKE-RELATED DEATH AND RISK BY 25 PERCENT BY 2010. TO HELP IMPROVE PREVENTION, DIAGNOSIS AND TREATMENT EFFORTS, THE AMERICAN STROKE ASSOCIATION HELPED ESTABLISH STATE STROKE LEADERSHIP COMMITTEES TO ENGAGE HEALTHCARE PROVIDERS AND COORDINATE A SYSTEMATIC APPROACH TO CARE ALONG THE ENTIRE STROKE HEALTH CONTINUUM, WHICH INCLUDES PUBLIC AWARENESS OF SYMPTOMS AND PRIMARY PREVENTION, EMS TRANSPORT AND PRE-HOSPITAL CARE, ACUTE CARE, SECONDARY PREVENTION AND REHABILITATION/RECOVERY. THE AMERICAN STROKE ASSOCIATION IS IDENTIFYING HIGH IMPACT STRATEGIES TO SUPPORT THE CONTINUUM OF CARE, AND IMPROVING THESE STRATEGIES

## FORM 990, PART III - PROGRAM SERVICES

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USING THE PROCESS OF CONTINUOUS QUALITY IMPROVEMENT. EACH STATE IMPLEMENTS A STROKE SYSTEM PLAN AND SUCSESSES TO SHARE ACROSS STATES. IT HAS LAID THE FOUNDATION TO ACCELERATE THE IMPROVEMENT OF STROKE PREVENTION, DIAGNOSIS AND TREATMENT.

DIVERSITY. CULTURAL COMPETENCE, OR THE UNDERSTANDING AND RESPECT OF THE DIFFERENCES, BELIEFS AND VALUES OF OTHER CULTURES, IS A DRIVING FORCE BEHIND THE AMERICAN HEART ASSOCIATION'S DIVERSITY EFFORTS. THE ASSOCIATION IS DEFINING AND PROMOTING CULTURAL COMPETENCE TO EMPLOYEES, VOLUNTEERS AND HEALTHCARE PROFESSIONALS. THROUGH CULTURAL HEALTH INITIATIVES, THE AMERICAN HEART ASSOCIATION IS REACHING OUT TO SERVE MANY DIVERSE POPULATIONS. TAPPING INTO 1,100 STRATEGIC ALLIANCES, THE ASSOCIATION IMPLEMENTED SEARCH YOUR HEART AND CONOZCA SU CORAZON EDUCATION MODULES IN MORE THAN 2,800 SITES AROUND THE NATION. IN ADDITION, ASSOCIATION WORKED WITH THE NAACP ON ADVOCACY ISSUES AND TO ADVANCE THE KNOWLEDGE OF CPR. THE ASSOCIATION ALSO WORKED WITH SORORITY DELTA SIGMA THETA, WHICH SECURED MORE THAN 10,000 POWER TO END STROKE REGISTRANTS. THE ASSOCIATION IS REACHING AT-RISK HISPANIC AUDIENCES THROUGH A PARTNERSHIP WITH THE SPANISH-LANGUAGE MEDIA GIANT UNIVISION. THE ASSOCIATION ALSO HAS TRANSLATED ITS WEB SITE INTO SEVERAL LANGUAGES, INCLUDING SPANISH, VIETNAMESE, AND SIMPLIFIED AND TRADITIONAL CHINESE.

FOOD CERTIFICATION PROGRAM. THE HEART-CHECK MARK HAS BECOME AND REMAINS THE STRONGEST, MOST VISIBLE NATIONWIDE FOOD LABELING PROGRAM IN THE U.S. WITH OVER 100 COMPANIES AND MORE THAN 800 CERTIFIED PRODUCTS. CONSUMERS TRUST THE HEART-CHECK MARK AND USE IT TO EASILY AND RELIABLY SELECT FOODS THAT MEET OUR CRITERIA FOR SATURATED FAT AND CHOLESTEROL. DURING FY 2008-2009, THE ASSOCIATION PRODUCED IN-STORE ADVERTISING TO HELP CONSUMERS FIND CERTIFIED FOODS AND CONDUCTED CONSUMER RESEARCH TO IDENTIFY WAYS TO BETTER RELATE TO CONSUMERS. THE PROGRAM PARTICIPATED IN INDUSTRY TRADE SHOWS, INCLUDING THE AMERICAN DIETETIC ASSOCIATION'S ANNUAL CONFERENCE AND THE SOCIETY OF NUTRITION EDUCATORS TO PROVIDE NUTRITION EDUCATORS WITH AMERICAN HEART ASSOCIATION SERVICES FOR THEIR PATIENTS.

FACE THE FATS. A COMPREHENSIVE CONSUMER EDUCATION CAMPAIGN CALLED FACE THE FATS WAS LAUNCHED TO HELP AMERICANS FULLY UNDERSTAND DIETARY FATS AND THEIR RELATIONSHIP TO CARDIOVASCULAR DISEASE. THE CAMPAIGN INTRODUCED AHA'S FIRST-EVER ANIMATED CHARACTERS, THE BAD FATS BROTHERS AND THE BETTER FATS SISTERS, TO GIVE CONSUMERS A NEW WAY TO LOOK AT AND REMEMBER WHICH FATS ARE BAD AND WHY, WHICH ONES ARE BETTER AND WHERE THEY CAN BE FOUND. ADDITIONALLY, AN EDUCATIONAL WEB SITE WAS CREATED AS A CENTRAL ONLINE RESOURCE WITH

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INTERACTIVE TOOLS AND TIPS TO HELP CONSUMERS MAKE HEALTHIER FOOD CHOICES. THE ASSOCIATION AND ITS EXPERTS WERE INCLUDED IN ARTICLES AND BROADCAST NEWS CLIPS ABOUT DIETARY FATS RESULTING IN 340 MILLION MEDIA IMPRESSIONS.

CONSUMER PUBLICATIONS. IN 2008-09, THE AMERICAN HEART ASSOCIATION RELEASED THE NEW HARDCOVER EDITION OF AMERICAN HEART ASSOCIATION LOW-FAT, LOW-CHOLESTEROL COOKBOOK, 4TH EDITION AND, IN CONJUNCTION WITH THE AMERICAN DIABETES ASSOCIATION, RELEASED DIABETES AND HEART HEALTHY MEALS FOR TWO. THE ASSOCIATION ALSO RELEASED TWO MAGAZINE COOKBOOKS: GO RED FOR WOMEN RECIPE COLLECTION, WHICH FEATURES THE GO RED FOR WOMEN CAMPAIGN AND HEALTHY SOUL FOOD RECIPES, WHICH HIGHLIGHTS THE POWER TO END STROKE CAMPAIGN. IN ALL, THE ASSOCIATION OFFERS MORE THAN 18 TITLES AVAILABLE IN VARIOUS FORMATS. OUR PUBLICATIONS, AND INFORMATION ABOUT THEM, REACHED NEARLY 50 MILLION PEOPLE DURING FISCAL YEAR 2008-2009.

CUSTOMER SERVICE. THE ASSOCIATION STRIVES TO ANTICIPATE, UNDERSTAND, MEET AND EXCEED OUR CUSTOMERS' NEEDS AND EXPECTATIONS.

IN 2008-2009, THE NATIONAL SERVICE CENTER RECEIVED 456,483 INCOMING CALLS FOR THE YEAR, A SLIGHT INCREASE FROM LAST FISCAL YEAR. SPECIALISTS ANSWERED MORE THAN 244,000 TOLL-FREE TELEPHONE CALLS AND MORE THAN 74,000 CUSTOMERS WERE SERVICED BY THE CPR LOCATOR. THE NATIONAL SERVICE CENTER ALSO HANDLED 583,000 BUSINESS REPLY CARDS, E-MAILS, LETTERS, PRODUCT FULFILLMENT AND CAUSE INITIATIVE CARDS (PTES, GRFW & START!). THE ASSOCIATION'S CONSUMER WEB SITE, AMERICANHEART.ORG, RECEIVED 29,989,032 UNIQUE VISITORS THROUGHOUT THE YEAR, WHICH GENERATED 114,325,545 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. EACH MEDIA IMPRESSION REPRESENTS ONE PERSON WHO READ, VIEWED OR HEARD A MEDIA REPORT INCLUDING INFORMATION FROM THE AMERICAN HEART ASSOCIATION OR AMERICAN STROKE ASSOCIATION. NEARLY 9.2 BILLION NATIONAL AND LOCAL MEDIA IMPRESSIONS WERE GENERATED DURING 2008-2009. THESE IMPRESSIONS INCLUDE COVERAGE OF CAUSE INITIATIVES, SCIENTIFIC JOURNAL ARTICLES, SCIENTIFIC MEETINGS, HEALTH COMMUNICATIONS, STROKE, HEALTH DISPARITIES AND CULTURAL HEALTH, AND MEDIA ADVOCACY.

PAID ADVERTISING. IN FISCAL YEAR 2008-2009, THE AMERICAN HEART ASSOCIATION NATIONAL PAID ADVERTISING CAMPAIGN HAD THE MOST SUCCESSFUL YEAR IN ITS SEVEN YEAR HISTORY, GENERATING MORE THAN 3 MILLION TOTAL CUSTOMER ENGAGEMENTS. ADDITIONALLY, MORE THAN 60

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PERCENT OF THOSE WHO VISITED THE CAMPAIGN SITE, WWW.GO.HEART.ORG, CLICKED THROUGH FOR MORE POTENTIALLY LIFE-SAVING INFORMATION. THE CAMPAIGN INCLUDED TV, RADIO, PRINT AND ONLINE ADVERTISING FOR THE GENERAL PUBLIC AS WELL AS SPANISH-SPEAKING AUDIENCES. WE ATTRIBUTE MUCH OF THE MOMENTUM THIS YEAR TO MAINTAINING OUR RELATIONSHIP WITH HIGH-PERFORMING TRADITIONAL MEDIUMS AND EXPANDING OUR ONLINE ADVERTISING. SINCE THE LAUNCH IN 2004, WE HAVE RECORDED A TOTAL OF MORE THAN 5.7 MILLION CUSTOMER RESPONSES.

PUBLIC SERVICE ANNOUNCEMENTS. IN FISCAL YEAR 2008-2009, THE ASSOCIATION DEVELOPED IN PARTNERSHIP WITH THE AD COUNCIL A NEW PSA CAMPAIGN REACHING OUT TO THE AFRICAN-AMERICAN COMMUNITY ABOUT STROKE AS A MEDICAL EMERGENCY. THIS DISTINCT CAMPAIGN INCLUDES TV, RADIO, ONLINE AND BILLBOARD PSAS, WHICH WILL BE DISTRIBUTED NATIONALLY IN THE LATE SUMMER AND FALL 2009. THIS IS THE SEVENTH YEAR OF THIS SUCCESSFUL CAMPAIGN, WHICH HAS GENERATED MORE THAN \$27 MILLION IN AD VALUE ACCORDING TO AD COUNCIL REPORTS FROM JULY 2008 THROUGH MARCH 2009.

## 4C PROGRAM SERVICE

## 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 ALMOST 300K HEALTHCARE PROFESSIONALS IN 2008-2009. THE AMERICAN HEART ASSOCIATION'S PROFESSIONAL EDUCATION GROUP LAUNCHED THE SECOND INSTALLMENT OF THE SPOTLIGHT SERIES [HTTP://SPOTLIGHT.HEART.ORG](http://spotlight.heart.org), WHICH USES ASSOCIATION EXPERTS TO DELIVER COMPLIMENTARY CME/CE PRESENTATIONS AT HOSPITAL GRAND ROUNDS, NATIONWIDE. IN ADDITION, THE PROFESSIONAL EDUCATION CENTER LAUNCHED AN AWARD-WINNING NEW WEBSITE [HTTP://LEARN.HEART.ORG](http://learn.heart.org) AND THE ASSOCIATION RECEIVED SIX YEAR ACCREDITATION TERM FOR PHARMACY CONTINUING EDUCATION.

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 2008 AND DREW MORE THAN 23,000 PEOPLE. THE INTERNATIONAL STROKE CONFERENCE, HELD IN FEBRUARY 2009, CONTINUES TO GROW, WITH MORE THAN 4,000 ATTENDING. OTHER AMERICAN HEART ASSOCIATION CONFERENCES ADDRESSED QUALITY OF CARE, ARTERIOSCLEROSIS, EPIDEMIOLOGY AND HIGH BLOOD PRESSURE.

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SCIENTIFIC JOURNALS. THE AMERICAN HEART ASSOCIATION REPORTS THE LATEST IN CARDIOVASCULAR RESEARCH THROUGH THE PUBLICATION OF SCIENTIFIC AND MEDICAL JOURNALS. IN FISCAL YEAR 2008-2009 THE ASSOCIATION COMPLETED THE LAUNCH OF SIX ADDITIONAL JOURNALS, BRINGING THE TOTAL NUMBER OF SCIENTIFIC JOURNALS IT PUBLISHES TO 11. THE JOURNALS HAVE MORE THAN 100,000 SUBSCRIPTIONS AND APPROXIMATELY FOUR MILLION MONTHLY ONLINE ACCESSES.

EMERGENCY CARDIOVASCULAR CARE. FOR MORE THAN 40 YEARS, THE AMERICAN HEART ASSOCIATION HAS BEEN A PIONEER IN THE DEVELOPMENT OF CPR TRAINING. THE GLOBAL LEADER AND GOLD STANDARD IN EMERGENCY CARDIOVASCULAR CARE (ECC), THE AHA IS DEDICATED TO INCREASING SURVIVAL FROM SUDDEN CARDIAC ARREST BY PROVIDING LIFESAVING TRAINING IN CPR AND ECC FOR HEALTHCARE PROFESSIONALS, LAY RESCUERS AND THE GENERAL PUBLIC. SINCE 1972, ECC HAS PUBLISHED THE OFFICIAL AMERICAN HEART ASSOCIATION GUIDELINES FOR CPR AND ECC, WHICH SET GLOBAL STANDARDS FOR TREATING CARDIOVASCULAR EMERGENCIES.

DURING 2008-2009, ALMOST 12 MILLION PEOPLE IN THE U.S. WERE TRAINED IN ECC COURSES. THE RELEASE OF NEW PRODUCTS IN THE HEALTHCARE AND COMMERCIAL MARKETS AND THE EXPANSION OF ECC'S ELEARNING PLATFORM - ONLINEAHA.ORG - HELPED WIDEN THE REACH OF OUR TRAINING. THIS YEAR, ONLINEAHA.ORG HAS SEEN ITS BIGGEST GROWTH YET, WITH THE LAUNCH OF NEW COURSES IN BLS, ACLS, STROKE AND BLOOD-BORNE PATHOGENS. ALSO THIS YEAR, TO SUPPORT THE EFFORTS OF THE AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE™ INITIATIVE, ECC LAUNCHED THE FIRST TWO OF SEVERAL PRODUCTS FOCUSED ON IMPROVING HEALTHCARE PROFESSIONALS' READINESS TO RESPOND TO PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION OR STEMI, THE STEMI PROVIDER MANUAL AND THE ELECTROCARDIOGRAM ACUTE CORONARY SYNDROME (ECG ACS) RULER.

GET WITH THE GUIDELINES. LAUNCHED IN 2000, GWTG IS A HOSPITAL BASED QUALITY-IMPROVEMENT PROGRAM DESIGNED TO ENSURE THAT HOSPITALS CONSISTENTLY CARE FOR CARDIAC AND STROKE PATIENTS FOLLOWING THE MOST UP-TO-DATE GUIDELINES AND RECOMMENDATIONS. THE PROGRAM PROVIDES THREE MODULES THAT ADDRESS CORONARY ARTERY DISEASE, HEART FAILURE AND STROKE. CURRENTLY MORE THAN 1,450 HOSPITALS USE ONE OR MORE GWTG MODULES - HEART FAILURE (HF), STROKE AND CORONARY ARTERY DISEASE (CAD - THIS MODULE MERGED WITH THE NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY TO FORM THE ACTION REGISTRY-GWTG). MORE THAN 2 MILLION PATIENT RECORDS HAVE BEEN ENTERED INTO THE GWTG DATABASE SINCE THE PROGRAM'S INCEPTION, MAKING IT ONE OF THE NATION'S MOST ROBUST TOOLS FOR QUALITY IMPROVEMENT RESEARCH AND EVALUATION.

FORM 990, PART VI, LINE 17 - STATES  
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AL, AK, AZ, AR, CA, CT,  
FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,

SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES  
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AL, AK, AR, DE, FL, GA, HI,  
IA, LA, MS, MO, NE, NY, NC, OH, OK, OR, PA, SD, TN, TX, VA, WI,