Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

<u>A</u>	For the	2013 calendar year, or tax year beginning JU	IL 1, 2013 and	ending J	UN 30, 2014					
В	Check if applicable	C Name of organization AMERICAN HEART ASSOCIATION, INC.			D Employer identifi	cation number				
Г	Addres	DBA GREATER SOUTHEAST AFFILIATE								
F	Name				13-561	3797				
F	lchang∈ □ Initial	3	ivered to atreet address)	Doom/quita						
F	return Termin	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number					
F	ated Ameno	ad TIZO / BEGE MERCIN BOOLEVIRED NORTH				563-8000				
누	return	City or town, state or province, country, and		G Gross receipts \$	106,935,398.					
	tion pendin	SI. PEIERSBURG, FL 33/10			H(a) Is this a group r					
		F Name and address of principal officer:DAVII	MARKIEWICZ		for subordinates	s? Yes X No				
SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
		/ / / / / / / / / / / / / / / / / / /		or 527	If "No," attach a	list. (see instructions)				
<u>J</u> '	Websit	e: WWW.HEART.ORG			H(c) Group exemption	on number 🕨				
K	Form of	organization: 🗶 Corporation 💹 Trust 🔙 As	sociation Other >	∟ Year	of formation: 1924	M State of legal domicile; NY				
P	art I	Summary								
Governance		Briefly describe the organization's mission or most DF CARDIOVASCULAR DISEASES AND STROKE.		NG HEALTH	HIER LIVES, FREE					
'n	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net a	ssets				
ĕ		Number of voting members of the governing body		23						
ဗ		Number of independent voting members of the go				23				
م د		Fotal number of individuals employed in calendar y				0				
ij		Fotal number of volunteers (estimate if necessary)				0				
Activities &		Fotal unrelated business revenue from Part VIII, co				166,339.				
Ă						0.				
_	_ b	Net unrelated business taxable income from Form	990-1, III le 34	·····	Prior Year	Current Year				
		Contributions and grants (Part VIII line 1b)		-	70,606,076.					
Revenue		Contributions and grants (Part VIII, line 1h)			8,075,027.					
Ven		Program service revenue (Part VIII, line 2g)								
Be		nvestment income (Part VIII, column (A), lines 3, 4		2,505,250.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c		<76,674.						
		Total revenue - add lines 8 through 11 (must equal		81,109,679.						
	1	Grants and similar amounts paid (Part IX, column (9,291,027.	10,675,102.				
		Benefits paid to or for members (Part IX, column (A				0.				
ses	15	Salaries, other compensation, employee benefits (I			24,779,817.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			258,182.	354,315.				
쏪	b	Total fundraising expenses (Part IX, column (D), lin								
_	17	Other expenses (Part IX, column (A), lines 11a-11d			41,635,453.	<u> </u>				
		Total expenses. Add lines 13-17 (must equal Part I			75,964,479.					
. (/	19	Revenue less expenses. Subtract line 18 from line	12		5,145,200.					
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year				
Sset	20				108,838,155.	122,438,276.				
at A	21				44,547,637.	47,633,270.				
골	22	Net assets or fund balances. Subtract line 21 from	line 20		64,290,518.	74,805,006.				
	art II	Signature Block								
		ties of perjury, I declare that I have examined this return,				ly knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.					
		Signature of officer			I Date					
Sig					Date					
He	re	CAROL FUDGE, SVP-FINANCE								
		Type or print name and title		j r	Data I I	I DTINI				
	.	Print/Type preparer's name	Preparer's signature	'	Date Check L	PTIN				
Pai					self-employ	/ed				
	parer	Firm's name			Firm's EIN 🛌					
Use	Only	Firm's address								
					Phone no.					
Ma	v the IF	S discuss this return with the preparer shown abo	we? (see instructions)			Yes No				

SEE 990 FOR AMERICAN HEART ASSOCIATION, INC. AMERICAN HEART ASSOCIATION, INC.

	m 990 (2013) DBA GREATER SOUTHEAST AFFILIATE	13-5613797	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
-	BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND	STROKE.	
	,		
2	Did the organization undertake any significant program services during the year wl	nich were not listed on	
	the prior Form 990 or 990-EZ?		Yes 🗓 No
			100110
_	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conc	ucts, any program services?	Yes 🚣 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three	largest program services, as measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of		
	revenue, if any, for each program service reported.	g. a. 10	700, 41.14
4-		\ \ /-	
4a) (Revenue \$)
	SEE FEDERAL FORM 990 FOR FULL DESCRIPTION		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
			′
4d	Other program services (Describe in Schedule O.)		
-t u		\ (Paragraph	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses		

DBA GREATER SOUTHEAST AFFILIATE Form 990 (2013)

13-5613797

Part IV Checklist of Required Schedules

Yes No

Page 3

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B. Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 during the tax year? If "Yes," complete Schedule C, Part III Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open spot the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "N Schedule D, Part III Did the organization amount in Part X, line 21, for escrow or custodial account liability; serve as amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negot if! "Yes," complete Schedule D, Part V Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part X Did the organization report an amount for investments other securities in Part X, line 13 that is 5% or m assets reported	
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 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negot If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endorendowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts' as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," comPart VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or m assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or m assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass Part X, line 16? If "Yes," complete Schedule D, Part IX, line 15 that is 5% or more of its total ass Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule ID Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule ID Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI and XII Ib Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Deschedule E Did the organization have aggregate revenues or expenses of mor	
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a complete Schedule G, Part III	on Part VIII, lines
complete Goriedule G, Fait III	a? If "Yes,"
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	

Note. All Form 990 filers are required to complete Schedule O

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Part IV | Checklist of Required Schedules (continued)

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

Form 330 (2013)

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13-5613797

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
					Yes	No.
12	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		, , ,	
		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	†		
		e organization comply with backup withholding rules for reportable payments to vendors and re		ı abie azmına		
Ū		ling) winnings to prize winners?				
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		or the calendar year ending with or within the year covered by this return	2a		0	
		ast one is reported on line 2a, did the organization file all required federal employment tax retur	rns?	•		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?				
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο			
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?		
b	If "Yes	s," enter the name of the foreign country:				
	See in	structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.		
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?				
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				
		s," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does t	the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit		
		ontributions that were not tax deductible as charitable contributions?				
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts		
		not tax deductible?				
	-	nizations that may receive deductible contributions under section 170(c).				
		corganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				
		s," did the organization notify the donor of the value of the goods or services provided?				
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-		
		Form 8282?				
		s," indicate the number of Forms 8282 filed during the year				
_		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c				
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr				
-		organization received a contribution of qualified intellectual property, did the organization file Fo		•		
		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations projections maintaining dance advised funds and section 500(a)(2) supporting organizations.			77	
		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at				
	•	soring organizations maintaining donor advised funds.	arry tirr	no during the your:		
	•	e organization make any taxable distributions under section 4966?				
		e organization make a distribution to a donor, donor advisor, or related person?				
		on 501(c)(7) organizations. Enter:				
		on fees and capital contributions included on Part VIII, line 12	10a	1		
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
		on 501(c)(12) organizations. Enter:		1		
		income from members or shareholders	11a			
		income from other sources (Do not net amounts due or paid to other sources against				
		nts due or received from them.)	11b			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b			
		on 501(c)(29) qualified nonprofit health insurance issuers.		-		
		organization licensed to issue qualified health plans in more than one state?				
		See the instructions for additional information the organization must report on Schedule O.				
		the amount of reserves the organization is required to maintain by the states in which the				
	organi	ization is licensed to issue qualified health plans	13b			
		the amount of reserves on hand	13c			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

DBA GREATER SOUTHEAST AFFILIATE Form 990 (2013) 13-5613797 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 b Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Other (explain in Schedule O) Own website X Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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AMERICAN HEART ASSOCIATION, INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLEN GOLEMI	7.00									
CHAIRMAN		Х						0.	0.	0.
(2) KEITH CHURCHWELL, M. D.	6.00									
PRESIDENT		Х						0.	0.	0.
(3) CHRIS MILLER, PH.D., J.D.	5.00									
CHAIRMAN-ELECT		Х						0.	0.	0.
(4) HARPER STONE, M.D.	5.00									
PRESIDENT-ELECT		Х						0.	0.	0.
(5) JAMES WEYHENMEYER, PH.D.	0.00									
SECRETARY-TREASURER		Х						0.	0.	0.
(6) HERMAN TAYLOR, M.D., MPH, FACC,	3.00									
VICE PRESIDENT		Х						0.	0.	0.
(7) CRYSTAL SPENCER, ESQ.	3.00							_	_	_
IMMEDIATE PAST CHAIRMAN		Х						0.	0.	0 .
(8) JOEY BARNETT, PHD	3.00									
IMMEDIATE PAST PRESIDENT	2 00	Х						0.	0.	0
(9) VICKI ROMERO BRIGGS, FACHE	3.00	ļ .,.							0	0
BOARD MEMBER	2.00	Х						0.	0.	0
(10) KEVIN MAHER, M.D. BOARD MEMBER	3.00	x						0.	0.	0
(11) DENISE COOPER, PH.D.	3.00	^						0.	0.	0
BOARD MEMBER	3.00	X						0.	0.	0
(12) BRYAN MAXIE	3.00	Δ.						0.	٠.	0
BOARD MEMBER	3.00	x						0.	0.	0
(13) MOLLY KIMBALL, RD	3,00							1		
BOARD MEMBER		x						0.	0.	0.
(14) PEGUI MARIDUENA	3,00									
BOARD MEMBER	-	х						0.	0.	0
(15) JAMES KIRKLIN, M.D.	3.00								-	
BOARD MEMBER		х						0.	0.	0.
(16) CELESTE PHILIP, M.D., MPH	3.00									
BOARD MEMBER		х						0.	0.	0
(17) JOYCE KRAMZER	3.00									
BOARD MEMBER		х						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)			
(A)	(B)		(C)					(D)	(E)		(F)	
Name and title	Name and title Average hours per week		Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	an	stimate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	ipensa rom the janizati d relate anizatio	e tion ted
(18) DENISE PIPPEN	3.00											
BOARD MEMBER		х						0.	0.			0.
(19) DEBY PITTS, MHA	3.00											
BOARD MEMBER		Х						0.	0.			0.
(20) MANUEL QUILES, M.D.	3.00											
BOARD MEMBER		Х						0.	0.			0.
(21) ROBERT SANCHEZ, M.D.	3.00											
BOARD MEMBER		Х						0.	0.			0.
(22) TERRIE STERLING	3.00											
BOARD MEMBER		Х						0.	0.			0.
(23) NEWT WILLIAMS	3.00											
BOARD MEMBER		Х						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part V	/II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wl	no re	eceived more than \$100	0,000 of reportable			0
											Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	,		,	,		,		•	, ,	3		Х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15 Did any person listed on line 1a receive or										4		Х

	line 1a? It "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
	rendered to the organization? If "Yes." complete Schedule J for such person	5	Х

Section B. Independent Contractors

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

Form **990** (2013)

Form 990 (2013) DBA GREATER SOUTHEAST AFFILIATE 13-5613797 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1,000,018 1a 1 a Federated campaigns **b** Membership dues 1b 48,880,570. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 21,475,021 5,494,287 g Noncash contributions included in lines 1a-1f: \$ 71,355,609 h Total. Add lines 1a-1f . Business Code 2 a FEES AND GRANTS Program Service Revenue 900099 8,469,372. 8,469,372 f All other program service revenue 8,469,372. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,789,294 1,629,362. 159,932. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 199,350 6 a Gross rents 0 **b** Less: rental expenses 199,350. c Rental income or (loss) 199,350. 199,350. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 21,967,410 assets other than inventory b Less: cost or other basis and sales expenses 16,872,457. 5,094,953, c Gain or (loss) 5,094,953. d Net gain or (loss) 5,094,953. 8 a Gross income from fundraising events (not Other Revenue including \$ 48,880,570. of contributions reported on line 1c). See Part IV, line 18 a 3,191,834 5,085,252. **b** Less: direct expenses <1,893,418. <1,893,418.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 40,925. Part IV, line 19 a 1,400, **b** Less: direct expenses 6,407 39,525 33,118. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code CHANGE IN VALUE OF SIA 1,229,560 1,229,560 11 a OTHER REVENUE <1,307,956. <1,307,956. b С All other revenue Total. Add lines 11a-11d <78,396. Total revenue. See instructions. 84,976,289. 8,390,976. 166,339. 5,063,365.

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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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		_		Х
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,675,102.	10,675,102.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,718,043.	13,408,357.	2,371,166.	3,938,520
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,470,517.		177,170.	292,475.
9	Other employee benefits	2,585,970.	1,759,211.	311,010.	515,749.
10	Payroll taxes	1,478,994.	982,225.	209,793.	286,976.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	68,413.		68,413.	
d	Lobbying	275,440.	275,440.		
е	Professional fundraising services. See Part IV, line 17	354,315.			354,315.
f	Investment management fees	94,915.		94,915.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,309,367.	7,372,836.	965,130.	1,971,401.
12	Advertising and promotion	74,860.	74,860.		
13	Office expenses	5,255,644.	3,448,173.	301,271.	1,506,200.
14	Information technology	489,108.	347,675.	39,308.	102,125.
15	Royalties				
16	Occupancy	924,289.	647,611.	82,015.	194,663.
17	Travel	2,076,234.	1,293,844.	304,385.	478,005.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	996,157.	693,115.	90,149.	212,893.
20	Interest	33,865.		33,865.	
21	Payments to affiliates	15,264,729.	12,059,136.	2,137,062.	1,068,531.
22	Depreciation, depletion, and amortization	614,453.	419,355.	69,332.	125,766.
23	Insurance	134,155.	21,964.	105,589.	6,602.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	1,159,008.	416,433.	407,210.	335,365.
a b	UBI TAX	650.	110,100.	650.	333,303.
C		030.			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	74,054,228.	54,896,209.	7,768,433.	11,389,586.
<u>25</u> 26	Joint costs. Complete this line only if the organization	, 1, 131, 220	22,230,203.	.,,100,	,000,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	26,468,639.	17,014,630.	3,268,580.	6,185,429.
	M3C 930-720)	,-50,000.	,,,	- , , •	-,-,-,-

Form 990 (2013) DBA GREATER SOUTHEAST AFFILIATE

13-5613797

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 14,978,669. 20,977,347. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments <10,674,692 2 <17.353.391.> 2 16 356 312. 16,614,118. 3 Pledges and grants receivable, net 3 2,536,784. 1,825,339. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 98,169. 93.972. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 22,988,285, b Less: accumulated depreciation 10b 12,512,579. 10,470,306 10,475,706. 10c Investments - publicly traded securities 40,442,455. 50,830,024. 11 11 899,000. 1,256,107. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 33,731,152 37,719,054. Other assets. See Part IV, line 11 15 15 108,838,155. 122,438,276. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 24,063,051. 26,498,698. Accounts payable and accrued expenses 17 17 15,864,711. 15,605,450. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 1,205,000. 1,025,000. 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 3,414,875. 4 504 122. 25 44,547,637. 26 47,633,270. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 17,702,893. 24,507,093. 27 Unrestricted net assets 27 26,699,058. 28,286,140. Temporarily restricted net assets 28 19,888,567. 22,011,773. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 64,290,518. 74,805,006. 33 Total net assets or fund balances 33 108,838,155, 122,438,276. 34 34 Total liabilities and net assets/fund balances

Form 990 (2013)

AMERICAN HEART ASSOCIATION INC.

DBA GREATER SOUTHEAST AFFILIATE Form 990 (2013) 13-5613797 Page **12** Part XI Reconciliation of Net Assets Х Check if Schedule O contains a response or note to any line in this Part XI 84.976.289. 1 Total revenue (must equal Part VIII, column (A), line 12) 74,054,228. 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 10,922,061. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 64,290,518, 4 4 <80,755. Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) <326.818. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 74,805,006. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Other Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Separate basis b Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit. review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

3a | X

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Pa	rt I Organizations Maintaining Donor Advised		s 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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
			·
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or ed	` <u> </u>	storically important land area
	Protection of natural habitat	· 🖂	tified historic structure
	Preservation of open space	reconvalion or a con-	tined motoric directars
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		TOTAL GOTTON VALIGHT GAGGITTON CONTAINS NACE
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			2.
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year >	, 3 ,	5
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:	·	-
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а			> \$
b	Assets included in Form 990, Part X		▶ \$

SEE 990 FOR AMERICAN HEART ASSOCIATION, INC. AMERICAN HEART ASSOCIATION, INC.

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

Sche	edule D (Form 990) 2013 DBA GREATER	SOUTHEAST AFF	ILIATE					13-56137	797	Pa	age 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, o	or Othe	r Simil	ar Asse	ts (contini	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	ıt are a si	gnificant	use of its	collection	item	 s
	(check all that apply):										
а	Public exhibition	c	1 🗆 L	oan or exc	hange progra	ams					
b	Scholarly research	e	, 🗆 c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how the	ey further t	he organizati	on's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of	the organ	ization's c	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the o	organizatio	n answered	"Yes" to F	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing ta	able:							
		•	· ·						Amount		
С	Beginning balance						1c				
	Additions during the year						. —				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete if										
		(a) Current year		ior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	, ,			, ,	,	, ,				
	Contributions										
	Net investment earnings, gains, and losses										
q	Grants or scholarships										
_	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
g 2	Provide the estimated percentage of the curre	ent vear end haland	re (line 1a	column (a)) held as:						
	Board designated or quasi-endowment	erit year erid balarit	%	i, coluitii (ajj field as.						
	Permanent endowment	%									
	Temporarily restricted endowment	% %									
·	The percentages in lines 2a, 2b, and 2c should										
20	Are there endowment funds not in the posses		otion that	oro bold o	and administs	rad for th	o organi	zation			
Ja		ssion of the organiz	alion mai	. are rielu a	ina auminisie	ileu ioi ti	ie organii	Zation	Г	Yes	No
	by:									162	X
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations									-+	
									3b		
4 Dai	rt VI Land, Buildings, and Equipm		owment it	inas.							
. ai	Complete if the organization answered		Dart IV	line 11a S	See Form 000	Dart V I	ine 10				
	•							-d	(al) Daa!	vel:	
	Description of property	(a) Cost or of basis (investr		. ,	t or other (other)	٠,	cumulate reciation		(d) Book	value	3
	Land	<u> </u>	nent)		1,068,309.	uep	n Golation		Α	068	309.
	Land				, 364, 838.		1 EE6	700			
	Buildings			10	<i>'</i>		4,556,		٥,		039.
	Leasehold improvements		+	-	121,428.		1 633	663.		372	765.
~		1			, UUJ J#1.1		T 000	J 4 / A I		J 1 4	414.

6,428,169.

Schedule D (Form 990) 2013

10,475,706.

6,215,790.

AMERICAN HEART ASSOCIATION, INC.

Schedule D (Form 990) 2013 DBA GREATER SOUT	HEAST AFFILIATE	1	3-5613797	Page 3
	Investments - Other Securities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descripti	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year marke	et value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other _					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
-	Complete if the organization answered "Yes'				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year marke	et value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
	Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.		
	, , , ,	Description		(b) Book	
	EFICIAL INTEREST IN PERPETUAL TRUS	TS			,286,629
	IT INTEREST AGREEEMENTS			17	,432,425.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		<u>▶</u> 37	,719,054.
	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line		25.	
1.	(a) Description of liability		(b) Book value		
	eral income taxes		2 122 022		
	RITABLE GIFT ANNUITIES		3,122,932.		
	TTAL LEASE OBLIGATIONS		257,404.		
	T-RETIREMENT BENEFITS		1,112,461.		
(0)	T DEFERRALS/AMORTIZATION		11,325.		
(6)					
(7)					
(8)		[

4,504,122.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Schedule D (Form 990) 2013

DBA GREATER SOUTHEAST AFFILIATE

13-5613797

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	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	80,454,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	<80,755.	>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<80,755.
3	Subtract line 2e from line 1			3	80,534,826.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,915.		
b	Other (Describe in Part XIII.)	4b	4,346,548.		
С	Add lines 4a and 4b			4c	4,441,463.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	84,976,289.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	69,939,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		326,818.		
е	Add lines 2a through 2d			2e	326,818.
3	Subtract line 2e from line 1			3	69,612,765.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,915.		
b	Other (Describe in Part XIII.)		4,346,548.		
	Add lines 4a and 4b			4c	4,441,463.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			5	74,054,228.
	t XIII Supplemental Information.				<u> </u>
	de 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.	ine 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	,				
PART	X, LINE 2:				
EXPI	ANATION: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES O	N			
RELA	TED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF			
1986	, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3).			
FURT	HER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION TH	AT IS			
NOT	A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH,				
CONT	RIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITAB	LE			
CONT	RIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED	TO THE			
ASSC	CIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 5	11. THE			
ASSC	CIATION DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TA	Х			
LIAE	ILITY FOR THE YEARS ENDED JUNE 30, 2014 AND 2013. THE ASSOCIAT	ION			
_		·			
BELI	EVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.				

AMERICAN HEART ASSOCIATION, INC.

DBA GREATER SOUTHEAST AFFILIATE Schedule D (Form 990) 2013 13-5613797 Page 5 Part XIII | Supplemental Information (continued) PART XI, LINE 4B - OTHER ADJUSTMENTS: SALES OF EDUCATIONAL MATERIALS MANAGED AT NATIONAL CORPORATE LEVEL PART XII, LINE 2D - OTHER ADJUSTMENTS: POST-RETIREMENT BENEFIT ADJUSTMENT (ASC 715) PART XII, LINE 4B - OTHER ADJUSTMENTS: SALES OF EDUCATIONAL MATERIALS MANAGED AT NATIONAL CORPORATE LEVEL SCHEDULE D, PART XIII, LINE 2D AND PART XI, LINE 8 EXPLANATION: EFFECT OF ADOPTION OF FASB STATEMENT NO 158 (ASC 715) FASB STATEMENT 158 (ASC 715) 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 THE GREATER SOUTHEAST AFFILIATE IS -\$326,818 FOR FISCAL YEAR ENDED JUNE 30, 2014.

Schedule D (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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

OMB No. 1545-0047

Open to Public Inspection

AMERICAN HEART ASSOCIATION INC. Name of the organization **Employer identification number** DBA GREATER SOUTHEAST AFFILIATE 13-5613797 FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 7,372,836. MANAGEMENT AND GENERAL EXPENSES 965,130. FUNDRAISING EXPENSES 1,971,401. TOTAL EXPENSES 10,309,367. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 10,309,367. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: POST-RETIREMENT BENEFIT (ASC 715) ADJUSTMENT -326,818.