

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

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

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

D Employer identification number
13-5613797

E Telephone number
(214) 373-6300

F Name and address of principal officer: NANCY BROWN
SAME AS C ABOVE

G Gross receipts \$ 920,305,654

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ WWW.HEART.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1924

M State of legal domicile: NY

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE AMERICAN HEART ASSOCIATION IS A NATIONAL VOLUNTARY HEALTH AGENCY FOCUSED ON ACTIVITIES RELATED TO THE CAUSES, DIAGNOSIS, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE, STROKE, AND OTHER RELATED DISEASES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>25</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>25</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>3,647</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>32,400,000</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>176,010</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>511,100,070</u>	<u>542,287,875</u>
	9 Program service revenue (Part VIII, line 2g)	<u>55,569,012</u>	<u>41,526,991</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>46,345,412</u>	<u>49,046,771</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>87,348,093</u>	<u>171,126,324</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>700,362,587</u>	<u>803,987,961</u>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>136,289,364</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>370,564,740</u>	<u>353,328,517</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>1,462,368</u>	<u>86,471</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>77,806,080</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>231,917,441</u>	<u>174,810,645</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>740,233,913</u>	<u>693,590,695</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>(39,871,326)</u>	<u>110,397,266</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>1,320,358,588</u>	<u>1,613,373,160</u>
	21 Total liabilities (Part X, line 26)	<u>442,397,533</u>	<u>467,909,232</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>877,961,055</u>	<u>1,145,463,928</u>

Part II Signature Block

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.

Sign Here

Signature of officer: _____ Date: _____
CYNTHIA ROBERTS, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEFFREY D. FRANK Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00287234
 Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
 Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204 Phone no. (317) 464-8600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

▶ Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

AMERICAN HEART ASSOCIATION, INC.

Taxpayer identification number

13-5613797

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>803,987,961</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration of Officer or Person Subject to Tax

8 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ *Cyndi Roberts* | 3/14/2022 | CFO
 Signature of officer or person subject to tax | Date | Title, if applicable

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

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

ERO's Use Only	ERO's signature ▶ <u><i>Cyndi Roberts</i></u>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____				EIN Phone no.

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<u>JEFFREY D. FRANK</u>	<u><i>Jeffrey D Frank</i></u>	<u>03/11/2022</u>		<u>P00287234</u>
	Firm's name ▶ <u>DELOITTE TAX LLP</u>				Firm's EIN ▶ <u>86-1065772</u>
	Firm's address ▶ <u>111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204</u>				Phone no. <u>(317) 464-8600</u>

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE AMERICAN HEART ASSOCIATION'S MISSION IS TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 223,838,525 including grants of \$ 7,186,385) (Revenue \$ 1,016,160)
PUBLIC/CONSUMER EDUCATION

INFORMING ALL AMERICANS ABOUT WAYS TO REDUCE THEIR RISK OF HEART DISEASE AND STROKE IS ONE OF THE MOST IMPORTANT OBJECTIVES OF THE AMERICAN HEART ASSOCIATION. IN 2020-21, THE ASSOCIATION'S PUBLIC EDUCATION EFFORTS PROVIDED MILLIONS OF PEOPLE IMPORTANT INFORMATION ABOUT CARDIOVASCULAR HEALTH. PROGRAMS LIKE GO RED FOR WOMEN HELP US REACH SPECIFIC AUDIENCES WITH IMPORTANT HEALTH MESSAGES.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 163,748,067 including grants of \$ 145,288,191) (Revenue \$ 2,521,445)
SCIENCE AND TECHNOLOGY

THE AMERICAN HEART ASSOCIATION FUNDS SCIENTIFIC STUDIES SEEKING NEW DISCOVERIES RELATED TO CAUSES, PREVENTION AND TREATMENT OF CARDIOVASCULAR AND CEREBROVASCULAR DISEASES. SINCE OUR FOUNDING IN 1924, WE'VE INVESTED MORE THAN \$4.7 BILLION IN RESEARCH, MAKING US THE LARGEST PRIVATE, NOT-FOR-PROFIT FUNDER OF CARDIOVASCULAR AND CEREBROVASCULAR RESEARCH.

RESEARCH SPENDING FOR FISCAL YEAR 2020-21 WAS \$168 MILLION, OR 20%, OF TOTAL SPENDING FOR PROGRAMS AND SUPPORT SERVICES. RESEARCH AWARDS FOR THE YEAR TOTALED \$145.3 MILLION.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 101,201,738 including grants of \$ 6,803,822) (Revenue \$ 110,324,917)
PROFESSIONAL EDUCATION

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

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 55,182,376 including grants of \$ 6,086,664) (Revenue \$ 36,400,242)

4e Total program service expenses ▶ 543,970,706

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,647		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country ▶ CH, IN, AE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 CYNTHIA ROBERTS, 7272 GREENVILLE AVE, DALLAS, TX 75231-5129, (214) 373-6300

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BROWN CEO	50.0 0.0			✓			2,218,350	0	70,958	
(2) LESLIE UPTON COO	50.0 0.0				✓		652,607	0	73,705	
(3) LARRY CANNON CAO/CORP SECRETARY	50.0 0.0			✓			606,063	0	47,079	
(4) MIDGE EPSTEIN EVP SW THRU 10/30	50.0 0.0					✓	584,678	0	52,816	
(5) MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	50.0 0.0					✓	534,857	0	45,756	
(6) KATHLEEN ROGERS EVP WESTERN STATES	50.0 0.0					✓	479,635	0	72,030	
(7) JOHN J MEINERS CHIEF - MISSION ALIGNED BUSINESS	50.0 0.0					✓	495,068	0	49,477	
(8) KEVIN HARKER EVP MIDWEST	50.0 0.0					✓	456,372	0	55,965	
(9) TANYA EDWARDS EVP SOUTHWEST	50.0 0.0					✓	403,929	0	65,237	
(10) NICOLE SAPIO EVP EASTERN STATES	50.0 0.0					✓	417,389	0	48,673	
(11) CYNTHIA ROBERTS CFO	50.0 0.0			✓			395,015	0	59,653	
(12) ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	50.0 0.0					✓	297,588	0	40,215	
(13) BERTRAM SCOTT CHAIRMAN	4.0 0.0	✓		✓			0	0	0	
(14) RAYMOND VARA, JR CHAIRMAN-ELECT	3.0 0.0	✓		✓			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES POSTL IMMEDIATE PAST CHAIR	3.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) MITCHELL ELKIND PRESIDENT	7.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) DONALD LLOYD-JONES PRESIDENT ELECT	6.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1,000 0	0 0	0 0
(18) ROBERT HARRINGTON IMMEDIATE PAST PRES	6.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) MARSHA JONES TREASURER	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) MARY ANN BAUMAN BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) REGINA BENJAMIN BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) DOUGLAS BOYLE BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) KEITH CHURCHWELL BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24) SHAWN DENNIS BOARD MEMBER	1.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(25) (SEE STATEMENT)										
1b Subtotal								7,542,551	0	681,564
c Total from continuation sheets to Part VII, Section A								2,000	0	0
d Total (add lines 1b and 1c)								7,544,551	0	681,564

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 798

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC., 1953 GALLOWS ROAD, STE 500, VIENNA, VA 22182	DIRECT MAIL MKTG	9,264,073
FREEMAN CO, 1600 VICEROY DRIVE, STE 500, DALLAS, TX 75231	AUDIO/VIDEO	8,219,455
ORORA VISUAL TX LLC, 3210 INNOVATIVE WAY, MESQUITE, TX 75149	PRINTING	6,284,236
CRISPIN PORTER BOGUSKY, 6450 GUNPARK DRIVE, BOULDER, CO 80301	MARKETING	3,805,705
CDS GLOBAL INC., 1901 BELL AVENUE, DES MOINES, IA 50315	DONATION PROCESSING & MANAGEMENT	3,252,935

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 211

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,605,323						
	b	Membership dues	1b						
	c	Fundraising events	1c 229,967,075						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e 7,067,204						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 303,648,273						
	g	Noncash contributions included in lines 1a-1f	1g \$ 16,739,543						
	h	Total. Add lines 1a-1f ▶		542,287,875					
	Program Service Revenue				Business Code				
2a		GET W THE GUIDELINES REGISTRY	900099	19,543,201	19,543,201				
b		EDITORIAL REVENUE	611430	5,822,638	5,822,638				
c		CONFERENCES & SEMINARS	611430	5,170,149	5,170,149				
d		MEMBERSHIP DUES & SUBSCRIPTIONS	511120	4,885,886	4,885,886				
e		HOSPITAL ACCREDITATION	813920	1,900,869	1,900,869				
f		All other program service revenue . . .	900099	4,204,248	4,204,248	0	0		
g		Total. Add lines 2a-2f ▶		41,526,991					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		17,323,722		66,943	17,256,779		
	4	Income from investment of tax-exempt bond proceeds ▶							
	5	Royalties ▶		53,824,098			53,824,098		
	6a	Gross rents	(i) Real (ii) Personal						
			6a	510,928					
			b	Less: rental expenses	6b 1,467				
			c	Rental income or (loss)	6c 509,461	0			
	d	Net rental income or (loss) ▶		509,461			509,461		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other						
			7a	119,681,610	5,505,947				
			b	Less: cost or other basis and sales expenses	7b 91,117,703	2,346,805			
			c	Gain or (loss)	7c 28,563,907	3,159,142			
	d	Net gain or (loss) ▶		31,723,049			31,723,049		
	8a	Gross income from fundraising events (not including \$ 229,967,075 of contributions reported on line 1c). See Part IV, line 18	8a	12,554,316					
			b	Less: direct expenses	8b 7,687,246				
			c	Net income or (loss) from fundraising events . . . ▶		4,867,070		4,867,070	
	9a	Gross income from gaming activities. See Part IV, line 19	9a	3,370					
			b	Less: direct expenses	9b 0				
			c	Net income or (loss) from gaming activities . . . ▶		3,370		3,370	
	10a	Gross sales of inventory, less returns and allowances	10a	117,823,883					
b			Less: cost of goods sold	10b 15,164,472					
c			Net income or (loss) from sales of inventory . . . ▶		102,659,411	102,659,411			
Miscellaneous Revenue				Business Code					
	11a	RQIP CONTROLLING INTEREST	900099	6,076,362	6,076,362				
	b	CHANGE IN SPLIT INTEREST AGREEMENTS	900099	1,833,792			1,833,792		
	c	LOSS ON UNCOLL ACCT	900099	(2,495,501)			(2,495,501)		
	d	All other revenue		3,848,261	0	109,067	3,739,194		
e	Total. Add lines 11a-11d ▶		9,262,914						
12	Total revenue. See instructions ▶		803,987,961	150,262,764	176,010	111,261,312			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	164,804,073	164,804,073		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	329,239	329,239		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	231,750	231,750		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,291,988		5,291,988	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	330,318		330,318	
7	Other salaries and wages	272,481,671	191,931,970	36,773,100	43,776,601
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,403,631	13,475,938	4,042,892	2,884,801
9	Other employee benefits	34,182,512	24,562,257	4,293,383	5,326,872
10	Payroll taxes	20,638,397	13,170,602	4,497,144	2,970,651
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,090,337	545,116	528,235	16,986
c	Accounting	1,078,509		1,078,509	
d	Lobbying	4,258,997	4,258,997		
e	Professional fundraising services. See Part IV, line 17	86,471			86,471
f	Investment management fees	2,365,905		2,365,905	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	51,997,193	43,898,002	3,178,357	4,920,834
12	Advertising and promotion	6,664,506	6,664,506		
13	Office expenses	41,981,059	30,656,784	2,375,497	8,948,778
14	Information technology	16,300,611	12,027,311	1,882,404	2,390,896
15	Royalties	210,146	210,146		
16	Occupancy	15,497,674	11,542,253	1,527,552	2,427,869
17	Travel	564,169	298,436	119,086	146,647
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,800,395	6,395,235	119,861	285,299
20	Interest	44,897		44,897	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,061,924	12,023,469	1,337,852	1,700,603
23	Insurance	1,073,830	83,603	989,262	965
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BAD DEBT EXPENSE	(1,448,369)	(2,344,758)	692,015	204,374
b	-----				
c	-----	0	0	0	0
d	-----	0	0	0	0
e	All other expenses	11,268,862	9,205,777	345,652	1,717,433
25	Total functional expenses. Add lines 1 through 24e	693,590,695	543,970,706	71,813,909	77,806,080
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	177,158,697	121,972,899	14,915,885	40,269,913

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	37,102,766	1	54,444,256
	2 Savings and temporary cash investments	75,195,005	2	121,534,088
	3 Pledges and grants receivable, net	214,154,554	3	235,152,110
	4 Accounts receivable, net	35,961,338	4	38,662,969
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,808,939	8	7,848,661
	9 Prepaid expenses and deferred charges	10,291,306	9	10,787,528
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 173,909,035		
	b Less: accumulated depreciation	10b 106,541,464	69,126,773	10c 67,367,571
	11 Investments—publicly traded securities	557,480,772	11	704,381,911
	12 Investments—other securities. See Part IV, line 11	95,810,966	12	102,691,190
	13 Investments—program-related. See Part IV, line 11	7,941,830	13	10,980,871
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	213,484,339	15	259,522,005
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,320,358,588	16	1,613,373,160	
Liabilities	17 Accounts payable and accrued expenses	66,951,397	17	89,947,476
	18 Grants payable	310,074,018	18	308,899,293
	19 Deferred revenue	24,851,897	19	28,285,657
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	40,520,221	25	40,776,806
	26 Total liabilities. Add lines 17 through 25	442,397,533	26	467,909,232
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	347,658,650	27	513,719,072
	28 Net assets with donor restrictions	530,302,405	28	631,744,856
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	877,961,055	32	1,145,463,928	
33 Total liabilities and net assets/fund balances	1,320,358,588	33	1,613,373,160	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	803,987,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	693,590,695
3	Revenue less expenses. Subtract line 2 from line 1	3	110,397,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	877,961,055
5	Net unrealized gains (losses) on investments	5	108,691,390
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	48,414,217
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,145,463,928

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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 on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
(25) LINDA GOODEN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) RON HADDOCK ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) JOSEPH LOSCALZO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) CHERYL PEGUS ----- BOARD MEMBER	1.0 ----- 0.0	✓						1,000	0	0
(29) ILEANA PINA ----- BOARD MEMBER	1.0 ----- 0.0	✓						1,000	0	0
(30) MARCELLA ROBERTS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) LEE SCHWAMM ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) SVATI SHAH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) LEE SHAPIRO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) DAVID SPINA ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(35) JOHN WARNER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) THOMAS PINA WINDSOR ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) JOSEPH WU ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	634,662,727	664,906,760	589,746,597	498,104,250	544,678,260	2,932,098,594
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	634,662,727	664,906,760	589,746,597	498,104,250	544,678,260	2,932,098,594
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						345,575
6 Public support. Subtract line 5 from line 4						2,931,753,019

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	634,662,727	664,906,760	589,746,597	498,104,250	544,678,260	2,932,098,594
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,397,248	39,640,300	60,837,788	62,680,363	71,567,748	274,123,447
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,290,774	3,515,714	1,493,762	2,192,934	5,506,044	20,999,228
11 Total support. Add lines 7 through 10						3,227,221,269
12 Gross receipts from related activities, etc. (see instructions)					12	790,399,634
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	90.84 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.83 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	FOR YEARS 2016-2017 OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE. FOR YEARS 2018-2020 OTHER INCOME IS COMPRISED OF MISCELLANEOUS TRADE SHOW REVENUE AND CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	CHANGE IN SPLIT INT AGREEMENTS	7,297,542	4,943,501		172,825	1,833,792	14,247,660
	MISC REVENUE	4,250,954	3,155,252	1,493,762	2,020,109	3,672,252	14,592,329
	LOSS ON UNCOLLECTIB LE ACCOUNTS	(3,257,722)	(4,583,039)				(7,840,761)
	Total	8,290,774	3,515,714	1,493,762	2,192,934	5,506,044	20,999,228

Schedule of Contributors

2020

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

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 18,876,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 15,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?	✓		746,695
d Mailings to members, legislators, or the public?	✓		440,769
e Publications, or published or broadcast statements?	✓		1,431,472
f Grants to other organizations for lobbying purposes?	✓		1,862,034
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		3,705,731
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		151,086
i Other activities?	✓		548,270
j Total. Add lines 1c through 1i			8,886,057
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION (AHA) PLANS, COORDINATES, AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF THE UNITED STATES CONGRESS AND LEGISLATORS AT THE STATE AND LOCAL LEVELS NATIONWIDE. TO GUIDE ITS FEDERAL, STATE, AND LOCAL EFFORTS, THE AHA IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS AND PURSUING ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS; MEDIA ADVOCACY, INCLUDING LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES; MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES; MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE, CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF LOCAL, STATE, AND FEDERAL LEGISLATIVE BODIES. THE AHA IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN OUR COUNTRY.</p> <p>THE AHA ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE FIGHT AGAINST CARDIOVASCULAR DISEASE, THE LEADING CAUSE OF DEATH IN THE UNITED STATES, AND STROKE. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY PRIORITIES ARE IN THE FOLLOWING AREAS:</p> <p>HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE AHA IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH; HEALTH SERVICES, OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH; AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS LOCAL HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION, AND ECONOMICS. THE AHA ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.</p> <p>IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AHA PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT; INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION. THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.</p> <p>SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE AHA PROMOTES PUBLIC POLICIES AIMED AT IMPROVING HEALTH CARE QUALITY, REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE, EVIDENCE-BASED CARDIOVASCULAR CARE. TO PROMOTE HEALTH CARE QUALITY, THE AHA ADDRESSES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPMENT OF DISEASE REGISTRIES, THE ROLE OF QUALITY IN HEALTH CARE PAYMENT SYSTEMS, DRUG FORMULARY POLICY, DELIVERY SYSTEM REFORMS AND CONTINUUM OF CARE; IMPROVED CARE COORDINATION, THE ROLE, DEVELOPMENT AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS AND RELATED HEALTH INFORMATION TECHNOLOGY; AND PROMOTING SAFE, EVIDENCE-BASED AND HIGH VALUE TREATMENTS FOR CARDIOVASCULAR DISEASE.</p> <p>ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE: THE AHA ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.</p> <p>CHARITABLE ORGANIZATIONS: THE AHA SUPPORTS POLICIES THAT PRESERVE THE VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND AS APPROPRIATE, INCLUDING LEGISLATIVE AND REGULATORY EFFORTS THAT ATTEMPT TO RESTRICT OR PROHIBIT CHARITABLE GIVING AND OTHER NON-PROFIT EFFORTS AND ACTIVITIES. THESE INCLUDE PROTECTING NON-PROFIT SECTOR INTERESTS, PROMOTING TAX POLICY CONDUCTIVE TO CHARITABLE ORGANIZATIONS, ENCOURAGING VOLUNTEERISM, PRESERVING PUBLIC FUNDING FOR VOLUNTARY HEALTH ORGANIZATIONS, AND SAFEGUARDING THE ABILITY OF CHARITABLE ORGANIZATIONS TO ENGAGE IN ADVOCACY.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,497,022	69,768,397	65,321,730	61,764,937	57,605,436
b Contributions	538,748	779,198	2,957,620	655,251	52,738
c Net investment earnings, gains, and losses	18,221,398	1,307,769	3,744,761	5,093,973	6,183,220
d Grants or scholarships					
e Other expenditures for facilities and programs	2,279,311	2,358,342	2,255,714	2,192,431	2,076,457
f Administrative expenses					
g End of year balance	85,977,857	69,497,022	69,768,397	65,321,730	61,764,937

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 57.57 %
- c** Term endowment ▶ 42.43 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,284,961		7,284,961
b Buildings	2,117,997	58,082,311	37,683,580	22,516,728
c Leasehold improvements		3,793,788	3,166,406	627,382
d Equipment		97,701,636	62,517,737	35,183,899
e Other		4,928,342	3,173,741	1,754,601
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				67,367,571

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	85,458,621	END OF YEAR MARKET VALUE
(B) REAL ESTATE FUND	17,232,569	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	102,691,190	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BEN INT PERP TRUST	173,868,732
(2) SPLIT INTEREST AGREEMENTS	82,332,681
(3) OTHER ASSETS	2,732,484
(4) POOLED INCOME FUND A/R	127,745
(5) OTHER A/R	460,363
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	259,522,005

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFITS	12,773,861
(3) CHARITABLE GIFT ANNUITIES	11,023,576
(4) SUPPLEMENTAL RETIREMENT PLAN	7,772,316
(5) PAYROLL TAX PAYABLE	5,624,609
(6) RENT DEFERRALS/AMORTIZATION	2,568,629
(7) CAPITAL LEASE OBLIGATIONS	624,789
(8) OTHER PAYABLES	389,026
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,776,806

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2021 AND 2020. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		466,833
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		45,303,395
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		75,768,486
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		828,580
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		15,425,535
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		344,831
(7) SOUTH AMERICA	0	0	INVESTMENTS		1,192,651
(8) SOUTH ASIA	0	0	INVESTMENTS		580,577
(9) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		591,516
(10) EAST ASIA AND THE PACIFIC	3	4	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,163,716
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	609,901
(12) MIDDLE EAST AND NORTH AFRICA	1	5	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	756,991
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	281,640
(14) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	599,440
(15) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	439,058
(16) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	152
(17) (SEE STATEMENT)					
3a Subtotal	5	11			144,353,302
b Total from continuation sheets to Part I	0	0			231,750
c Totals (add lines 3a and 3b)	5	11			144,585,052

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	PROVIDE SUPPORT FOR CHINA DIABETES CARDIOVASCULAR PROGRAM	171,500	BANK TRANSFER			
(2)			SUB-SAHARAN AFRICA	PEDIATRIC HEALTHCARE SUPPORT	40,000	BANK TRANSFER			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH PRIZE	EAST ASIA AND THE PACIFIC	3	3,500	WIRE TRANSFER			
(2) RESEARCH PRIZE	EUROPE (INCLUDING ICELAND AND GREENLAND)	7	6,250	WIRE TRANSFER			
(3) RESEARCH PRIZE	NORTH AMERICA (CANADA & MEXICO ONLY)	3	3,000	WIRE TRANSFER			
(4) RESEARCH PRIZE	MIDDLE EAST AND NORTH AFRICA	1	1,500	WIRE TRANSFER			
(5) RESEARCH PRIZE	SOUTH AMERICA	1	500	WIRE TRANSFER			
(6) LECTURE HONORARIA	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	4,500	WIRE TRANSFER			
(7) LECTURE HONORARIA	NORTH AMERICA (CANADA & MEXICO ONLY)	1	1,000	WIRE TRANSFER			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part I**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) EAST ASIA AND THE PACIFIC			GRANTMAKING		175,000
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		10,750
(19) SOUTH AMERICA			GRANTMAKING		500
(20) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		1,500
(21) SUB-SAHARAN AFRICA			GRANTMAKING		40,000
(22) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		4,000

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>WITH RESPECT TO RESEARCH GRANTS MADE BY THE AMERICAN HEART ASSOCIATION (AHA) TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT.</p> <p>WITH RESPECT TO TRAVEL GRANTS MADE BY THE AHA TO FOREIGN INDIVIDUALS, SELECTED AHA FUNDED INVESTIGATORS FROM LOW AND MIDDLE INCOME COUNTRIES ARE AWARDED GRANT FUNDS TO REIMBURSE THE ACTUAL EXPENSES INCURRED, UP TO A CERTAIN THRESHOLD, TO ATTEND THE AHA SCIENTIFIC SESSIONS CONFERENCE AND THE WORLD CONGRESS OF CARDIOLOGY CONFERENCE.</p> <p>WITH RESPECT TO GRANTS MADE BY THE AHA TO FOREIGN ORGANIZATIONS, THE AHA'S POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION OF FOREIGN ORGANIZATION RECIPIENTS. THIS PROCESS IS COMPRISED OF OBTAINING THE RECIPIENT ORGANIZATION'S MISSION STATEMENT, FINANCIAL RESULTS, ORGANIZATIONAL DOCUMENTS, SUCH AS BYLAWS AND ARTICLES OF INCORPORATION, AND RENDERING AN OPINION AS TO WHETHER OR NOT THE ORGANIZATION WOULD QUALIFY AS A 501(C)(3) PUBLIC CHARITY IN THE UNITED STATES. RESULTS OF GRANT INITIATIVES ARE MADE AVAILABLE TO THE AHA BY THE RECIPIENT ORGANIZATION.</p>
<p>SCHEDULE F, PART I, LINE 3 -</p>	<p>THE AHA'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE AHA'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE AHA'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART II -</p>	<p>THE ORGANIZATION HAS REPORTED GRANTS BASED ON THE ACCRUAL METHOD OF ACCOUNTING AS REFLECTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART III -</p>	<p>THE ORGANIZATION HAS REPORTED GRANTS BASED ON THE ACCRUAL METHOD OF ACCOUNTING AS REFLECTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.</p>
<p>SCHEDULE F, PART IV, LINE 6 -</p>	<p>THE AHA FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE). ALTHOUGH UAE IS CONSIDERED A BOYCOTTING COUNTRY, THE AHA DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.</p>

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INSURANCE AUTO AUCTIONS, 13085 HAMILTON CROSSING, SUITE 500, CARMEL, IN 46032	AUCTION	✓		474,075	77,399	396,676
2 INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEMKTG		✓	4,037	9,072	(5,035)
3						
4						
5						
6						
7						
8						
9						
10						
Total				478,112	86,471	391,641

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

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, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 <u>BAY AREA HEART WALK</u> (event type)	(b) Event #2 <u>DALLAS HEART WALK</u> (event type)	(c) Other events <u>3941</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	4,756,426	3,801,538	213,677,583	222,235,547
	2 Less: Contributions	4,756,426	3,801,538	201,123,267	209,681,231
	3 Gross income (line 1 minus line 2)	0	0	12,554,316	12,554,316
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	8,245	19,833	4,454,907	4,482,985
	6 Rent/facility costs	29,105		62,817	91,922
	7 Food and beverages	12,405		226,188	238,593
	8 Entertainment	4,000	7,250	667,723	678,973
	9 Other direct expenses	625	338	456,655	457,618
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,950,091
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6,604,225

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Identifier	Explanation							
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	<table border="1"> <thead> <tr> <th data-bbox="670 132 1092 170">Name</th> <th data-bbox="1092 132 1524 170">Description</th> </tr> </thead> </table>	Name	Description	<table border="1"> <thead> <tr> <th data-bbox="670 132 1092 170">Name</th> <th data-bbox="1092 132 1524 170">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 170 1092 529"> INSURANCE AUTO AUCTIONS </td> <td data-bbox="1092 170 1524 529"> INSURANCE AUTO AUCTIONS PROVIDE SERVICES RELATED TO THE MANAGEMENT OF VEHICLE DONATIONS. THIS INCLUDES ANSWERING DONOR CALLS, PREPARATION AND SALE OF DONATED VEHICLES, AND ACKNOWLEDGEMENT OF DONORS. VEHICLE DONATIONS ARE RECEIVED THROUGHOUT THE YEAR. AHA PAYS A FIXED MANAGEMENT FEE PER VEHICLE BASED ON VOLUME. INSURANCE AUTO AUCTIONS RETAINS CUSTODY OF THE SALE PROCEEDS UNTIL THEY ARE DEPOSITED IN AHA'S ACCOUNT. </td> </tr> </tbody> </table>	Name	Description	INSURANCE AUTO AUCTIONS	INSURANCE AUTO AUCTIONS PROVIDE SERVICES RELATED TO THE MANAGEMENT OF VEHICLE DONATIONS. THIS INCLUDES ANSWERING DONOR CALLS, PREPARATION AND SALE OF DONATED VEHICLES, AND ACKNOWLEDGEMENT OF DONORS. VEHICLE DONATIONS ARE RECEIVED THROUGHOUT THE YEAR. AHA PAYS A FIXED MANAGEMENT FEE PER VEHICLE BASED ON VOLUME. INSURANCE AUTO AUCTIONS RETAINS CUSTODY OF THE SALE PROCEEDS UNTIL THEY ARE DEPOSITED IN AHA'S ACCOUNT.
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SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	<table border="1"> <thead> <tr> <th data-bbox="670 537 1092 575">Name</th> <th data-bbox="1092 537 1524 575">Description</th> </tr> </thead> </table>	Name	Description	<table border="1"> <thead> <tr> <th data-bbox="670 537 1092 575">Name</th> <th data-bbox="1092 537 1524 575">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 575 1092 827"> INFOCISION MANAGEMENT CORPORATION </td> <td data-bbox="1092 575 1524 827"> INFOCISION PROVIDES SERVICES RELATED TO DIRECT RESPONSE TELEVISION PROMOTIONS. SERVICES INCLUDE HANDLING INBOUND CALLS AND PROCESSING OF DONATIONS. SOME PROGRAMMING AND SYSTEM MODIFICATION SERVICES ARE ALSO PROVIDED AS NEEDED. FEES ARE BASED ON CALL VOLUME AND THE TYPE OF SERVICES PROVIDED ON THE CALLS. </td> </tr> </tbody> </table>	Name	Description	INFOCISION MANAGEMENT CORPORATION	INFOCISION PROVIDES SERVICES RELATED TO DIRECT RESPONSE TELEVISION PROMOTIONS. SERVICES INCLUDE HANDLING INBOUND CALLS AND PROCESSING OF DONATIONS. SOME PROGRAMMING AND SYSTEM MODIFICATION SERVICES ARE ALSO PROVIDED AS NEEDED. FEES ARE BASED ON CALL VOLUME AND THE TYPE OF SERVICES PROVIDED ON THE CALLS.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1ST CONSOLIDATED FIRE DISTRICT PO BOX 305, CALEDONIA, OH 43314	31-0826293	GOV	9,422				AED PURCHASE
(2) 314 EASY MATH LLC 615 S. SAGINAW, SUITE 5006, FLINT, MI 48502	82-0690595		40,000				COMMUNITY IMPACT
(3) A CHILDS HEART LEARNING CENTER 3810 COLONIAL AVENUE, SAINT LOUIS, MO 63121	83-1699518		5,341				COMMUNITY NUTRITION
(4) ADMIT TECHNOLOGY GROUP 1592 DENA DRIVE, MEMPHIS, TN 38127	32-0460467		10,000				COMMUNITY NUTRITION
(5) ALABAMA ARISE P.O. BOX 1188, MONTGOMERY, AL 36107	63-1186365	(C)(3)	75,000				COMMUNITY NUTRITION
(6) ALEGENT HEALTH BERGAN MERCY HEALTH 7500 MERCY ROAD, OMAHA, NE 68124	47-0484764	(C)(3)	16,140				STROKE PROGRAMS
(7) ALLEGHENY GENERAL HOSPITAL PO BOX 951742, CLEVELAND, OH 44193	45-3674924	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(8) ALLIANCE FOR A HEALTHIER GEN 1028 SE WATER AVENUE, PORTLAND, OR 97214	27-2028308	(C)(3)	259,432				CHILDHOOD OBESITY
(9) ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE, GRAND FORKS, ND 58201	45-0368330	(C)(3)	40,647				STROKE PROGRAMS
(10) AMERICAN ASSN OF FAMILY & CONS SCIENCES PO BOX 79377, BALTIMORE, MD 21279	53-0025870	(C)(3)	60,000				NUTRITION EDUCATION
(11) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE, ARLINGTON, VA 22202	13-1623888	(C)(3)	46,259				COMMUNITY NUTRITION
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 460

3 Enter total number of other organizations listed in the line 1 table ▶ 55

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

Cat. No. 50055P

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ABSTRACT AWARDS	20	21,500			
2 INVESTIGATOR AWARDS/PRIZE	77	67,000			
3 LECTURE HONORARIA	11	16,500			
4 POSTER AWARDS	2	1,000			
5 STUDENT SCHOLARSHIPS	13	21,200			
6 SCHOLAR STIPEND	61	202,039			
7					

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

(SEE STATEMENT)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AMERICAN SOCIETY FOR PREVENTIVE CARDIOLOGY 450-106 SR 13 NORTH #140, JACKSONVILLE, FL 32259	20-3751296	(C)(3)	13,750				DIABETES INITIATIVE
(13) AMERICANS FOR NONSMOKERS RIGHTS 2530 SAN PABLE AVE, SUITE J, BERKELEY , CA 94702	94-2598713	(C)(4)	50,000				CHILDHOOD OBESITY
(14) ANNIE JEFFREY MEMORIAL COUNTY HEALTH 531 BEEBEE STREET , OSCEOLA , NE 68651	47-6000710	GOV	5,250				STROKE PROGRAMS
(15) ANTIOCH UNIFIED SCHOOL DISTRICT 510 G STREET, ANTIOCH , CA 94509	86-1134505	GOV	15,000				COMMUNITY NUTRITION
(16) ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES 2651 SAULINO COURT , DEARBORN , MI 48120	23-7444497	(C)(3)	25,000				CHILDHOOD OBESITY
(17) ARCH KIDS ACADEMY LLC 7564 WOODSTOCK ROAD, SAINT LOUIS , MO 63135	27-1778612		5,941				COMMUNITY NUTRITION
(18) ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES 1400 W MARKHAM , LITTLE ROCK , AR 72201	71-0492205	(C)(3)	25,063				CHILDHOOD OBESITY
(19) ARKANSAS COALITION FOR OBESITY PO BOX 1212 , GREENBRIER , AR 72058	27-1227056	(C)(3)	26,800				CHILDHOOD OBESITY
(20) ARKANSAS HUNGER RELIEF ALLIANCE 1400 W. MARKHAM, SUITE 304, LITTLE ROCK , AR 72201	30-0254995	(C)(3)	50,000				COMMUNITY NUTRITION
(21) ASCENSION MEDICAL GROUP SAINT THOMAS 2000 CHURCH STREET, NASHVILLE , TN 37205	62-1529858	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(22) ASCENSION SETON 1500 RED RIVER STREET, AUSTIN , TX 78723	74-1109643	(C)(3)	15,698				STROKE PROGRAMS
(23) ASSOCIATION OF BLACK CARDIOLOGISTS INC 2400 N STREET, NW, WASHINGTON , DC 20037	95-3959283	(C)(3)	10,000				ACHIEVEMENT AWARDS PROGRAM
(24) ASSOCIATION OF STATE PUBLIC HEALTH NUTRITION DIRECTORS PO BOX 37094 , TUCSON , AZ 85740	52-1790848	(C)(3)	35,000				COMMUNITY NUTRITION
(25) ATLANTA HARVEST LLC 3529 ANVILBLOCK RD., ELLENWOOD , GA 30294	82-3048751		180,000				COMMUNITY NUTRITION
(26) ATLANTIC HEALTH SYSTEM 475 SOUTH STREET, MORRISTOWN , NJ 07962	52-1958352	(C)(3)	10,000				STROKE PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) AUNTIE MARGARETS DAY CARE & LEARNING 3800 WATSON ROAD , SAINT LOUIS , MO 63109	43-1489837		8,663				COMMUNITY NUTRITION
(28) AVERA CREIGHTON HOSPITAL 1503 MAIN STREET, CREIGHTON , NE 68729	46-0225483	(C)(3)	17,285				STROKE PROGRAMS
(29) BALDWIN FAMILY HEALTHCARE 1615 MICHIGAN AVE, BALDWIN , MI 49304	38-2053619	(C)(3)	5,000				HYPERTENSION AND CHOLESTEROL PROGRAMS
(30) BARNES-JEWISH HOSPITAL ONE BARNES JEWISH HOSPITAL PLAZA , ST LOUIS , MO 63110	23-7309937	(C)(3)	20,000				AORTIC STENOSIS PROGRAM
(31) BAYLOR HEART AND VASCULAR CENTER LLP 621 N. HALL ST., DALLAS , TX 75226	75-2834135		20,000				AORTIC STENOSIS PROJECT
(32) BELLEVUE MEDICAL CENTER LLC 2500 BELLEVUE MEDICAL CENTER DRIVE, BELLEVUE , NE 68123	20-4305186		16,140				STROKE PROGRAMS
(33) BETHESDA HOSPITAL INC 2815 SOUTH SEACREST BLVD., BOYNTON BEACH , FL 33435	59-2447554	(C)(3)	10,829				STROKE PROGRAMS
(34) BETTER FUTURES MN 2620 MINNEHAHA AVE. SOUTH, MINNEAPOLIS , MN 55401	45-0550557	(C)(3)	100,000				COMMUNITY IMPACT
(35) BEYOND HOUSING INC 6506 WRIGHT WAY, ST. LOUIS, MO 63121	51-0179471	(C)(3)	24,250				CHILDHOOD OBESITY
(36) BIKE DURHAM P.O. BOX 25236, DURHAM , NC 27702	46-5356944	(C)(3)	5,000				COMMUNITY HEALTH
(37) BILLINGS CLINIC FOUNDATION 2917 TENTH AVE N, BILLINGS , MT 59101	81-0407289	(C)(3)	25,000				STROKE PROGRAMS
(38) BLACK URBAN GARDENERS AND FARMERS OF PITTSBURGH 1922 FIFTH AVE., PITTSBURGH , PA 15219	81-3027113	(C)(3)	8,000				COMMUNITY NUTRITION
(39) BOCA RATON REGIONAL HOSPITAL INC 800 MEADOWS RD., BOCA RATON , FL 33486	59-1006663	(C)(3)	17,932				STROKE PROGRAMS
(40) BOONE COUNTY HEALTH CENTER PO BOX 151 , ALBION , NE 68620	47-6000611	(C)(3)	17,285				STROKE PROGRAMS
(41) BOONE MEMORIAL HOSPITAL INC 701 MADISON AVENUE, MADISON , WV 25130	55-0477361	(C)(3)	9,112				STROKE PROGRAMS
(42) BOSWELL INC 64 ARROWHEAD ROAD , WESTON , MA 02493	47-4133452		75,000				COMMUNITY HEALTH
(43) BOYS & GIRLS CLUBS OF WEST ALABAMA 2201 ALBERTA PARKWAY, TUSCALOOSA , AL 35404	63-0452285	(C)(3)	5,000				COMMUNITY HEALTH
(44) BOYS AND GIRLS CLUBS OF PUERTO RICO 501 AVENIDA ROBERT H. TODD, SAN JUAN, PR 00907	66-0327584	(C)(3)	127,067				CHILDHOOD OBESITY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) BRYAN MEDICAL CENTER 1600 S. 48TH STREET, LINCOLN , NE 68506	47-0376552	(C)(3)	22,090				STROKE PROGRAMS
(46) BUCKEYE FOOD ALLIANCE 1739 N. HIGH STREET, COLUMBUS , OH 43210	46-5282074	(C)(3)	12,000				COMMUNITY NUTRITION
(47) BUTLER COUNTY HEALTH CARE CENTER 372 S 9TH STREET, DAVID CITY , NE 68632	47-0551144	GOV	5,250				STROKE PROGRAMS
(48) CALIFORNIA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET, SUITE 722, OAKLAND , CA 94612	68-0392816	(C)(3)	60,000				CHILDHOOD OBESITY
(49) CAMINO COMMUNITY DEVELOPMENT CORP 133 STETSON DRIVE , CHARLOTTE , NC 28262	56-2015959	(C)(3)	10,000				COMMUNITY HEALTH
(50) CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW, WASHINGTON , DC 20005	52-1969967	(C)(3)	60,000				ANTI-TOBACCO ADVOCACY
(51) CAREMESSAGE 2443 FILMORE ST., #380-4139, SAN FRANCISCO , CA 94120	27-3252911	(C)(3)	75,000				COMMUNITY HEALTH
(52) CARY DOWNTOWN FARMERS MARKET INC PO BOX 4621 , CARY , NC 27519	46-4703664	(C)(3)	5,000				COMMUNITY NUTRITION
(53) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD , LOS ANGELES , CA 90048	95-1644600	(C)(3)	20,000				COVID19 REGISTRY
(54) CENTER FOR FAMILY LIFE AND RECOVERY INC 502 COURT STREET, SUITE 401, UTICA , NY 13502	27-4295905	(C)(3)	7,500				COMMUNITY IMPACT
(55) CENTER FOR HEALTH PROGRESS P.O. BOX 18877, DENVER , CO 80218	43-2007393	(C)(3)	24,933				CHILDHOOD OBESITY
(56) CENTER FOR MULTICULTURAL HEALTH 1120 E. TERRACE ST., SEATTLE , WA 98122	91-0983698	(C)(3)	22,500				ANTI TOBACCO ADVOCACY
(57) CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L STREET NW #300, WASHINGTON , DC 20005	23-7122879	(C)(3)	8,550				NUTRITION PROGRAMS
(58) CENTER OF SOUTHWEST CULTURE 505 MARQUETTE AVE. NW, #1610, ALBUQUERQUE , NM 87102	85-0402832	(C)(3)	60,172				CHILDHOOD OBESITY
(59) CENTRAL DETROIT CHRISTIAN COMMUNITY DEVELOPMENT 1550 TAYLOR STREET , DETROIT , MI 48206	38-3128822	(C)(3)	85,000				COMMUNITY NUTRITION
(60) CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET, READING , PA 19601	23-2041081	(C)(3)	60,000				COMMUNITY HEALTH
(61) CHARLES DREW HEALTH CENTER INC 2915 GRANT STREET, OMAHA , NE 68111	47-0666715	(C)(3)	10,000				COMMUNITY HEALTH

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(62) CHARLOTTE AREA HEALTH EDUCATION CENTER 1000 BLYTHE BLVD., CHARLOTTE , NC 28208	56-0529945		15,698				STROKE PROGRAMS
(63) CHI HEALTH GOOD SAMARITAN P.O. BOX 1990, KEARNEY , NE 68848	47-0379755	(C)(3)	16,140				STROKE PROGRAMS
(64) CHI HEALTH IMMANUEL 6901 N. 72ND ST., OMAHA , NE 68122	47-0376615	(C)(3)	16,140				STROKE PROGRAMS
(65) CHI HEALTH LAKESIDE 12809 W. DODGE ROAD, OMAHA , NE 68154	47-0757164	(C)(3)	16,140				STROKE PROGRAMS
(66) CHI HEALTH MIDLANDS 11111 S 84TH STREET, PAPIILLION , NE 68046	47-0757164	(C)(3)	10,090				STROKE PROGRAMS
(67) CHI HEALTH PLAINVIEW HOSPITAL 704 N. THRID STREET, PLAINVIEW , NE 68769	47-0757164	(C)(3)	5,250				STROKE PROGRAMS
(68) CHI HEALTH SAINT ELIZABETH 555 SOUTH 70TH STREET, LINCOLN , NE 68510	47-0379836	(C)(3)	16,140				STROKE PROGRAMS
(69) CHI HEALTH SAINT FRANCIS 2620 W. FAIDLEY, GRAND ISLAND , NE 68803	47-0376601	(C)(3)	16,140				STROKE PROGRAMS
(70) CHI HEALTH SCHUYLER 104 W 17TH STREET, SCHUYLER , NE 68661	47-0399853	(C)(3)	5,250				STROKE PROGRAMS
(71) CHICANO AWARENESS CENTER INC 4821 S 24TH STREET, OMAHA , NE 68107	23-7208431	(C)(3)	5,000				COMMUNITY IMPACT
(72) CHIEF SEATTLE CLUB 410 2ND AVENUE EXTENSION SOUTH, SEATTLE , WA 98104	91-0852503	(C)(3)	90,000				COMMUNITY IMPACT
(73) CHIFRESH KITCHEN COOPERATIVE 135 N. KEDZIE AVENUE, CHICAGO , IL 60612	84-4072430		80,000				COMMUNITY NUTRITION
(74) CHILD CARE AWARE OF AMERICA 1515 COURTHOUSE RD., ARLINGTON , VA 22201	94-3060756	(C)(3)	13,850				EARLY CHILDHOOD PROGRAMS
(75) CHILD CARE COUNCIL OF KENTUCKY INC 2501 SANDERSVILLE RD, SUITE 120, LEXINGTON , KY 40511	31-1102545	(C)(3)	12,750				COMMUNITY IMPACT
(76) CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVE., MEMPHIS , TN 38104	62-1583270	(C)(3)	17,983				COMMUNITY HEALTH
(77) CITIZENS HOUSING AND PLANNING ASSOCIATION ONE BEACON STREET 5TH FLOOR , BOSTON , MA 02108	04-6138418	(C)(3)	50,000				COMMUNITY IMPACT
(78) CITY OF CLAIRTON 551 RAVENSBURG BLVD., CLAIRTON , PA 15025	25-6000852	GOV	14,700				COMMUNITY NUTRITION
(79) CITY OF MARION 223 W. CENTER ST., MARION , OH 43302	31-6400233	GOV	10,000				AED PURCHASE

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(80) CITY OF WORCESTER 455 MAIN STREET ROOM 293 , WORCESTER , MA 01608	04-6001418	GOV	5,000				COMMUNITY NUTRITION
(81) CLAIRTON CITY SCHOOL DISTRICT 501 WADDELL AVENUE, CLAIRTON , PA 15025	25-6000892	GOV	15,857				COMMUNITY NUTRITION
(82) CLEARWATER FREE CLINIC INC 1218 COURT STREET, CLEARWATER , FL 33756	59-1852871	(C)(3)	25,000				COMMUNITY HEALTH
(83) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE, CLEVELAND , OH 44195	34-0714585	(C)(3)	20,000				AORTIC STENOSIS PROJECT
(84) COALITION FOR SOCIAL JUSTICE EDUCATION 105 WILLIAM STREET STE 26 , NEW BEDFORD , MA 02740	04-3351827	(C)(3)	20,000				CHILDHOOD OBESITY
(85) COLORADO HEART & VASCULAR PC 11700 W 2ND PLACE STE 350 , LAKEWOOD , CO 80228	27-3469583		20,000				AORTIC STENOSIS PROGRAM
(86) COLUMBUS COMMUNITY HOSPITAL INC 4600 38TH STREET, COLUMBUS , NE 68601	47-0542043	(C)(3)	8,000				STROKE PROGRAMS
(87) COMMON MARKET SOUTHEAST THE 1050 OAKLEIGH DRIVE, ATLANTA , GA 30344	74-3240184	(C)(3)	125,000				COMMUNITY NUTRITION
(88) COMMUNITY FARM ALLIANCE P.O. BOX 130, BEREA , KY 40403	61-1092056	(C)(3)	96,463				COMMUNITY NUTRITION
(89) COMMUNITY FARMERS MARKETS INC 1039 GRANT ST. SE, ATLANTA , GA 30315	27-5262520	(C)(3)	85,000				COMMUNITY NUTRITION
(90) COMMUNITY YOUTH CENTER OF SAN FRANCISCO 1038 POST STREET, SAN FRANCISCO , CA 94109	94-1728818	(C)(3)	145,000				COMMUNITY IMPACT
(91) CONCRETE JUNGLE INC 124 ESTORIA ST., ATLANTA , GA 30316	90-0730229	(C)(3)	75,000				COMMUNITY NUTRITION
(92) CONSEJOSANO INC 5200 LANKERSHIM BLVD, SUITE 310, NORTH HOLLYWOOD , CA 91601	81-5164953		200,000				COMMUNITY HEALTH
(93) CORNELL COOPERATIVE EXTENSION OF ONEIDA 121 SECOND STREET , ORISKANY , NY 13424	16-6072888		9,257				COMMUNITY IMPACT
(94) COZAD COMMUNITY HOSPITAL P.O. BOX 108, COZAD , NE 69130	47-6007486		5,250				STROKE PROGRAMS
(95) CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE, CRETE , NE 68333	47-0841285	(C)(3)	5,250				STROKE PROGRAMS
(96) DALE MEDICAL CENTER 126 HOSPITAL AVENUE, OZARK , AL 36360	63-6001875		9,798				STROKE PROGRAMS
(97) DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD, BROWNS MILLS , NJ 08015	23-1550955	(C)(3)	20,000				AORTIC STENOSIS PROJECT

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(98) DOYLESTOWN HOSPITAL 595 WEST STATE STREET , DOYLESTOWN , PA 18901	23-1352174	(C)(3)	20,000				AORTIC STENOSIS PROJECT
(99) EARLY EXPLORERS CHILD DEVELOPMENT 6347 PLYMOUTH AVENUE , ST LOUIS , MO 63133	45-3762044	(C)(3)	9,618				COMMUNITY NUTRITION
(100) EAST LIBERTY FAMILY HEALTH CARE CENTER 6023 HARVARD STREET , PITTSBURGH , PA 15206	25-1417228	(C)(3)	6,000				COMMUNITY NUTRITION
(101) EASTERN MARKET CORP 2934 RUSSEL STREET , DETROIT , MI 48207	32-0030432	(C)(3)	31,669				NUTRITION PROGRAMS
(102) EATWELL MEAL KITS 31 STATION STREET APT 3 , BROOKLINE , MA 02245	84-4389189		50,000				COMMUNITY NUTRITION
(103) ENGLEWOOD HOSPITAL & MEDICAL CENTER INC 350 ENGLE STREET , ENGLEWOOD , NJ 07631	22-1487173	(C)(3)	5,000				STROKE PROGRAMS
(104) ENTERPRISE COMMUNITY PARTNERS INC 643 MAGAZINE STREET STE 202 , NEW ORLEANS , LA 70130	52-1231931	(C)(3)	87,500				COMMUNITY HEALTH
(105) EQUALITY OHIO EDUCATION FUND 370 SOUTH 5TH STREET STE G3 , COLUMBUS , OH 43215	02-0743268	(C)(3)	99,992				CHILDHOOD OBESITY
(106) EVERY TEXAN 7020 EASY WIND DRIVE STE 200 , AUSTIN , TX 78752	74-2898197	(C)(3)	85,000				CHILDHOOD OBESITY
(107) FAITH REGIONAL HEALTH SERVICES PO BOX 869 , NORFOLK , NE 68702	47-0796875	(C)(3)	16,140				STROKE PROGRAMS
(108) FATHERS UPLIFT INC 12 SOUTHERN AVENUE , DORCHESTER , MA 02124	46-1407932	(C)(3)	75,000				COMMUNITY HEALTH
(109) FEED MY SHEEP OF DURHAM NORTH CAROLINA 417 MOLINE ST., DURHAM , NC 27707	80-0588364	(C)(3)	10,000				COMMUNITY NUTRITION
(110) FILLMORE COUNTY HOSPITAL 1900 F STREET , GENEVA , NE 68361	47-0529089	GOV	17,285				STROKE PROGRAMS
(111) FLANCE EARLY LEARNING CENTER 1908 O'FALLON STREET , SAINT LOUIS , MO 63106	46-2048313	(C)(3)	9,020				COMMUNITY NUTRITION
(112) FORT DRUM REGIONAL HEALTH PLANNING 120 WASHINGTON STREET STE 230 , WATERTOWN , NY 13601	20-3619570	(C)(3)	36,000				STROKE PROGRAMS
(113) FORTY ACRES FRESH MARKET 1510 WEST GRAND AVENUE APT 2W , CHICAGO , IL 60642	83-3588129		150,000				COMMUNITY NUTRITION

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(114) FOUNDATION FOR A HEALTHY KENTUCKY THE 1640 LYNDON FARM COURT STE 100 , LOUISVILLE , KY 40223	31-1784753	(C)(3)	36,000				ANTI-TOBACCO ADVOCACY
(115) FRANKLIN COUNTY COMMUNITY DEVELOPMENT 324 WELLS STREET , GREENFIELD , MA 01301	04-2678309	(C)(3)	27,674				CHILDHOOD OBESITY
(116) FRESHER TOGETHER LLC 2465 E 74TH STREET , CHICAGO , IL 60649	83-3695458		50,000				COMMUNITY NUTRITION
(117) FRIEND COMMUNITY HEALTHCARE SYSTEM 905 2ND STREET , FRIEND , NE 68359	47-6000549		17,285				STROKE PROGRAMS
(118) FROEDTERT HEALTH INC 400 WOODLAND PRIME STE 101 , MENOMONEE FALLS , WI 53051	39-2014409	(C)(3)	50,698				ATRIAL FIBRILLATION PROGRAM
(119) FUSION PARTNERSHIP 1601 GUILFORD AVENUE , BALTIMORE , MD 21202	52-2148413	(C)(3)	58,700				CHILDHOOD OBESITY
(120) GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE , DANVILLE , PA 17822	24-0795959	(C)(3)	20,000				AORTIC STENOSIS PROJECT
(121) GENEVA GENERAL HOSPITAL 196 NORTH STREET , GENEVA , NY 14456	16-0743032	(C)(3)	5,051				CORONARY ARTERY DISEASE PROGRAM
(122) GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE NW , ATLANTA , GA 30332	58-6002023	(C)(3)	10,000				STUDENT SCHOLARSHIP
(123) GEORGIANS FOR A HEALTHY FUTURE 50 HURT PLAZA SE STE 806 , ATLANTA , GA 30303	26-3695851	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(124) GIFTED MINDS ACADEMY 2820 CHIPPEWA STREET , ST LOUIS , MO 63118	83-0762926		8,178				COMMUNITY NUTRITION
(125) GILLIAMS COMMUNITY GARDEN INC PO BOX 11041 , ATLANTA , GA 30310	45-5565561	(C)(3)	85,000				COMMUNITY NUTRITION
(126) GINGERBREAD HOUSE LEARNING CENTER 9561 LACKLAND ROAD , SAINT LOUIS , MO 63114	41-2183940		6,058				COMMUNITY NUTRITION
(127) GLOBAL TO LOCAL 2800 SOUTH 192ND STREET STE 104 , SEATAC , WA 98188	27-3133200	(C)(3)	10,199				NUTRITION PROGRAMS
(128) GOTHENBURG MEMORIAL HOSPITAL 910 20TH STREET , GOTHENBURG , NE 69138	47-0532605	GOV	5,560				STROKE PROGRAMS
(129) GREAT PLAINS HEALTH PO BOX 1167 , NORTH PLATTE , NE 69101	47-0662290	(C)(3)	16,140				STROKE PROGRAMS
(130) GREEN HEART PROJECT 759 KING STREET SUITE A , CHARLESTON , SC 29403	46-0829120	(C)(3)	17,678				COMMUNITY NUTRITION

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(131) GROUNDWORK CENTER FOR RESILIENT COMMUNITIES 148 EAST FRONT STREET STE 301 , TRAVERSE CITY , MI 49684	38-2314954	(C)(3)	75,000				CHILDHOOD OBESITY
(132) GUILFORD COUNTY SCHOOLS 712 NORTH EUGENE STREET , GREENSBORO , NC 27401	56-6000522	GOV	20,000				FOOD INSECURITY PROGRAMS
(133) HAMPTON UNIVERSITY 200 WILLIAAM R HARVEY , HAMPTON , VA 23668	54-0505990	(C)(3)	10,000				STUDENT SCHOLARSHIP
(134) HARVEST HOPE FOOD BANK PO BOX 451 , COLUMBIA , SC 29202	57-0725560	(C)(3)	13,775				FOOD PANTRY LAUNCH
(135) HAWAII APPLESEED CENTER FOR LAW 733 BISHOP STREET STE 1180 , HONOLULU , HI 96813	76-0748976	(C)(3)	24,685				CHILDHOOD OBESITY
(136) HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET STE 201 , HONOLULU , HI 96813	68-0637054	(C)(3)	203,396				CHILDHOOD OBESITY
(137) HCA HOUSTON HEALTHCARE CLEAR LAKE 500 MEDICAL CENTER BLVD , WEBSTER , TX 77598	62-1801360		15,698				STROKE PROGRAMS
(138) HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PA 1500 MARKET STREET, PHILADELPHIA , PA 19102	23-2182113	(C)(3)	39,000				NUTRITION PROGRAMS
(139) HEALTH RESOURCES IN ACTION HRIA 2 BOYLSTON STREET , BOSTON , MA 02116	04-2229839	(C)(3)	25,000				CHILDHOOD OBESITY
(140) HEALTHMPOWERS INC 250 SCIENTIFIC DRIVE STE 500 , NORCROSS , GA 30092	58-2524601	(C)(3)	25,063				CHILDHOOD OBESITY
(141) HEALTHWORKS COMMUNITY FITNESS 450 WASHINGTON STREET , DORCHESTER , MA 02124	04-3431534	(C)(3)	100,000				COMMUNITY HEALTH
(142) HEALTHY FOOD AMERICA 1200 12TH AVENUE SOUTH STE 710 , SEATTLE , WA 98144	47-2926810	(C)(3)	9,515				CHILDHOOD OBESITY
(143) HEALTHY MOTHERS HEALTHY BABIES COALITION 5546 WEST OAKLAND PARK BLVD , LAUDERHILL , FL 33313	65-0161493	(C)(3)	9,000				COMMUNITY IMPACT
(144) HIMA SAN PABLO BAYAMON P.O. BOX 236, BAYAMON, PR 00960	66-0465905		14,000				CHOLESTEROL EDUCATION
(145) HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET , HOLLYWOOD , FL 33021	59-2230272	(C)(3)	18,260				CHILDHOOD OBESITY
(146) HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE STE 210 , WEST SAINT PAUL , MN 55118	46-0928003	(C)(3)	90,000				COMMUNITY NUTRITION

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(147) HOLY ROSARY HEALTHCARE 2600 WILSON STREET , MILES CITY , MT 59301	20-2270238	(C)(3)	11,000				STROKE PROGRAMS
(148) HOPE HOUSE STL 1611 HODIAMONT AVENUE , SAINT LOUIS , MO 63112	43-1500761	(C)(3)	6,886				COMMUNITY NUTRITION
(149) HOPE STREET FOOD PANTRY 4100 JOHNSTON OEHLER ROAD , CHARLOTTE , NC 28269	83-3577031	(C)(3)	10,000				COMMUNITY NUTRITION
(150) HUNGER ACTION LOS ANGELES INC 961 S MARIPOSA AVENUE #205 , LOS ANGELES , CA 90006	20-5142259	(C)(3)	100,430				COMMUNITY NUTRITION
(151) HYPERTROPHIC CARDIOMYOPATHY ASSOCIATION 18 EAST MAIN STREET STE 202 , DENVER , NJ 07834	41-1855605	(C)(3)	7,500				HYPERTROPHIC CARDIOMYOPATHY EDUCATION
(152) IMMIGRANT FAMILY SERVICES INSTITUTE 575 AMERICAN LEGION HIGHWAY , ROSLINDALE , MA 02131	47-4400495	(C)(3)	50,000				COMMUNITY IMPACT
(153) INDIANA UNIVERSITY HEALTH INC 1701 SENATE BLVD , INDIANAPOLIS , IN 46202	35-1955872	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(154) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD STE 400W , FALLS CHURCH , VA 22042	54-0620889	(C)(3)	20,000				COVID-19 REGISTRY
(155) INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE , BRIDGETON , NJ 08302	21-0534484		20,000				STROKE PROGRAMS
(156) INSTITUTE FOR LOCAL SELF-RELINCE INC 1710 CONNECTICUT AVENUE NW 4TH FLR , WASHINGTON , DC 20009	23-7394104	(C)(3)	57,613				CHILDHOOD OBESITY
(157) INTERNATIONAL CHILDREN ASSISTANCE NETWORK 532 VALLEY WAY , MILIPITAS , CA 95035	77-0541211	(C)(3)	50,000				CHILDHOOD OBESITY
(158) INVOLVEDDAD 2712 SAGINAW STREET STE 103 , FLINT , MI 48505	47-4368803	(C)(3)	50,000				COMMUNITY IMPACT
(159) JANE ADDAMS RESOURCE CORP 4432 N RAVENSWOOD , CHICAGO , IL 60640	36-3682559	(C)(3)	160,000				COMMUNITY IMPACT
(160) JEFFERSON COMMUNITY HEALTH CENTER INC 2200 H STREET , FAIRBURY , NE 68352	47-0468078	(C)(3)	17,285				STROKE PROGRAMS
(161) JERSEY SHORE UNIVERSITY MEDICAL CENTER 1945 ROUTE 33 , NEPTUNE , NJ 07753	22-1487576	(C)(3)	15,698				STROKE PROGRAMS
(162) JOHN MUIR HEALTH 2540 EAST STREET , CONCORD , CA 94520	94-1461843	(C)(3)	8,507				CORONARY ARTERY DISEASE EDUCATION
(163) JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 733 N BROADWAY , BALTIMORE , MD 21205	52-1341890	(C)(3)	15,000				ANTI-TOBACCO ADVOCACY

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(164) JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD , CHARLOTTE , NC 28216	25-0983069	(C)(3)	65,000				COMMUNITY HEALTH
(165) KALISPELL REGIONAL MEDICAL INC 310 SUNNYVIEW LANE , KALISPELL , MT 59901	23-7293874	(C)(3)	25,000				STROKE PROGRAMS
(166) KEARNEY COUNTY HEALTH SERVICES 727 EAST FIRST STREET , MINDEN , NE 68959	47-6014070	GOV	17,285				STROKE PROGRAMS
(167) KEARNEY REGIONAL MEDICAL CENTER LLC 804 22ND AVENUE , KEARNEY , NE 68845	27-0860326	GOV	10,090				STROKE PROGRAMS
(168) KEEP GROWING DETROIT 1445 ADELAIDE STREET , DETROIT , MI 48207	80-0892277	(C)(3)	40,000				COMMUNITY NUTRITION
(169) KIDS FORWARD INC 555 WEST WASHINGTON AVENUE #200 , MADISON , WI 53703	39-0806301	(C)(3)	200,000				CHILDHOOD OBESITY
(170) KIMBALL COUNTY HOSPITAL 505 SOUTH BURG STREET , KIMBALL , NE 69145	47-6007155	GOV	5,560				STROKE PROGRAMS
(171) KNOWLEDGE HOUSE FELLOWSHIP INC THE 363 RIDER AVENUE 3RD FLOOR , BRONX , NY 10451	47-2747713	(C)(3)	100,000				COMMUNITY IMPACT
(172) KUAKINI MEDICAL CENTER 347 NORTH KUAKINI STREET , HONOLULU , HI 96817	99-0074139	(C)(3)	5,000				DIABETES PREVENTION PROGRAM
(173) LA RAZA SERVICES INC 3131 W 14TH AVENUE , DENVER , CO 80204	84-0625478	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(174) LAMBDA CHI CHI CHAPTER OF CHI ETA PHI 195 41ST STREET #11483 , OAKLAND , CA 94611	83-4006443	(C)(3)	70,000				COMMUNITY HEALTH
(175) LEXINGTON REGIONAL HEALTH CENTER PO BOX 980 , LEXINGTON , NE 68850	45-6029692		5,560				STROKE PROGRAMS
(176) LHAQ TEMISH FOUNDATION 2665 KWINA ROAD , BELLINGHAM , WA 98226	91-1836621	(C)(3)	50,000				CHILDHOOD OBESITY
(177) LILY PAD LEARNING CENTER 14 WEEKS LANE , LITCHFIELD , IL 62056	47-4275950		5,246				COMMUNITY NUTRITION
(178) LITTLE PRECIOUS ANGELS CHILDCARE 2 LLC 3129 CHIPPEWA , ST LOUIS , MO 63118	81-2526404		9,926				COMMUNITY NUTRITION
(179) LIVING WELL KENT COLLABORATIVE 10605 SE 240TH STREET SE #232 , KENT , WA 98030	81-4451307	(C)(3)	100,000				COMMUNITY NUTRITION
(180) LOS ANGELES METROPOLITAN CHURCHES 3320 SOUTH CENTRAL AVENUE , LOS ANGELES , CA 90011	95-4547514	(C)(3)	10,000				ANTI TOBACCO ADVOCACY

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(181) MADE INSTITUTE 605 EAST PARKWAY AVENUE , FLINT , MI 48505	47-3281597	(C)(3)	40,000				COMMUNITY IMPACT
(182) MAINE CONSUMERS FOR AFFORDABLE HEALTH CARE P.O. BOX 2490, AUGUSTA , ME 04330	04-3366975	(C)(3)	18,000				CHILDHOOD OBESITY
(183) MAKE THE ROAD NEW YORK INC 301 GROVE STREET , BROOKLYN , NY 11237	11-3344389	(C)(3)	25,000				CHILDHOOD OBESITY
(184) MANDELA PARTNERS 1344 7TH STREET , OAKLAND , CA 94670	11-3754129	(C)(3)	70,000				COMMUNITY NUTRITION
(185) MARCUS DALY MEMORIAL HOSPITAL 1200 WESTWOOD DRIVE , HAMILTON , MT 59840	81-0240726	(C)(3)	11,000				STROKE PROGRAMS
(186) MARION TOWNSHIP FIRE DEPARTMENT 744 EAST CENTER STREET , MARION , OH 43302	31-6400712	GOV	5,642				AED PURCHASE
(187) MARY LANNING HEALTHCARE 715 NORTH SAINT JOSEPH , HASTINGS , NE 68901	47-0378779	(C)(3)	16,140				STROKE PROGRAMS
(188) MASSACHUSETTS GENERAL PHYSICIANS 55 FRUIT STREET , BOSTON , MA 02241	04-2807148	(C)(3)	15,698				STROKE PROGRAMS
(189) MASSACHUSETTS HEALTH COUNCIL 200 RESERVOIR STREET STE 101 , NEEDHAM , MA 02494	04-2296739	(C)(3)	10,000				SUGARY DRINK INITIATIVE
(190) MATERNITY CARE COALITION 2000 HAMILTON STREET STE 205 , PHILADELPHIA , PA 19130	23-2200410	(C)(3)	50,000				COMMUNITY HEALTH
(191) MEDICAL & CHIRURGICAL FACULTY OF THE STA 1211 CATHEDRAL STREET , BALTIMORE , MD 21201	52-0410730	(C)(6)	99,885				CHILDHOOD OBESITY
(192) MEDICAL COLLEGE OF WISCONSIN INC THE 8701 WATERTOWN PLANK ROAD , MILWAUKEE , WI 53226	39-0806261	(C)(3)	10,000				COVID DATA COLLECTION
(193) MEMORIAL COMMUNITY HEALTH INC 1423 7TH STREET , AURORA , NE 68818	47-0461859	(C)(3)	5,250				STROKE PROGRAMS
(194) MEMORIAL COMMUNITY HOSPITAL & HEALTH 610 NORTH 22ND STREET , BLAIR , NE 68008	47-0426285	(C)(3)	5,250				STROKE PROGRAMS
(195) MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER ROAD STE 1900 , HOUSTON , TX 77024	74-1152597	(C)(3)	15,698				STROKE PROGRAMS
(196) MERCY HEALTH ST VINCENT MEDICAL CENTER 2213 CHERRY STREET , TOLEDO , OH 43608	34-4428250		15,698				STROKE PROGRAMS

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(197) MERCY MEDICAL CENTER INC 301 ST PAUL PLACE , BALTIMORE , MD 21202	52-1591658		55,446				ATRIAL FIBRILLATION PROGRAM
(198) MERRICK MEDICAL CENTER 1715 26TH STREET , CENTRAL CITY , NE 68826	82-0906268	(C)(3)	17,285				STROKE PROGRAMS
(199) MESS PATS DAYCARE 7901 NORTH BROADWAY ROAD , SAINT LOUIS , MO 63147	82-2786297		9,965				COMMUNITY NUTRITION
(200) METHODIST FREMONT HEALTH 450 E 23RD STREET , FREMONT , NE 68025	83-1362276	(C)(3)	25,100				STROKE PROGRAMS
(201) METHODIST WOMENS HOSPITAL PO BOX 2797 , OMAHA , NE 68114	47-0376604	(C)(3)	8,000				STROKE PROGRAMS
(202) METRO SOULTIONS INC 18000 W 9 MILE ROAD STE 360 , SOUTHFIELD , MI 48075	20-0156511	(C)(3)	50,000				COMMUNITY IMPACT
(203) MIDTOWN FAMILY SERVICES 1275 SOUTH WINCHSTER BLVD STE G , SAN JOSE , CA 95128	46-5507578	(C)(3)	50,000				COMMUNITY IMPACT
(204) MIDWEST STROKE ACTION ALLIANCE 273 KINGBRIDGE ROAD , ELK GROVE VILLAGE , IL 60007	46-1746089	(C)(3)	5,000				STROKE PROGRAMS
(205) MINDRIGHT HEALTH INC 1 WASHINGTON PLACE 7TH FLOOR , NEWARK , NJ 07102	84-2285932		100,000				COMMUNITY IMPACT
(206) MISSISSIPPI LOW INCOME CHILD CARE PO BOX 204 , BILOXI , MS 39533	64-0943404	(C)(3)	217,480				CHILDHOOD OBESITY
(207) MLK HEALTH AND WELLNESS PO BOX 811473 , LOS ANGELES , CA 90081	81-1255345	(C)(3)	5,000				COMMUNITY NUTRITION
(208) MONTGOMERY GENERAL HOSPITAL INC 401 SIXTH AVENUE , MONTGOMERY , WV 25136	55-0372580	(C)(3)	8,712				STROKE PROGRAMS
(209) MOSES H CONE MEMORIAL HOSPITAL 1200 N ELM STREET , GREENSBORO , NC 27401	58-1588823	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(210) MPRO 22670 HAGGERTY ROAD SUITE 100 , FARMINGTON HILLS , MI 48335	38-2536610	(C)(3)	52,200				HIGH BLOOD PRESSURE PROGRAMS
(211) MRELIEF 233 N MICHIGAN AVENUE STE 1800 , CHICAGO , IL 60601	47-3559589	(C)(3)	100,000				COMMUNITY NUTRITION
(212) MULTICARE HEALTH SYSTEM PO BOX 5299 , TACOMA , WA 98415	91-1352172	(C)(3)	15,698				STROKE PROGRAMS
(213) MULTIPLE HARVEST LLC 438 N AUSTIN BLVD APT 2H , OAK PARK , IL 60302	83-3017376		21,500				COMMUNITY NUTRITION
(214) MUNISING MEMORIAL HOSPITAL ASSOCIATION 1500 SAND POINT ROAD , MUNISING , MI 49862	38-1507046	(C)(3)	5,000				HYPERTENSION AND CHOLESTEROL PROGRAMS

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(215) NAACP MARYLAND STATE CONFERENCE 4151 PARK HEIGHTS AVENUE, BALTIMORE , MD 21215	52-6074644	(C)(3)	199,274				CHILDHOOD OBESITY
(216) NAACP METRO BRMINGHAM BRANCH PO BOX 964 , BIRMINGHAM , AL 35203	84-1786801	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(217) NATIONAL EXTENSION ASSOCIATION OF FAMILY & CONSUMER SCIENCES 325 JOHN KNOX ROAD STE L103 , TALLAHASSEE , FL 32303	72-6030156	(C)(6)	15,000				COMMUNITY NUTRITION
(218) NATIONAL HEAD START ASSOCIATION 1651 PRINCE STREET , ALEXANDRIA , VA 22314	52-1282065	(C)(3)	40,850				CHILDHOOD OBESITY
(219) NC A&T STATE UNIVERSITY 1601 EAST MARKET STREET , GREENSBORO , NC 27411	56-6000007	GOV	6,000				COMMUNITY NUTRITION
(220) NEBRASKA APPLESEED CENTER 941 O STREET STE 920 , LINCOLN , NE 68508	47-0798343	(C)(3)	18,206				CHILDHOOD OBESITY
(221) NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER , OMAHA , NE 98198	91-1858433	(C)(3)	21,140				DIABETES PROGRAM
(222) NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET , OMAHA , NE 68114	47-0376604	(C)(3)	16,140				STROKE PROGRAMS
(223) NEBRASKA STATE STROKE ASSOCIATION 4075 EAST CAMPUS LOOP , LINCOLN , NE 68583	36-3428710	(C)(3)	42,500				STROKE PROGRAMS
(224) NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVENUE NORTH , MINNEAPOLIS , MN 55412	41-1235064	(C)(3)	20,000				HYPERTENSION CARE SUPPORT
(225) NEIGHBORHOOD MARKETS INC 712 ELAM AVENUE , GREENSBORO , NC 27403	82-4395257	(C)(3)	5,000				COMMUNITY NUTRITION
(226) NEMAHA COUNTY HOSPITAL 2022 13TH STREET , AUBURN , NE 68305	47-0471042	GOV	17,285				STROKE PROGRAMS
(227) NEVADA PROJECT HEARTBEAT PO BOX 9995 , RENO , NV 89507	27-0378800	(C)(3)	39,358				PURCHASE OF AEDS AND MEDICAL SUPPLIES
(228) NEW DESTINY HOUSING CORP 12 WEST 37TH STREET 7TH FLOOR , NEW YORK , NY 10018	13-3778489	(C)(3)	150,000				COMMUNITY IMPACT
(229) NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SOUTHWEST STE C , ALBUQUERQUE , NM 87102	85-0437960	(C)(3)	25,000				CHILDHOOD OBESITY
(230) NEW MEXICO PUBLIC HEALTH ASSOCIATION PO BOX 26433 , ALBUQUERQUE , NM 87125	85-0265423	(C)(3)	30,000				ANTI-TOBACCO ADVOCACY
(231) NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW STE 195 , ALBUQUERQUE , NM 87124	85-0348301	(C)(3)	40,000				ANTI-TOBACCO ADVOCACY

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(232) NICOS CHINESE HEALTH COALITION 1208 MASON STREET , SAN FRANCISCO , CA 94108	94-3184812	(C)(3)	50,000				COVID-19 PROGRAMS
(233) NORTH DAKOTA DEPARTMENT OF HEALTH 600 EAST BLVD AVENUE #301 , BISMARCK , ND 58505	45-0309764	GOV	19,000				STROKE PROGRAMS
(234) NORTH DAKOTA WEST FARGO SCHOOLS 207 MAIN AVENUE W , WEST FARGO , ND 58078	45-6000298	GOV	7,000				AED PURCHASE
(235) NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD STE 260 , DALY CITY , CA 94014	94-1722562	(C)(3)	101,000				COVID TESTING
(236) NORTHPOINT HEALTH & WELLNESS CENTER 1313 PENN AVENUE NORTH , MINNEAPOLIS , MN 55411	41-6005801		20,000				HYPERTENSION PROGRAMS
(237) NORTHWEST COMMUNITY HOSPITAL 800 WEST CENTRAL ROAD , ARLINGTN HEIGHTS , IL 60005	36-2340313	(C)(3)	20,000				ATRIAL FIBRILLATION PROGRAM
(238) NORTHWESTERN MEDICINE KISHWAUKEE 1 KISH HOSPITAL DRIVE , DEKALB , IL 60115	23-7087041	(C)(3)	10,000				HEART FAILURE PROGRAM
(239) NORTHWESTERN MEMORIAL HEALTHCARE PO BOX 73690 , CHICAGO , IL 60673	36-3152959	(C)(3)	10,000				HEART FAILURE PROGRAM
(240) NORTHWESTERN MEMORIAL HOSPITAL 251 E HURON , CHICAGO , IL 60611	37-0960170	(C)(3)	5,000				HEART FAILURE EDUCATION
(241) NORTON AUDUBON HOSPITAL DEPT 86100 PO BOX 36370 , LOUISVILLE , KY 40233	61-0703799	(C)(3)	28,000				CHOLESTEROL MANAGEMENT
(242) NOVANT HEALTH PRESBYTERIAN PO BOX 33549 , CHARLOTTE , NC 28233	58-1413074	(C)(3)	7,000				COMMUNITY HEALTH
(243) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 607 , NEW ORLEANS , LA 70121	72-0502505	(C)(3)	15,698				STROKE PROGRAMS
(244) OJAEXPRESS INC 111 NORTH WABASH AVENUE , CHICAGO , IL 60602	84-4267785		50,000				COMMUNITY NUTRITION
(245) OKLAHOMA INSTITUTE FOR CHILD ADVOCACY 2915 NORTH CLASSEN STE 320 , OKLAHOMA CITY , OK 73106	73-1192768	(C)(3)	104,699				CHILDHOOD OBESITY
(246) OPEN CITIES HEALTH CENTER INC 409 NORTH DUNLAP STREET , SAINT PAUL , MN 55104	36-3381598	(C)(3)	20,000				COMMUNITY HEALTH
(247) ORAL HEALTH KANSAS INC 712 S KANSAS AVENUE STE 412 , TOPEKA , KS 66603	20-0337278	(C)(3)	103,057				CHILDHOOD OBESITY

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(248) ORGANIZE FLORIDA EDUCATION FUND 134 EAST COLONIAL DRIVE , ORLANDO , FL 32801	27-4384675	(C)(3)	62,500				CHILDHOOD OBESITY
(249) OSHUN FAMILY CENTER 1620 W SPARKS STREET , PHILADELPHIA , PA 19141	83-3999474	(C)(3)	60,000				COMMUNITY HEALTH
(250) OSMOND GENERAL HOSPITAL INC 402 NORTH MAPLE STREET , OSMOND , NE 68765	23-7161473	(C)(3)	5,560				STROKE PROGRAMS
(251) PAPA OLA LOKAHI 894 QUEEN STREET , HONOLULU , HI 96813	99-0273765	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(252) PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE , FORT WAYNE , IN 46845	35-0868085	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(253) PAWNEE COUNTY MEMORIAL HOSPITAL 600 I STREET , PAWNEE CITY , NE 68420	36-3169688	GOV	5,250				STROKE PROGRAMS
(254) PENDER COMMUNITY HOSPITAL PO BOX 100 , PENDER , NE 68047	47-0711662	(C)(3)	5,250				STROKE PROGRAMS
(255) PENN PRESBYTERIAN MEDICAL CENTER 51 N 39TH SREET , PHILADELPHIA , PA 19104	23-2810852	(C)(3)	20,000				AORTIC STENOSIS PROGRAM
(256) PEOPLES CENTER CLINICS 425 20TH AVENUE SOUTH , MINNEAPOLIS , MN 55454	41-0982430	(C)(3)	20,000				HYPERTENSION PROGRAMS
(257) PERKINS COUNTY HEALTH SERVI 900 LINCOLN AVENUE , GRANT , NE 69140	47-6014365	GOV	5,560				STROKE PROGRAMS
(258) PIKEVILLE MEDICAL CENTER INC 911 BYPASS ROAD , PIKEVILLE , KY 41501	61-0458376	(C)(3)	14,000				CHOLESTEROL MANAGEMENT
(259) PINNACLE PREVENTION CORP 250 S. ARIZONA AVE, SUITE 6, CHANDLER , AZ 85225	46-4574172	(C)(3)	49,868				CHILDHOOD OBESITY
(260) PITTSBURG UNIFIED SCHOOL DISTRICT 2000 RAILROAD AVENUE, PITTSBURG , CA 94565	52-1771225	GOV	15,000				COMMUNITY NUTRITION
(261) PONDERA MEDICAL CENTER PO BOX 668 , CONRAD , MT 59425	81-0232406	(C)(3)	11,000				STROKE PROGRAMS
(262) PREPGUYS INC 4875 JONES BRIDGE PLACE DRIVE , ALPHARETTA , GA 30022	85-1173997		100,000				COMMUNITY NUTRITION
(263) PREVENTIVE CARDIOVASCULAR NURSES 613 WILLIAMSON STREET STE 200 , MADISON , WI 53703	39-1804895	(C)(3)	13,750				DIABETES AND CVD INITIATIVE
(264) PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE ROAD , WAYNE , NE 68787	47-0566524	(C)(3)	5,250				STROKE PROGRAMS

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(265) PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE STREET , MISSOULA , MT 59802	23-7056976	(C)(3)	25,000				STROKE PROGRAMS
(266) PROVIDENCE ST VINCENT MEDICAL CENTER PO BOX 5977 , PORTLAND , OR 97228	93-0386929		20,000				AORTIC STENOSIS PROJECT
(267) PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR , OAKLAND , CA 94607	94-1646278	(C)(3)	53,150				COMMUNITY HEALTH
(268) RADIANT FAITH ACADEMY 2153 MCKELVEY ROAD , ST LOUIS , MO 63043	43-1314151	(C)(3)	9,780				COMMUNITY NUTRITION
(269) READY BY FIVE STL CITY 7305 MANCHESTER ROAD STE C1 , SAINT LOUIS , MO 63143	85-2400012		51,200				CHILDHOOD OBESITY
(270) RECIPROCITY COLLECTIVE 1043 E 20TH AVENUE , DENVER , CO 80205	81-3599541	(C)(3)	10,000				ANTI TOBACCO ADVOCACY
(271) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET , ANN ARBOR , MI 48109	38-6006309	GOV	10,000				COVID-19 PROGRAMS
(272) REGIONAL WEST MEDICAL CENTER 4021 AVENUE B , SCOTTSBLUFF , NE 69361	47-0385129	(C)(3)	16,140				STROKE PROGRAMS
(273) RESUSCITECH INC 150 CHESTNUT STREET STE C , PROVIDENCE , RI 02903	85-1188257		17,000				CPR TRAINING
(274) RHODE ISLAND PUBLIC HEALTH INSTITUTE 383 WEST FOUNTAIN STREET STE 101 , PROVIDENCE , RI 02903	05-0474726	(C)(3)	60,000				CHILDHOOD OBESITY
(275) RICHVIEW MIDDLE SCHOOL 2350 MEMORIAL DRIVE , CLARKSVILLE , TN 37043	62-0714744	GOV	2,875				ANTI-VAPING PROGRAM
(276) RIDE HEALTH INC 29 WEST 17TH STREET FLOOR 6 , NEW YORK , NY 10011	82-3442492		250,000				COMMUNITY HEALTH
(277) ROSSVIEW MIDDLE SCHOOL 2265 CARDINAL LANE , CLARKSVILLE , TN 37042	62-0714744	GOV	2,875				ANTI-VAPING PROGRAM
(278) RURAL ECONOMIC DEVELOPMENT CENTER INC 4021 CARYA DRIVE , RALEIGH , NC 27610	56-1552375	(C)(3)	47,600				CHILDHOOD OBESITY
(279) RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY , CHICAGO , IL 60612	36-2174823	(C)(3)	15,698				STROKE PROGRAMS
(280) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN STREET STE 285 , CHICAGO , IL 60612	36-2174823	(C)(3)	20,000				COVID19 REGISTRY
(281) SAFE ROUTES PARTNERSHIP 12587 FAIR LAKES CIRCLE #251 , FAIRFAX , VA 22033	46-2694434	(C)(3)	11,550				CHILDHOOD OBESITY

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(282) SAINT FRANCIS MEMORIAL HOSPITAL 430 NORTH MONITOR STREET , WEST POINT , NE 68788	47-0486026	(C)(3)	5,560				STROKE PROGRAMS
(283) SAKAN COMMUNITY RESOURCE INC 1701 AMERICAN BLVD STE 6 , BLOOMINGTON , MN 55420	81-3594639	(C)(3)	40,000				COMMUNITY IMPACT
(284) SALT LAKE CITY COUNTY HEALTH DEPARTMENT 2001 S STATE STREET S2-600 , SALT LAKE CITY , UT 84190	87-6000316	GOV	6,000				ANTI-TOBACCO ADVOCACY
(285) SALT LAKE REGIONAL MEDICAL CENTER LP 1050 EAST SOUTH TEMPLE , SALT LAKE CITY , UT 84102	62-1795214		10,000				ATRIAL FIBRILLATION PROGRAM
(286) SAN DIEGO COMMUNITY COLLEGE DISTRICT 10440 BLACK MOUNTAIN ROAD , SAN DIEGO , CA 92126	95-2644299	GOV	10,000				STUDENT SCHOLARSHIP
(287) SAN FRANCISCO GENERAL HOSPITAL FOUNDATION PO BOX 410836 , SAN FRANCISCO , CA 94141	94-3189424	(C)(3)	80,000				COMMUNITY IMPACT
(288) SANFORD BISMARCK 300 NORTH 7TH STREET , BISMARCK , ND 58501	45-0226700	(C)(3)	20,000				STROKE PROGRAMS
(289) SANFORD MEDICAL CENTER FARGO PO BOX 2010 , FARGO , ND 58122	45-0226909	(C)(3)	20,000				STROKE PROGRAMS
(290) SANTA CLARA UNIVERSITY 500 EL CAMINO REAL , SANTA CLARA , CA 95053	94-1156617	(C)(3)	10,000				STUDENT SCHOLARSHIP
(291) SAPPINGTON CHILD CARE CENTER 9915 EMIL AVENUE , ST LOUIS , MO 63126	43-1687784		6,087				COMMUNITY NUTRITION
(292) SAUNDERS MEDICAL CENTER FOUNDATION 1760 COUNTY ROAD J , WAHOO , NE 68066	47-0763871	(C)(3)	17,285				STROKE PROGRAMS
(293) SCIOTO VALLEY FIRE DISTRICT PO BOX 367 , LA RUE , OH 43332	31-0945844	GOV	15,009				AED PURCHASE
(294) SIDNEY HEALTH CENTER 216 14TH AVENUE SW , SIDNEY , MT 59270	81-0233499	(C)(3)	11,000				STROKE PROGRAMS
(295) SIERRA HEALTH FOUNDATION CENTER 1321 GARDEN HIGHWAY STE 210 , SACRAMENTO , CA 95833	45-5282243	(C)(3)	24,475				CHILDHOOD OBESITY
(296) SMALL BUSINESS MAJORITY FOUNDATION INC 1015 15TH STREET NW STE 450 , WASHINGTON , DC 20005	03-0576666	(C)(3)	103,079				CHILDHOOD OBESITY
(297) SMART FROM THE START 68 ANNUNCIATION ROAD , BOSTON , MA 02120	45-4952663	(C)(3)	50,000				COMMUNITY HEALTH

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(298) SMART KIDS CHILD DEVELOPMENT CENTER LLC 12027 BELLEFONTAINE ROAD , ST LOUIS , MO 63138	81-2960513		10,000				COMMUNITY NUTRITION
(299) SOCIETY OF PROFESSIONAL JOURNALISTS 18111 NORDHOFF ST., NORTHRIDGE , CA 91330	95-4358677	(C)(3)	20,000				STUDENT SCHOLARSHIP
(300) SOUTHAMPTON MEMORIAL HOSPITAL 100 FAIRVIEW DRIVE , FRANKLIN , VA 23851	52-2200240		5,075				HEART FAILURE EDUCATION
(301) SOUTHEAST GEORGIA HEALTH SYSTEM INC 2415 PARKWOOD DRIVE , BRUNSWICK , GA 31520	58-1911751	(C)(3)	8,763				PATIENT MANAGEMENT TOOL
(302) SPANISH SPEAKING UNITY COUNCIL INC 1900 FRUITVALE AVENUE STE 2A , OAKLAND , CA 94601	94-1670490	(C)(3)	100,000				COMMUNITY IMPACT
(303) SPECTRUM HEALTH HOSPITALS PO BOX 2127 , GRAND RAPIDS , MI 49501	38-1360529	(C)(3)	40,000				DIABETES INITIATIVE
(304) SPELMAN COLLEGE 350 SPELMAN LANE SW CAMPUS BOX 771 , ATLANTA , GA 30314	58-0566243	(C)(3)	10,000				STUDENT SCHOLARSHIP
(305) SPUR 654 MISSION STREET , SAN FRANCISCO , CA 94105	94-1498232		14,311				CHILDHOOD OBESITY
(306) SSM HEALTH FOUNDATION ST LOUIS 12312 OLIVE BLVD STE 100 , SAINT LOUIS , MO 63141	43-1552945	(C)(3)	19,500				HEART FAILURE PROGRAM
(307) ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE , BISMARCK , ND 58506	45-0226711	(C)(3)	44,301				STROKE PROGRAMS
(308) ST ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE , EDGEWOOD , KY 41017	61-0445850	(C)(3)	10,000				ATRIAL FIBRILLATION PROGRAM
(309) ST JAMES HEALTHCARE FOUNDATION 400 S CLARK STREET , BUTTE , MT 59701	65-1202190	(C)(3)	25,000				STROKE PROGRAMS
(310) ST LUKES FOUNDATION PO BOX 4332 , HOUSTON , TX 77210	45-3811485	(C)(3)	15,698				STROKE PROGRAMS
(311) ST MARYS COMMUNITY HOSPITAL 1301 GRUNDMAN BLVD , NEBRASKA CITY , NE 68410	47-0443636	(C)(3)	5,250				STROKE PROGRAMS
(312) ST PETERSBURG FREE CLINIC INC 863 3RD AVENUE NORTH , SAINT PETERSBURG , FL 33701	23-7208280	(C)(3)	25,000				COMMUNITY HEALTH
(313) STANFORD HEALTH CARE 300 PASTEUR DRIVE MC5554 , STANFORD , CA 94305	94-6174066	(C)(3)	30,000				AORTIC STENOSIS PROGRAMS
(314) STARK COUNTY AMBULANCE INC PO BOX 236 , TOULON , IL 61483	36-3850447		47,668				CARDIAC MONITORS

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(315) STEP BY STEP PRESCHOOL 5261 DELMAR BLVD , ST LOUIS , MO 63108	43-1875367		8,822				COMMUNITY NUTRITION
(316) STERLING AREA HEALTH CENTER PO BOX 740 , STERLING , MI 48659	38-2205859	(C)(3)	5,000				HYPERTENSION AND CHOLESTEROL PROGRAMS
(317) STILLWATER BILLINGS CLINIC PO BOX 959 , COLUMBUS , MT 59019	81-0286525	(C)(3)	11,000				STROKE PROGRAMS
(318) STONE TEMPLE MISSIONARY BAPTIST CHURCH 3622 W DOUGLAS BLVD , CHICAGO , IL 60623	36-4158998	(C)(3)	125,000				COMMUNITY NUTRITION
(319) STONEWALL JACKSON MEMORIAL HOSPITAL CO 230 HOSPITAL PLAZA , WESTON , WV 26452	55-0422958	(C)(3)	6,000				STROKE PROGRAMS
(320) SWEDISH AMERICA HOSPITAL 1401 E STATE STREET , ROCKFORD , IL 61104	36-2222696	(C)(3)	10,000				COVID19 REGISTRY
(321) TACOMA FARMERS MARKET 902 MARKET STREET , TACOMA , WA 98401	91-1647227	(C)(3)	50,000				COMMUNITY NUTRITION
(322) TEACHERS COLLEGE COLUMBIA UNIVERSITY BOX 151 , NEW YORK , NY 10027	13-1624202	(C)(3)	27,000				CHILDHOOD OBESITY
(323) TENANTS AND WORKERS UNITED 3801 MOUNT VERNON AVENUE , ALEXANDRIA , VA 22305	54-1515305	(C)(3)	25,000				CHILDHOOD OBESITY
(324) TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 , SAN ANTONIO , TX 78212	27-1481855	(C)(3)	50,000				CHILDHOOD OBESITY
(325) THAYER COUNTY HEALTH SERVICE 120 PARK AVENUE , HEBRON , NE 68370	47-0627838	GOV	5,250				STROKE PROGRAMS
(326) THEA BOWMAN HOUSE INC 731 LAFAYETTE STREET , UTICA , NY 13502	16-1488620	(C)(3)	7,015				COMMUNITY IMPACT
(327) THOMAS HOSPITALS 750 MORPHY AVENUE , FIARHOPE , AL 36532	63-0891904	(C)(3)	14,000				CHOLESTEROL MANAGEMENT
(328) THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET STE 2004 , PHILADELPHIA , PA 19107	23-1352651	(C)(3)	35,698				AORTIC STENOSIS PROGRAM
(329) TOBACCO FREE KIDS ACTION FUND 1400 I STREET NW STE 1200 , WASHINGTON , DC 20005	52-1974904	(C)(4)	40,000				ANTI-TOBACCO ADVOCACY
(330) TOGETHER LOUISIANA 3401 CANAL STREET , NEW ORLEANS , LA 70119	82-3710699	(C)(3)	100,000				CHILDHOOD OBESITY
(331) TOLA ORGANIZING ACADEMY 191 RIDGEWAY AVENUE , OAKLAND , CA 94611	82-1791727	(C)(3)	21,900				CHILDHOOD OBESITY
(332) TORRANCE MEMORIAL MEDICAL CENTER 3330 LOMITA BLVD , TORRANCE , CA 90505	95-1644042	(C)(3)	14,000				CHOLESTEROL MANAGEMENT
(333) TRI VALLEY HEALTH SYSTEM 1305 HIGHWAY 6 & 34 , CAMBRIDGE , NE 69022	47-6028103	(C)(3)	5,560				STROKE PROGRAMS

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(334) TRINITY HOSPITALS 305 11TH AVE. SW, MINOT , ND 58701	41-2002771		20,000				STROKE PROGRAMS
(335) UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKWAY , BALTIMORE , MD 21218	52-0591685	(C)(3)	59,650				ATRIAL FIBRILLATION PROGRAM
(336) UNITED PARENTS AND STUDENTS 1149 S HILL STREET STE 600 , LOS ANGELES , CA 90015	81-3413763	(C)(3)	25,000				ANTI TOBACCO ADVOCACY
(337) UNITY HOSPITAL 1555 LONG POND ROAD , ROCHESTER , NY 14626	23-7221763	(C)(3)	7,768				CORONARY ARTERY DISEASE PROGRAM
(338) UNIVERSITY OF ARIZONA PO BOX 210066 , TUCSON , AZ 85719	74-2652689	GOV	10,000				STUDENT SCHOLARSHIP
(339) UNIVERSITY OF ARKANSAS FOR MEDICAL SERVICES 4301 W. MARKHAM STREET, LITTLE ROCK , AR 72205	71-6046242	GOV	5,000				HEART FAILURE PROGRAMS
(340) UNIVERSITY OF CALIFORNIA LOS ANGELES 757 WESTWOOD PLAZA, LOS ANGELES , CA 90095	95-6006143	GOV	20,000				AORTIC STENOSIS PROGRAM
(341) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1001 POTRERO AVENUE , SAN FRANCISCO , CA 94110	94-6036493	GOV	10,000				COVID-19 REGISTRY
(342) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVENUE , CHICAGO , IL 60637	36-3488183	(C)(3)	14,000				CHOLESTEROL MANAGEMENT
(343) UNIVERSITY OF ILLINOIS AT CHICAGO 1200 WEST HARRISON M/C 334 , CHICAGO , IL 60607	37-6000511	GOV	14,000				CHOLESTEROL EDUCATION PROGRAMS
(344) UNIVERSITY OF KANSAS HOSPITAL AUTHORITY 4000 CAMBRIDGE STREET , KANSAS CITY , KS 66160	48-1202402	GOV	20,000				AORTIC STENOSIS PROJECT
(345) UNIVERSITY OF MARYLAND MEDICAL SYSTEM 110 S PACA STREET 9TH FLOOR , BALTIMORE , MD 21201	52-2238893	(C)(3)	84,999				ATRIAL FIBRILLATION PROGRAM
(346) UNIVERSITY OF MINNESOTA 1049 UNIVERSITY DRIVE , DULUTH , MN 55812	41-6007513	GOV	10,000				STUDENT SCHOLARSHIP
(347) UNIVERSITY OF NEBRASKA AT MEDICAL CENTER 985045 NE MEDICAL CENTER , OMAHA , NE 68198	47-0049123	GOV	42,500				STROKE PROGRAMS
(348) UNIVERSITY OF NORTH CAROLINA HEALTH CARE 101 MANNING DRIVE, CHAPEL HILL, NC 27514	56-2206970	GOV	15,698				STROKE PROGRAMS

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(349) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 1500 MARKET STREET, PHILADELPHIA , PA 19102	23-1352685	(C)(3)	35,698				AORTIC STENOSIS PROJECT
(350) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, ROCHESTER , NY 14642	16-0743209	(C)(3)	8,073				CORONARY ARTERY DISEASE PROGRAM
(351) UNIVERSITY OF UTAH HOSPITALS & CLINICS 127 SOUTH 500 EAST STE 200 , SALT LAKE CITY , UT 84102	87-6000525	GOV	30,000				AORTIC STENOSIS PROGRAM
(352) UNIVERSITY OF WISCONSIN HOSPITALS 600 HIGHLAND AVENUE , MADISON , WI 53792	39-1835630	(A)(1)	15,698				STROKE PROGRAMS
(353) URBAN FARMING INSTITUTE OF BOSTON INC 487R NORFOLK STREET , MATTAPAN , MA 02126	45-3961022	(C)(3)	60,000				COMMUNITY NUTRITION
(354) URBAN GROWERS COLLECTIVE 1200 W 35TH STREET #118 , CHICAGO , IL 60609	82-3336616	(C)(3)	125,000				COMMUNITY NUTRITION
(355) UTAH COUNTY GOVERNMENT 151 S UNIVERSITY AVENUE STE 2700 , PROVO , UT 84606	87-6000312	GOV	5,000				ANTI-VAPING PROGRAM
(356) VALLEY BAPTIST MEDICAL CENTER HARLINGEN 2101 PEASE STREET , HARLINGEN , TX 78550	45-2662980		15,698				STROKE PROGRAMS
(357) VIDANT HEALTH 2100 STANTONSBURG ROAD, GREENVILLE , NC 27835	56-2141073	(C)(3)	15,698				STROKE PROGRAMS
(358) VIORA HEALTH INC 3401 MARKET STREET STE 200 , PHILADELPHIA , PA 19104	82-4215919		70,000				DIABETES PREVENTION
(359) VIRTUA HEALTH INC 303 LIPPINCOTT DRIVE 4TH FLOOR , MARLTON , NJ 08053	22-3524939	(C)(3)	5,000				NUTRITION PROGRAMS
(360) VOICES FOR GEORGIA'S CHILDREN 75 MARIETTA STREET NW STE 401 , ATLANTA , GA 30303	02-0678823	(C)(3)	52,000				COMMUNITY NUTRITION
(361) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD , WINSTON-SALEM , NC 27157	22-3849199	(C)(3)	15,698				STROKE PROGRAMS
(362) WASHINGTON STATE ASSOCIATION 345 118TH AVENUE SOUTHEAST STE 110 , BELLEVUE , WA 98005	23-7444962	(C)(3)	49,963				CHILDHOOD OBESITY
(363) WAYNE COUNTY HEALTH COMMUNITIES 9021 JOSEPH CAMPAU , HAMTRAMCK , MI 48212	30-0672911	(C)(3)	6,010				COMMUNITY HEALTH

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(364) WELD SEATTLE 1426 SOUTH JACKSON STREET , SEATTLE , WA 98144	81-3922645	(C)(3)	60,000				COMMUNITY IMPACT
(365) WELLBEING PARTNERS THE 6001 DODGE STREET STE 228 , OMAHA , NE 68182	47-0642708	(C)(3)	15,000				COMMUNITY IMPACT
(366) WELLSTAR KENNESTONE REGIONAL MEDICAL 677 CHURCH STREET, MARIETTA , GA 30067	58-2032904	(C)(3)	20,000				AORTIC STENOSIS PROJECT
(367) WEPower 4240 DUNCAN AVENUE , SAINT LOUIS , MO 63110	82-3591958	(C)(3)	8,800				CHILDHOOD OBESITY
(368) WEST HOLT MEMORAL HOSPITAL 406 WEST NEELY STREET , ATKINSON , NE 68713	47-0544098	(C)(3)	5,560				STROKE PROGRAMS
(369) WHEELING HOSPITAL INC 1 MEDICAL PARK , WHEELING , WV 26003	55-0357057	(C)(3)	14,000				CHOLESTEROL MANAGEMENT
(370) WHOLESOME WAVE GEORGIA INC 777 CLEVELAND AVENUE SW STE 400 , ATLANTA , GA 30315	45-4816906	(C)(3)	18,000				COMMUNITY NUTRITION
(371) WICHITA STATE UNIVERSITY BOX 24 , WICHITA , KS 67260	48-1124839	GOV	10,000				STUDENT SCHOLARSHIP
(372) WINSTON SALEM STATE UNIVERSITY 601 MARTIN LUTHER KING JR. DRIVE, WINSTON-SALEM , NC 27110	56-0989620	(C)(3)	65,000				COMMUNITY HEALTH
(373) WOMEN IN DISTRESS OF BROWARD COUNTY PO BOX 50187 , LIGHTHOUSE POINT , FL 33074	59-1592524	(C)(3)	9,000				COMMUNITY HEALTH
(374) WOMENS FUND OF GREATER BIRMINGHAM THE 2201 5TH AVENUE S STE 110 , BIRMINGHAM , AL 35233	45-0952468	(C)(3)	25,000				CHILDHOOD OBESITY
(375) YAKIMA VALLEY FARM WORKERS CLINIC PO BOX 190 , TOPPENISH , WA 98948	91-1019392	(C)(3)	21,000				DIABETES PREVENTION PROGRAM
(376) YORK GENERAL HEALTHCARE SERVICES 2222 NORTH LINCOLN AVENUE , YORK , NE 68467	47-0379039	(C)(3)	5,250				STROKE PROGRAMS
(377) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE , NEW YORK, NY 10461	83-0621846	(C)(3)	795,280				RESEARCH
(378) ARIZONA STATE UNIVERSITY PO BOX 876011, TEMPE, AZ 85287	86-0196696	GOV	300,000				RESEARCH
(379) AUGUSTA UNIVERSITY 1120 15TH STREET, AUGUSTA, GA 30912	58-6002053	(C)(3)	3,846,470				RESEARCH
(380) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. 1120 15TH STREET CJ 3301, AUGUSTA, GA 30912	58-1418202	(C)(3)	231,000				RESEARCH

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(381) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM 310, HOUSTON, TX 77030	74-1613878	(C)(3)	1,097,371				RESEARCH
(382) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, E/BR 264, BOSTON, MA 02215	04-2103881	(C)(3)	3,100,092				RESEARCH
(383) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	(C)(3)	895,933				RESEARCH
(384) BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLAGE, BOSTON, MA 02118	04-3314093	(C)(3)	1,601,902				RESEARCH
(385) BOSTON UNIVERSITY SCHOOL OF MEDICINE 85 EAST NEWTON STREET, M-921, BOSTON, MA 02118	04-2103547	(C)(3)	1,407,033				RESEARCH
(386) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET, BOSTON, MA 02115	04-2312909	(C)(3)	12,174,387				RESEARCH
(387) BROWN UNIVERSITY 350 EDDY STREET, BOX 1929, PROVIDENCE, RI 02912	05-0258809	(C)(3)	134,236				RESEARCH
(388) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106	34-1018992	(C)(3)	330,289				RESEARCH
(389) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD, LOS ANGELES, CA 90048	95-1644600	(C)(3)	880,968				RESEARCH
(390) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD, LOS ANGELES, CA 90027	95-1690977	(C)(3)	230,217				RESEARCH
(391) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	(C)(3)	1,076,061				RESEARCH
(392) CHILDREN'S HOSPITAL OF PHILADELPHIA 2716 SOUTH ST., PHILADELPHIA, PA 19146	23-1352166	(C)(3)	140,752				RESEARCH
(393) CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN N.W., WASHINGTON, DC 20010	53-0196580	(C)(3)	155,508				RESEARCH
(394) CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVENUE, NW, WASHINGTON, DC 20010	52-1654453	(C)(3)	200,000				RESEARCH
(395) CLEMSON UNIVERSITY 230 KAPPA STREET , CLEMSON, SC 29634	57-6000254	GOV	31,520				RESEARCH
(396) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY, FORT COLLINS, CO 80523	84-6000545	GOV	203,792				RESEARCH

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(397) COLUMBIA UNIVERSITY, NEW YORK 630 WEST 168TH STREET, NEW YORK, NY 10032	13-5598093	(C)(3)	2,031,026				RESEARCH
(398) CORNELL UNIVERSITY 373 PINE TREE ROAD, ITHACA, NY 14850	15-0532082	(C)(3)	199,276				RESEARCH
(399) DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, DURHAM, NC 27705	56-0532129	(C)(3)	755,881				RESEARCH
(400) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, ATLANTA, GA 30322	58-0566256	(C)(3)	1,598,782				RESEARCH
(401) GEORGIA STATE UNIVERSITY 38 PEACHTREE CENTER, ATLANTA, GA 30302	58-6002050	(C)(3)	300,000				RESEARCH
(402) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION 58 EDGEWOOD AVENUE NE., 3RD FLOOR, ATLANTA, GA 30302	58-1845423	(C)(3)	140,752				RESEARCH
(403) GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW, ATLANTA, GA 30332	58-0603146	(C)(3)	136,756				RESEARCH
(404) HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET, SUITE 509A, BOSTON, MA 02115	04-2103580	(C)(3)	883,240				RESEARCH
(405) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE BOX 1075, NEW YORK, NY 10029	13-6171197	(C)(3)	657,080				RESEARCH
(406) INDIANA UNIVERSITY 509 E 3RD STREET, BLOOMINGTON, IN 47401	35-6001673	GOV	891,316				RESEARCH
(407) J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET, SAN FRANCISCO, CA 94158	23-7203666	(C)(3)	382,080				RESEARCH
(408) JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET B001, BALTIMORE, MD 21218	52-0595110	(C)(3)	6,051,029				RESEARCH
(409) LAWRENCE LIVERMORE NATIONAL SECURITY 7000 EAST AVENUE L435, LIVERMORE, CA 94550	20-5624386	GOV	585,965				RESEARCH
(410) LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST., NEW ORLEANS, LA 70112	72-6087770	GOV	63,040				RESEARCH
(411) LOYOLA UNIVERSITY CHICAGO 2160 SOUTH FIRST AVE, MAYWOOD, IL 60153	36-1408475	(C)(3)	703,792				RESEARCH
(412) LSU HEALTH SCIENCES CENTER 1501 KINGS HWY. P. O. BOX 33932, SHREVEPORT, LA 71130	72-0702002	GOV	462,000				RESEARCH

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(413) MARQUETTE UNIVERSITY 1324 W. WISCONSIN AVENUE, SUITE 341, MILWAUKEE, WI 53233	39-0806251	(C)(3)	200,000				RESEARCH
(414) MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE, HUNTINGTON, WV 25755	55-0683361	(C)(3)	165,000				RESEARCH
(415) MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEECKER STREET, UTICA, NY 13501	13-5648611	(C)(3)	433,315				RESEARCH
(416) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA 02114	04-2697983	(C)(3)	4,089,100				RESEARCH
(417) MAYO CLINIC 200 FIRST ST. SW, ROCHESTER, MN 55905	41-6011702	(C)(3)	270,992				RESEARCH
(418) MAYO CLINIC ARIZONA 13400 EAST SHEA BLVD, SCOTTSDALE, AZ 85259	86-0800150	(C)(3)	300,000				RESEARCH
(419) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	59-3337028	(C)(3)	300,000				RESEARCH
(420) MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE, BOX 89, NEW YORK, NY 10065	13-1623978	(C)(3)	140,752				RESEARCH
(421) MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD. , MILWAUKEE, WI 53226	39-0806261	(C)(3)	3,355,677				RESEARCH
(422) MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE, CHARLESTON, SC 29425	57-6000722	GOV	344,714				RESEARCH
(423) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, MI 48824	38-6005984	GOV	136,756				RESEARCH
(424) MISSISSIPPI STATE UNIVERSITY 449 HARDY ROAD, MISSISSIPPI STATE, MS 39762	64-6000819	GOV	231,000				RESEARCH
(425) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST., PHILADELPHIA, PA 19104	23-2020897	(C)(3)	231,000				RESEARCH
(426) NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801, NEW YORK, NY 10012	13-5562308	(C)(3)	10,351,495				RESEARCH
(427) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY, RALEIGH, NC 27695	56-6000756	GOV	230,908				RESEARCH
(428) NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44, PO BOX 95, ROOTSTOWN, OH 44272	34-1131512	GOV	140,752				RESEARCH

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(429) NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE, CHICAGO, IL 60611	36-2167817	(C)(3)	1,961,085				RESEARCH
(430) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	GOV	1,408,592				RESEARCH
(431) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. , PORTLAND, OR 97239	93-1176109	GOV	126,080				RESEARCH
(432) PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVENUE , PALO ALTO, CA 94304	77-0207331	(C)(3)	400,000				RESEARCH
(433) PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE, HERSHEY, PA 17033	24-6000376	GOV	531,000				RESEARCH
(434) PRINCETON UNIVERSITY P.O. BOX 36, PRINCETON, NJ 08544	21-0634501	(C)(3)	63,040				RESEARCH
(435) PURDUE UNIVERSITY 155 S. GRANT STREET, WEST LAFAYETTE, IN 47907	35-6002041	GOV	407,776				RESEARCH
(436) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE, COLUMBUS, OH 43205	31-6056230	(C)(3)	287,488				RESEARCH
(437) RHODE ISLAND HOSPITAL 593 EDDY STREET, PROVIDENCE, RI 02903	05-0258954	(C)(3)	140,752				RESEARCH
(438) RUTGERS NEW JERSEY MEDICAL SCHOOL. 90 BERGEN STREET, SUITE 8100, NEWARK, NJ 07103	46-2354111	GOV	1,096,520				RESEARCH
(439) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 311 NORTH 5TH STREET, CAMDEN, NJ 08102	22-6001086	GOV	231,000				RESEARCH
(440) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	51-0197108	(C)(3)	63,040				RESEARCH
(441) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	(C)(3)	278,972				RESEARCH
(442) STANFORD UNIVERSITY SCHOOL OF MEDICINE 269 CAMPUS DRIVE WEST, STANFORD, CA 94305	94-1156365	(C)(3)	4,973,072				RESEARCH
(443) SUNY AT BUFFALO 520 LEE ENTRANCE, SUITE 211 , AMHERST, NY 14228	14-1368361	(C)(3)	168,276				RESEARCH
(444) TEMPLE UNIVERSITY 2450 WEST HUNTING PARK AVENUE, PHILADELPHIA, PA 19129	23-1365971	(C)(3)	1,570,816				RESEARCH

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(445) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL, COLLEGE STATION, TX 77845	74-6000531	GOV	63,040				RESEARCH
(446) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL, COLLEGE STATION, TX 77845	74-2907553	GOV	176,256				RESEARCH
(447) TEXAS HEART INSTITUTE 6770 BERTNER AVENUE, HOUSTON, TX 77030	74-6053200	(C)(3)	231,000				RESEARCH
(448) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900, PHILADELPHIA, PA 19107	23-1352651	(C)(3)	600,000				RESEARCH
(449) TUFTS COLLEGE 136 HARRISON AVENUE, BOSTON, MA 02111	04-2103634	(C)(3)	331,520				RESEARCH
(450) TULANE UNIVERSITY HEALTH SCIENCES CENTER 1430 TULANE AVENUE, NEW ORLEANS, LA 70112	72-0423889	(C)(3)	468,736				RESEARCH
(451) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 1170, BIRMINGHAM, AL 35294	63-6005396	GOV	4,140,140				RESEARCH
(452) UNIVERSITY OF ARIZONA P O BOX 210158, ROOM 510, TUCSON, AZ 85721	74-2652689	GOV	634,588				RESEARCH
(453) UNIVERSITY OF ARKANSAS 210 ADMINISTRATION BUILDING, FAYETTEVILLE, AR 77201	71-6003252	GOV	136,756				RESEARCH
(454) UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DRIVE, SUITE 300, DAVIS, CA 95618	94-6036494	GOV	981,480				RESEARCH
(455) UNIVERSITY OF CALIFORNIA, BERKELEY 1608 FOURTH STREET, SUITE 220 , BERKELEY, CA 94710	94-6002123	GOV	357,080				RESEARCH
(456) UNIVERSITY OF CALIFORNIA, LOS ANGELES 0889 WILSHIRE BOULEVARD, SUITE 700, LOS ANGELES, CA 90095	95-6006143	GOV	1,013,764				RESEARCH
(457) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE, DEPT 0934, LA JOLLA, CA 92093	95-6006144	GOV	1,308,360				RESEARCH
(458) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	GOV	4,630,838				RESEARCH
(459) UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300, CHICAGO, IL 60637	36-2177139	(C)(3)	799,796				RESEARCH

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(460) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE P.O. BOX 210222, CINCINNATI, OH 45221	31-6000989	GOV	735,992				RESEARCH
(461) UNIVERSITY OF COLORADO DENVER 500 13001 E. 17TH PLACE, RM W1124, AURORA, CO 80045	84-6000555	GOV	1,273,304				RESEARCH
(462) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT 06030	52-1725543	GOV	138,000				RESEARCH
(463) UNIVERSITY OF DELAWARE 210 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	GOV	274,988				RESEARCH
(464) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	GOV	473,512				RESEARCH
(465) UNIVERSITY OF GEORGIA 310 EAST CAMPUS RD , ATHENS, GA 30602	58-1353149	GOV	63,040				RESEARCH
(466) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368, HONOLULU, HI 96822	99-6000354	GOV	126,080				RESEARCH
(467) UNIVERSITY OF HOUSTON 4302 UNIVERSITY DRIVE, ROOM 316, HOUSTON, TX 77204	74-6001399	GOV	465,000				RESEARCH
(468) UNIVERSITY OF ILLINOIS AT CHICAGO 1737 W. POLK ST M/C 672 AOB 304, CHICAGO, IL 60612	37-6000511	GOV	882,656				RESEARCH
(469) UNIVERSITY OF IOWA 2 GILMORE HALL, IOWA CITY, IA 52242	42-6004813	GOV	2,043,934				RESEARCH
(470) UNIVERSITY OF KANSAS 3901 RAINBOW BOULEVARD, KANSAS CITY, KS 66103	48-1108830	(C)(3)	227,354				RESEARCH
(471) UNIVERSITY OF KENTUCKY 109 KINKEAD HALL, LEXINGTON, KY 40526	61-6033693	GOV	197,276				RESEARCH
(472) UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON STREET 4TH FLOOR , BALTIMORE, MD 21201	52-6002033	GOV	560,292				RESEARCH
(473) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH, WORCESTER, MA 01655	04-3167352	GOV	231,000				RESEARCH
(474) UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY, CORAL GABLES, FL 33146	59-0624458	(C)(3)	363,040				RESEARCH
(475) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109	38-6006309	GOV	2,511,712				RESEARCH
(476) UNIVERSITY OF MINNESOTA 200 OAK STREET S.E., MINNEAPOLIS, MN 55455	41-6007513	GOV	1,117,336				RESEARCH
(477) UNIVERSITY OF MISSISSIPPI 100 BARR HALL PO BOX 1848, UNIVERSITY, MS 38677	64-6001159	GOV	231,000				RESEARCH

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(478) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS 39216	64-6008520	GOV	365,236				RESEARCH
(479) UNIVERSITY OF MISSOURI-COLUMBIA 70W, MIZZOU NORTH, ROOM 501, COLUMBIA, MO 65211	43-6003859	GOV	140,752				RESEARCH
(480) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198	47-0049123	GOV	737,061				RESEARCH
(481) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200 , CHAPEL HILL, NC 27599	56-6001393	GOV	1,940,466				RESEARCH
(482) UNIVERSITY OF NORTH CAROLINA WILMINGTON 601 SOUTH COLLEGE ROAD, WILMINGTON, NC 20403	56-1258660	GOV	231,000				RESEARCH
(483) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD., FORT WORTH, TX 76107	75-6064033	GOV	300,000				RESEARCH
(484) UNIVERSITY OF OKLAHOMA 865 RESEARCH PARKWAY URP865-450, OKLAHOMA CITY, OK 73104	73-1563627	GOV	231,316				RESEARCH
(485) UNIVERSITY OF OKLAHOMA 201 STEPHENSON PKWY, NORMAN, OK 73019	73-1377584	GOV	63,040				RESEARCH
(486) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON, EUGENE, OR 97403	46-4727800	GOV	231,000				RESEARCH
(487) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, PHILADELPHIA, PA 19104	23-1352685	(C)(3)	3,323,384				RESEARCH
(488) UNIVERSITY OF PITTSBURGH 3420 FORBES AVENUE, PITTSBURGH, PA 15260	25-0965591	(C)(3)	2,437,916				RESEARCH
(489) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG. BOX 270140, ROCHESTER, NY 14627	16-0743209	(C)(3)	726,080				RESEARCH
(490) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD. AD 200, MOBILE, AL 36688	63-0477348	GOV	63,040				RESEARCH
(491) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414, COLUMBIA, SC 29208	57-6001153	GOV	63,040				RESEARCH
(492) UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET, VERMILLION, SD 57069	46-6000364	GOV	300,000				RESEARCH
(493) UNIVERSITY OF SOUTH FLORIDA 4019 E. FOWLER AVE. SUITE 100, TAMPA, FL 33617	59-3102112	GOV	203,792				RESEARCH

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(494) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR, LOS ANGELES, CA 90089	95-1642394	(C)(3)	231,000				RESEARCH
(495) UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 S. DUNLAP, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOV	867,552				RESEARCH
(496) UNIVERSITY OF TEXAS AT ARLINGTON 701 S. NEDDERMAN DRIVE , ARLINGTON, TX 76019	75-6000121	GOV	126,080				RESEARCH
(497) UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LN, SUITE 3.340, AUSTIN, TX 78759	74-6000203	GOV	346,984				RESEARCH
(498) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN, UCT 1006, HOUSTON, TX 77030	74-1761309	GOV	1,922,860				RESEARCH
(499) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229	74-1586031	GOV	231,000				RESEARCH
(500) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BOULEVARD , GALVESTON, TX 77555	74-6000949	GOV	363,040				RESEARCH
(501) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD MC 9105, DALLAS, TX 75390	75-6002868	GOV	2,876,197				RESEARCH
(502) UNIVERSITY OF TOLEDO 218 3000 ARLINGTON AVENUE, TOLEDO, OH 43614	34-6401483	GOV	596,236				RESEARCH
(503) UNIVERSITY OF UTAH 75 S 2000 E RM 215, SALT LAKE CITY, UT 84112	87-6000525	GOV	412,968				RESEARCH
(504) UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET , BURLINGTON, VT 05405	03-0179440	GOV	231,000				RESEARCH
(505) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	GOV	872,076				RESEARCH
(506) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98195	91-6001537	GOV	1,377,310				RESEARCH
(507) UNIVERSITY OF WISCONSIN 480 LINCOLN DRIVE, MADISON, WI 53706	39-6006492	GOV	1,471,952				RESEARCH
(508) VA BOSTON HEALTHCARE SYSTEM 150 SOUTH HUNTINGTON AVE, BOSTON, MA 02130	74-1612229	GOV	1,122,758				RESEARCH

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(509) VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH, NASHVILLE, TN 37203	62-0476822	(C)(3)	444,436				RESEARCH
(510) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE, STE 970, NASHVILLE, TN 37203	35-2528741	(C)(3)	1,954,499				RESEARCH
(511) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET , RICHMOND, VA 23298	54-6001758	GOV	499,796				RESEARCH
(512) WASHINGTON STATE UNIVERSITY 280 LIGHTY, PULLMAN, WA 99164	91-6001108	GOV	63,040				RESEARCH
(513) WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE CAMPUS BOX 1054, ST. LOUIS, MO 63130	43-0653611	(C)(3)	1,466,588				RESEARCH
(514) WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 13202, DETROIT, MI 48202	38-6028429	GOV	2,934,038				RESEARCH
(515) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506	55-0665758	GOV	813,040				RESEARCH
(516) YALE UNIVERSITY PO BOX 208327, NEW HAVEN, CT 06520	06-0646973	(C)(3)	4,812,968				RESEARCH

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS</p>	<p>RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION (AHA) ANNUALLY AND PAID TO THE GRANTEE'S INSTITUTION QUARTERLY OVER THE MULTI-YEAR LIFE OF THE AWARD. GRANTEES ARE REQUIRED TO SUBMIT REPORTS OF SCIENTIFIC PROGRESS ANNUALLY PRIOR TO THE ISSUANCE OF EACH SUBSEQUENT YEAR'S PAYMENTS. THESE REPORTS MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND EXPERIENCED RESEARCHERS. AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA.</p> <p>AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF (1) APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE AND (2) THE VETERANS ADMINISTRATION EMPLOYEES. ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT.</p> <p>INDIVIDUAL ELIGIBILITY FOR AWARDS THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND ACADEMIC POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS AND AT THE TIME OF APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).</p> <p>THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AHA RESEARCH PROGRAMS ARE AS FOLLOWS: -PREDOCTORAL FELLOWSHIPS THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF PROMISING STUDENTS WHO ARE MATRICULATED IN PRE-DOCTORAL OR CLINICAL HEALTH PROFESSIONAL DEGREE TRAINING PROGRAMS. POST BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH.D., M.D., OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE. -POSTDOCTORAL FELLOWSHIPS THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF POSTDOCTORAL APPLICANTS WHO ARE NOT YET INDEPENDENT. INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK. INDIVIDUALS ARE EXPECTED TO DEVOTE AT LEAST 80% FULL-TIME EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT TO INDEPENDENT RESEARCH (INSTEAD OF ADMINISTRATIVE, CLINICAL, OR TEACHING RESPONSIBILITIES). -CAREER DEVELOPMENT AWARDS THIS PROGRAM SUPPORTS HIGHLY PROMISING HEALTHCARE AND ACADEMIC PROFESSIONALS, IN THE EARLY YEARS OF ONE'S FIRST PROFESSIONAL APPOINTMENT, TO EXPLORE INNOVATIVE QUESTIONS OR PILOT STUDIES. AT THE TIME OF APPLICATION, THE APPLICANT MUST HOLD AN M.D., PH.D., D.O., D.V.M., D.D.S., OR EQUIVALENT POST-BACCALAUREATE DOCTORAL DEGREE. AT THE TIME OF AWARD ACTIVATION, THE APPLICANT MUST HOLD A FACULTY/STAFF POSITION UP TO AND INCLUDING THE RANK OF ASSISTANT PROFESSOR (OR EQUIVALENT). APPLICATIONS MAY BE SUBMITTED FOR REVIEW IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE FIRST FACULTY/STAFF APPOINTMENT. APPLICANTS MAY NOT BE A CURRENT OR PRIOR RECIPIENT OF AN AHA SCIENTIST DEVELOPMENT GRANT. AT AWARD ACTIVATION, NO MORE THAN FOUR YEARS MAY HAVE ELAPSED SINCE THE FIRST FACULTY/STAFF APPOINTMENT (AFTER RECEIPT OF DOCTORAL DEGREE) AT THE ASSISTANT PROFESSOR LEVEL OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, INSTRUCTOR, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.). -ESTABLISHED INVESTIGATOR AWARDS MID-CAREER INVESTIGATORS WITH UNUSUAL PROMISE AND AN ESTABLISHED RECORD OF ACCOMPLISHMENTS AND DEMONSTRATED COMMITMENT TO CARDIOVASCULAR OR CEREBROVASCULAR SCIENCE. INDIVIDUALS MUST BE FACULTY/STAFF MEMBERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT THE TIME OF AWARD ACTIVATION, THE AWARDEE MUST BE AT THE LEVEL OF ASSOCIATE PROFESSOR/STAFF SCIENTIST OR EQUIVALENT. APPLICANTS MUST HAVE CURRENT FUNDING AS PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E.G. VA MERIT AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO AN R01. AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARDS THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS OF NIH SUPPORT.</p> <p>INSTITUTIONAL ELIGIBILITY FOR AWARDS - ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE. - THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS COLLEGE. - TO BE ELIGIBLE TO APPLY FOR THIS AWARD, THE APPLICANT'S INSTITUTION MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH OF FOUR OF THE LAST SEVEN YEARS. INSTITUTIONS WITH HEALTH PROFESSIONAL SCHOOLS OR COLLEGES FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.). - HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARMD, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM).</p>

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	<p>- ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION.</p> <p>- HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY.</p> <p>- OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY).</p> <p>PRINCIPAL INVESTIGATOR ELIGIBILITY</p> <p>- THE PI MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION.</p> <p>- THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.</p> <p>TRANSFORMATIONAL PROJECT AWARDS</p> <p>THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p> <p>INNOVATIVE PROJECT AWARDS</p> <p>THIS PROGRAM IS INTENDED TO SUPPORT RESEARCH OF UNEXPLORED IDEAS. CONCEPTS DEEMED AS INNOVATIVE, THAT MAY INTRODUCE A NEW PARADIGM, CHALLENGE CURRENT PARADIGMS, LOOK AT EXISTING PROBLEMS FROM NEW PERSPECTIVES, OR EXHIBIT OTHER UNIQUELY CREATIVE QUALITIES. AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.</p> <p>INSTITUTIONAL UNDERGRADUATE STUDENT FELLOWSHIPS</p> <p>THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS. THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE A FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED</p>

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<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>FULL-TIME OR A RECENT GRADUATE OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE.</p> <p>SPECIAL AWARDS/PILOT PROGRAMS/STRATEGIC AWARDS ELIGIBILITY IS DETERMINED BY THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).</p> <p>PART I, LINE 2 - CONTINUED COLLABORATIVE SCIENCES AWARDS - THE PROPOSAL MUST FOCUS ON THE COLLABORATIVE RELATIONSHIP, SUCH THAT THE SCIENTIFIC OBJECTIVES COULD NOT BE ACHIEVED WITHOUT THE EFFORTS OF AT LEAST TWO CO-PRINCIPAL INVESTIGATORS AND THEIR RESPECTIVE DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY BY AT LEAST TWO CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD FACULTY/STAFF APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE INDEPENDENT RESEARCHERS. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH TRAINING OR FELLOWSHIP POSITIONS. CO-PIS MUST HOLD A M.D., PH.D., D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE. MERIT AWARDS - THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT CREDENTIALS: - HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT). - HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. - IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING. - BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY. STRATEGICALLY FOCUSED RESEARCH NETWORK - DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION. PROGRAMS OFFERED ONLY TO STRATEGICALLY FOCUSED RESEARCH NETWORK AWARD RECIPIENTS INCLUDE THE STRATEGIC COLLABORATIVE GRANT AND THE STRATEGIC RENEWAL GRANT.</p> <p>INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE GRANT QUALIFICATIONS: FACULTY/ STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR (PI) MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT TERMINAL DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. OTHER THAN THE REQUIREMENT THAT THE PRINCIPAL INVESTIGATOR BE INDEPENDENT, ELIGIBILITY FOR THE AHA DATA GRANTS ARE IN NO WAY RESTRICTED UPON EXPERIENCE LEVEL OR SENIORITY.</p> <p>FELLOWSHIP QUALIFICATIONS: FELLOWS MUST HOLD A PH.D., M.D., D.O., D.V.M. OR EQUIVALENT DOCTORAL DEGREE AND COMMIT AT LEAST 80% EFFORT TO RESEARCH TRAINING. A FELLOW MAY NOT HOLD ANOTHER FELLOWSHIP AWARD, ALTHOUGH THE INSTITUTION MAY PROVIDE SUPPLEMENTAL FUNDING. FELLOWS MAY NOT HOLD A FACULTY OR STAFF APPOINTMENT, WITH THE EXCEPTION OF M.D. OR M.D./PH.D. WITH CLINICAL RESPONSIBILITIES WHO NEEDS INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING. FELLOWS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. FELLOWS WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY.</p> <p>TRAINING GRANTS QUALIFICATIONS: APPLICANTS MAY BE STUDENTS WITH A BACHELOR'S, MASTER'S, OR DOCTORAL DEGREE. IF THE APPLICANT IS A POSTDOCTORAL FELLOW, AT THE TIME OF AWARD ACTIVATION, THE CANDIDATE MAY HAVE NO MORE THAN FIVE YEARS OF POSTDOCTORAL RESEARCH TRAINING OR EXPERIENCE (EXCLUDING CLINICAL TRAINING). APPLICANTS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. AWARDEES WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY.</p> <p>PROGRAMS OFFERED THROUGH THE INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE ARE: - AI AND ML (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING) - AI AND ML TRAINING GRANTS AHA-ALLEN INITIATIVE IN BRAIN HEALTH AND COGNITIVE IMPAIRMENT AWARD THIS AWARD IS INTENDED FOR INDIVIDUALS WITH A PH.D. AND/OR M.D. (OR THE EQUIVALENT) AND HOLDING A FACULTY APPOINTMENT AT AN ELIGIBLE NONPROFIT INSTITUTION IN THE U.S. OR EQUIVALENT FACULTY POSITION AT A FOREIGN UNIVERSITY THAT MEETS FOREIGN EQUIVALENCY DETERMINANTS FOR A NON-PROFIT IN THE UNITED STATES. U.S. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE. ANOTHER MAJOR ELIGIBILITY REQUIREMENT FOR INDIVIDUALS IS CITIZENSHIP AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A) UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AHA CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE AWARD.</p> <p>OTHER ELIGIBILITY REQUIREMENTS OR RESTRICTIONS THE APPROPRIATE AHA BODY OR ITS DESIGNEE GOVERNING THE PROGRAM OFFERING HAS THE AUTHORITY TO ADD MORE LENIENT OR RESTRICTIVE ELIGIBILITY CRITERIA TO A RESEARCH GRANT OR AWARD PROGRAM. FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

13-5613797

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	✓	
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	✓	
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	✓	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY BROWN CEO	(i)	885,405	1,225,003	107,942	39,288	31,670	2,289,308	0
	(ii)	0	0	0	0	0	0	0
2 LESLIE UPTON COO	(i)	519,257	133,350	0	58,056	15,649	726,312	0
	(ii)	0	0	0	0	0	0	0
3 LARRY CANNON CAO/CORP SECRETARY	(i)	477,245	128,818	0	31,430	15,649	653,142	0
	(ii)	0	0	0	0	0	0	0
4 MIDGE EPSTEIN EVP SW THRU 10/30	(i)	296,061	3,318	285,299	33,886	18,930	637,494	0
	(ii)	0	0	0	0	0	0	0
5 MARIELL JESSUP CHIEF SCIENCE & MEDICAL OFFICER	(i)	509,857	25,000	0	37,315	8,441	580,613	0
	(ii)	0	0	0	0	0	0	0
6 KATHLEEN ROGERS EVP WESTERN STATES	(i)	437,061	34,266	8,308	49,658	22,372	551,665	0
	(ii)	0	0	0	0	0	0	0
7 JOHN J MEINERS CHIEF - MISSION ALIGNED BUSINESS	(i)	435,900	43,874	15,294	33,828	15,649	544,545	0
	(ii)	0	0	0	0	0	0	0
8 KEVIN HARKER EVP MIDWEST	(i)	410,305	37,759	8,308	33,593	22,372	512,337	0
	(ii)	0	0	0	0	0	0	0
9 TANYA EDWARDS EVP SOUTHWEST	(i)	374,923	29,006	0	44,577	20,660	469,166	0
	(ii)	0	0	0	0	0	0	0
10 NICOLE SAPIO EVP EASTERN STATES	(i)	376,320	31,875	9,194	33,115	15,558	466,062	0
	(ii)	0	0	0	0	0	0	0
11 CYNTHIA ROBERTS CFO	(i)	339,344	55,600	71	39,121	20,532	454,668	0
	(ii)	0	0	0	0	0	0	0
12 ROSE MARIE ROBERTSON SCIENCE & MEDICAL OFFICER	(i)	286,091	8,460	3,037	31,942	8,273	337,803	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	<p>FIRST CLASS TRAVEL IS LIMITED TO THE CEO, AND EXPENSES ARE APPROVED BY THE BOARD FOR REASONABLENESS. THE EXPENSES ARE NOT TREATED AS TAXABLE INCOME.</p> <p>FIRST CLASS TRAVEL MAY BE PROVIDED TO OFFICERS AND BOARD MEMBERS ON AN EXCEPTION BASIS WHEN BUSINESS NEEDS DICTATE.</p>
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	<p>THE ORGANIZATION MAKES MEMBERSHIPS TO A LOCAL FITNESS CENTER AVAILABLE TO SENIOR MANAGEMENT. THE FOLLOWING PERSONS PARTICIPATED IN THE PROGRAM - NANCY BROWN. THESE BENEFITS ARE TREATED AS TAXABLE INCOME.</p>
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	<p>TO ENCOURAGE GOOD HEALTH PRACTICES AND AWARENESS, THE ORGANIZATION PROVIDES EXTENSIVE PHYSICAL ASSESSMENTS TO SENIOR MANAGEMENT. THE VALUE OF SUCH ASSESSMENTS ARE GROSSED UP FOR INCOME TAX PURPOSES. THE FOLLOWING PERSON RECEIVED TAX INDEMNIFICATION FOR THEIR ASSESSMENTS: NANCY BROWN.</p> <p>NANCY BROWN RECEIVED A GROSS UP PAYMENT FOR THE IMPUTED INCOME ON A TAXABLE FRINGE BENEFIT.</p>
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	<p>TRAVEL TO A LIMITED NUMBER OF EVENTS AND FUNCTIONS MAY BE PROVIDED FOR SPOUSES OR COMPANIONS OF OFFICERS OF THE ORGANIZATION. AMOUNTS DEEMED TAXABLE INCOME ARE REPORTED AS SUCH WHEN APPLICABLE.</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>IN CALENDAR YEAR 2020, THE FOLLOWING INDIVIDUAL RECEIVED PAYMENTS UPON SEPARATION FROM SERVICE: MIDGE EPSTEIN, \$238,444.</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>AHA PROVIDES A 457(F) RETIREMENT RESTORATION PLAN TO CERTAIN MEMBERS OF SENIOR MANAGEMENT. WHILE AHA EMPLOYEES ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN, CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE RETIREMENT RESTORATION PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON THE AMOUNT A PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE RETIREMENT CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE ON A MONTHLY BASIS. THE PAYMENTS ARE CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN REACHED THEIR VESTING DATE OR HAD PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. THOSE VESTED IN PREVIOUS YEARS RECEIVED THE FOLLOWING AMOUNTS: NANCY BROWN \$60,174; MIDGE EPSTEIN, \$6,672; AND JOHN MEINERS, \$15,294.</p>
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>CERTAIN MEMBERS OF SENIOR MANAGEMENT RECEIVED A DISCRETIONARY INCENTIVE AS APPROVED AND AWARDED BY THE ORGANIZATION'S COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE. PRIOR TO APPROVING THE INCENTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO REVIEW AND OPINE ON THE REASONABLENESS OF EXECUTIVE COMPENSATION.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	328	71,523	SELLING COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		2,892	SELLING COST
5 Clothing and household goods				
6 Cars and other vehicles	✓	424	516,047	SELLING COST
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	493	10,061,919	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	✓	742	184,228	SELLING COST
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (REC/TRAVEL)	✓	2,395	1,667,111	SELLING COST
26 Other ▶ (FOOD/DRINK)	✓	2,526	645,941	SELLING COST
27 Other ▶ (TANG PERS PROP)	✓	4,390	603,803	SELLING COST
28 Other ▶ (OTHER)	✓	1,798	2,986,079	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

Part II

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

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS COLLECTIBLES - NUMBER OF CONTRIBUTIONS OTHER - REC/TRAVEL NUMBER OF CONTRIBUTIONS OTHER - FOOD/DRINK NUMBER OF CONTRIBUTIONS OTHER - TANG PERS PROP NUMBER OF CONTRIBUTIONS OTHER - OTHER NUMBER OF CONTRIBUTIONS</p>
<p>SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION</p>	<p>OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS.</p> <p>IRA INTEREST A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 30 C)REVENUE REPORTED ON FORM 990, PART VIII \$2,292,360 D)METHOD OF DETERMINING VALUE; SALES PRICE OF UNDERLYING INVESTMENT</p> <p>PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS) A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 1,439 C)REVENUE REPORTED ON FORM 990, PART VIII \$274,016 D)METHOD OF DETERMINING VALUE; SALES PRICE</p> <p>MISCELLANEOUS A)CHECK IF APPLICABLE = X B)NUMBER OF CONTRIBUTIONS = 329 C)REVENUE REPORTED ON FORM 990, PART VIII \$419,703 D)METHOD OF DETERMINING VALUE; SALES PRICE</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS. THE ASSOCIATION USES A THIRD PARTY, REDLANDS GROUP, LLC, TO SELL CERTAIN DONATED ILLIQUID ASSETS.</p>

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
AMERICAN HEART ASSOCIATION, INC.

Employer Identification Number
13-5613797

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>PUBLIC/CONSUMER EDUCATION CONTINUED</p> <p>-AS THE PANDEMIC EVOLVED, THE AMERICAN HEART ASSOCIATION MET PEOPLE WHERE THEY WERE - LAUNCHING THE DON'T DIE OF DOUBT CAMPAIGN TO UNDERSCORE THE IMPORTANCE OF CALLING 911 IN AN EMERGENCY AND SPURRING A RETURN TO ROUTINE CARE WITH DOCTOR, IT'S BEEN TOO LONG. THE AHA ALSO SUPPORTED THE AD COUNCIL'S NATIONAL CAMPAIGN TO ENCOURAGE COVID-19 VACCINATION.</p> <p>-IN A SERIES OF ROUNDTABLES FOCUSED ON HEALTH AND HOSTED BY THE AHA'S EMPOWERED TO SERVE PROGRAM, LEADING VOICES IN SOCIAL JUSTICE ADDRESSED WAYS TO SOLVE HEALTH INEQUITY THROUGH EDUCATION, FUNDRAISING, OUTREACH AND ADVOCACY.</p> <p>-THE TRUTH INITIATIVE AND KAISER PERMANENTE, IN COLLABORATION WITH THE AHA AND EVERFI, LAUNCHED VAPING: KNOW THE TRUTH. THIS FREE DIGITAL PROGRAM MEETS YOUTH WHERE THEY ARE THROUGH AN INTERACTIVE CURRICULUM THAT INCLUDES A THIS IS QUITTING TEXT MESSAGE COMPONENT. AVAILABLE TO TEACHERS, STUDENTS, ADMINISTRATORS, PARENTS AND THE PUBLIC, IT'S PEER-TO-PEER, SELF-LED AND PREVENTION-FOCUSED.</p> <p>-THE AHA AND THE ALLIANCE FOR A HEALTHIER GENERATION UNVEILED THE TOBACCO-FREE SCHOOLS INITIATIVE, A NATIONAL PROGRAM THAT PROVIDES ANTI-VAPING AND CESSATION RESOURCES AT NO COST TO SCHOOLS. FUNDED WITH A GRANT FROM THE CVS HEALTH FOUNDATION, PROGRAM COMPONENTS INCLUDE DIRECT TECHNICAL ASSISTANCE, VIRTUAL WORKSHOPS AND A TOOLKIT FOR EDUCATION AND COUNSELING OF STUDENTS INSTEAD OF SUSPENSION OR OTHER PUNITIVE MEASURES.</p> <p>-"SOFT ENOUGH TO HOLD THE NEXT GENERATION. STRONG ENOUGH TO CHANGE THE WORLD. OUR HANDS HOLD THE POWER TO SAVE LIVES." THAT WAS THE MESSAGE BEHIND THE AMERICAN HEART ASSOCIATION'S HANDS-ONLY CPR CAMPAIGN, NATIONALLY SPONSORED BY ANTHEM FOUNDATION.</p> <p>-THE AMERICAN HEART ASSOCIATION AND THE NATIONAL FOOTBALL LEAGUE, WITH SUPPORT FROM 32 NFL CLUBS, DEBUTED A FIRST-OF-ITS-KIND DIGITAL EXERCISE LIBRARY TO HELP KIDS GET THE RECOMMENDED 60 MINUTES OF DAILY PHYSICAL ACTIVITY DURING PANDEMIC LOCKDOWN.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>SCIENCE AND TECHNOLOGY CONTINUED</p> <p>-FOLLOWING AN INITIAL AWARD OF \$2 MILLION IN 2019-20 TO 16 RESEARCH TEAMS DEVELOPING RAPID-RESPONSE COVID-19 SOLUTIONS, THE AHA AWARDED AN ADDITIONAL \$400,000 TO TEAMS WORKING ON NEW PANDEMIC PROJECTS. GRANTS WERE AWARDED TO TEAMS AT CLEVELAND CLINIC, JOHNS HOPKINS UNIVERSITY, REGENERATIVE MEDICINE INSTITUTE AT THE CEDARS-SINAI MEDICAL CENTER AND NEW YORK PRESBYTERIAN-COLUMBIA UNIVERSITY IRVING MEDICAL CENTER.</p> <p>-THE COVID-19 CVD REGISTRY THAT THE AHA LAUNCHED IN 2019-20, POWERED BY GET WITH THE GUIDELINES®, NOW GIVES RESEARCHERS ACCESS TO 58,570 DEIDENTIFIED PATIENT RECORDS AT 182 PARTICIPATING MEDICAL FACILITIES SPANNING OVER 170,000 SERIAL LAB DAYS. THE DATA AID IN UNDERSTANDING, TRACKING AND TREATING THE VIRUS.</p> <p>-THE AMERICAN HEART ASSOCIATION AND THE AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE COLLABORATED TO CREATE THE OUTCOMES REGISTRY FOR CARDIAC CONDITIONS IN ATHLETES (ORCCA). FROM SEPT. 1 TO DEC. 31, 2020, RESEARCHERS ASSESSED HEART HEALTH FOLLOWING COVID-19 INFECTION IN 3,018 ATHLETES FROM 42 U.S. COLLEGES AND UNIVERSITIES. ORCCA CONTINUES TO INFORM WAYS TO PRESERVE CARDIOVASCULAR HEALTH IN YOUNG ATHLETES.</p> <p>-TO ENGAGE MORE WOMEN IN CLINICAL TRIALS, THE AHA AWARDED THE FIRST ROUNDS OF GRANT FUNDING FROM RESEARCH GOES RED - A COLLABORATION OF THE AHA INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE, GO RED FOR WOMEN® AND VERILY'S PROJECT BASELINE. RESEARCH NOW UNDERWAY WILL HELP SCIENTISTS UNDERSTAND HEART DISEASE IN YOUNG WOMEN FROM UNDERREPRESENTED RACIAL AND ETHNIC GROUPS, AND HOW MENOPAUSAL WEIGHT CHANGES AFFECT CARDIOVASCULAR HEALTH.</p> <p>-THE AHA INVESTED \$20 MILLION TO STUDY HIGH BLOOD PRESSURE PREVENTION, WITH A FOCUS ON COMMUNITIES OF COLOR, AS PART OF ITS HEALTH EQUITY RESEARCH NETWORK (HERN).</p> <p>-THE ORGANIZATION AWARDED MORE THAN \$11 MILLION IN GRANTS TO MULTIDISCIPLINARY TEAMS AT THE MEDICAL COLLEGE OF GEORGIA AT AUGUSTA UNIVERSITY, BOSTON UNIVERSITY SCHOOL OF MEDICINE, THE MEDICAL COLLEGE OF WISCONSIN AND THE UNIVERSITY OF PENNSYLVANIA TO CREATE ITS STRATEGICALLY FOCUSED RESEARCH NETWORK ON DISPARITIES IN CARDIO-ONCOLOGY. EACH RESEARCH TEAM RECEIVED MORE THAN \$2.7 MILLION FOR THEIR PROJECTS ADDRESSING DISPARITIES IN CARDIOVASCULAR DISEASE AMONG CANCER PATIENTS AND CANCER SURVIVORS FROM DIVERSE POPULATIONS.</p> <p>-THE AHA AND MICROSOFT CO-FOUNDER AND PHILANTHROPIST, BILL GATES, CO-INVESTED \$3.3 MILLION IN HEART- AND BRAIN-FOCUSED HEALTH TECHNOLOGY RESEARCH. OF THE INVESTMENT, \$2.8 MILLION FUNDED THE FIFTH CENTER WITHIN THE AHA'S STRATEGICALLY FOCUSED RESEARCH NETWORK ON HEALTH TECHNOLOGIES AND INNOVATION AT BOSTON UNIVERSITY. THE JOINT INITIATIVE ALSO PROVIDED AN ADDITIONAL \$500,000 TO SUPPORT ALL FIVE CENTERS IN A COLLABORATIVE PROJECT TO ENHANCE HOW RESEARCH DATA ARE SHARED.</p> <p>-FAST, EFFICIENT SUPERCOMPUTING FOR DATA ANALYSIS RESEARCH IS MORE ACCESSIBLE THANKS TO A NEW ALLIANCE BETWEEN THE AHA'S PRECISION MEDICINE PLATFORM AND HITACHI VANTARA - A DIGITAL INFRASTRUCTURE, DATA MANAGEMENT AND DIGITAL SOLUTIONS SUBSIDIARY OF HITACHI, LTD. (TSE: 6501).</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>PROFESSIONAL EDUCATION CONTINUED</p> <p>-THE AMERICAN HEART ASSOCIATION RELEASED 2020 AHA GUIDELINES FOR CPR & ECC, THE FIRST JOINT GUIDELINES AND PRODUCTS FOR BOTH CARDIOPULMONARY RESUSCITATION (CPR) AND EMERGENCY CARDIOVASCULAR CARE (ECC). THE AHA HAS PUBLISHED NEW GUIDELINES EVERY FIVE YEARS SINCE 1966, WITH FOCUSED UPDATES BETWEEN INTERVALS.</p> <p>-THE AMERICAN ACADEMY OF PEDIATRICS (AAP) DEBUTED THE 8TH EDITION OF ITS NEONATAL RESUSCITATION PROGRAM, FEATURING ENHANCEMENTS UNDERSCORING ITS ALLIANCE WITH RQI PARTNERS - A PARTNERSHIP BETWEEN AND SERVICE PROVIDER FOR THE AHA. THE PROGRAM TEACHES AN EVIDENCE-BASED APPROACH TO NEWBORN RESUSCITATION AND FACILITATES TEAM-BASED CARE.</p> <p>-RESPONDING TO THE COVID-19 RESURGENCE IN INDIA, THE AHA ASSEMBLED A STRIKE TEAM WITH THE HEART & STROKE FOUNDATION OF INDIA. AMONG OTHER THINGS, THE AHA RELEASED ITS COVID RESOURCES FOR CPR PAGE AND RE-RELEASED TRAINING CURRICULA ON OXYGENATION AND VENTILATION MANAGEMENT OF COVID PATIENTS.</p> <p>-THE AMERICAN HEART ASSOCIATION AND THE HEART AND STROKE FOUNDATION OF CANADA COLLABORATED TO BRING THE AHA'S DIGITAL RESUSCITATION PORTFOLIO TO CANADA, LEADING WITH RESUSCITATION QUALITY IMPROVEMENT® (RQI) 2025. CO-DEVELOPED BY THE AHA AND LAERDAL MEDICAL, RQI IS SIMULATION-BASED CPR LEARNING WITH QUARTERLY VERIFICATION OF KNOWLEDGE AND SKILLS.</p> <p>-DUBAI HEART SAFEST CITY PROJECT. THE GOAL IS TO ACHIEVE A 65% SURVIVAL RATE FROM OUT-OF-HOSPITAL SUDDEN CARDIAC ARREST, NOW ONLY 5-10% GLOBALLY.</p> <p>-TWO HOSPITALS IN SAUDI ARABIA BECAME THE FIRST MEDICAL FACILITIES OUTSIDE THE UNITED STATES TO RECEIVE GET WITH THE GUIDELINES-RESUSCITATION RECOGNITION. SAUD AL BABTAIN CARDIAC CENTER IN DAMMAM AND KING ABDULAZIZ HOSPITAL IN JEDDAH CLAIMED BRONZE HONORS FOR IMPLEMENTING SPECIFIC QUALITY IMPROVEMENT MEASURES FOR TREATING PATIENTS WHO SUFFER IN-HOSPITAL CARDIAC ARRESTS.</p> <p>-WITH ISCHEMIC HEART DISEASE EMERGING AS THE LEADING CAUSE OF DEATH IN THE UNITED ARAB EMIRATES, THE AMERICAN HEART ASSOCIATION AND THE EMIRATES CARDIAC SOCIETY ROLLED OUT CHEST PAIN CENTER CERTIFICATION TO ENSURE GUIDELINE-DIRECTED CARE FOR PATIENTS WHO HAVE ACUTE STEMI HEART ATTACKS. CERTIFIED CHEST PAIN CENTERS RECEIVE EDUCATION FOR HEALTH CARE PROFESSIONALS AND THE COMMUNITY IN ADDITION TO OPPORTUNITIES FOR RESEARCH PARTICIPATION.</p> <p>-THE AHA LAUNCHED HEALTHY SENIOR LIVING CERTIFICATION, A SCIENCE-BASED PROGRAM TO PROMOTE A CULTURE OF HEALTH AT SENIOR LIVING FACILITIES AND BOOST CONSUMER CONFIDENCE IN QUALITY OF CARE. FACILITIES ARE EVALUATED ON HOW THEY EDUCATE RESIDENTS AND PROVIDE OPPORTUNITIES TO IMPROVE IN THE AREAS OF SMOKING STATUS, PHYSICAL ACTIVITY, NUTRITION AND WEIGHT, MENTAL WELL-BEING, SLEEP, STRESS MANAGEMENT, ALCOHOL CONSUMPTION AND IMMUNIZATIONS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$55,182,376 INCLUDING GRANTS OF \$6,086,664)(REVENUE \$36,400,242)</p> <p>COMMUNITY SERVICES:</p> <p>-THE AMERICAN HEART ASSOCIATION ANNOUNCED INVESTMENTS OF MORE THAN \$230 MILLION TO DECONSTRUCT BARRIERS TO EQUITABLE HEALTH IN ALL COMMUNITIES - URBAN, SUBURBAN AND RURAL. INVESTMENTS WILL BE MADE OVER THE NEXT FOUR YEARS AS THE ORGANIZATION APPROACHES ITS CENTENNIAL, GUIDED BY THE 2024 IMPACT GOAL TO ADVANCE CARDIOVASCULAR HEALTH FOR ALL AND SUPPORTED BY 10 COMMITMENTS.</p> <p>-AMONG THOSE COMMITMENTS IS DRIVING COMMUNITY IMPACT THROUGH STEPPED UP INVESTMENTS IN THE AHA SOCIAL IMPACT FUND AND THE BERNARD J. TYSON IMPACT FUND. GRANTS AID LOCAL ORGANIZATIONS SHATTERING BARRIERS TO HEALTH EQUITY BY INCREASING ACCESS TO NUTRITION, HOUSING, MENTAL AND PHYSICAL HEALTH CARE, EDUCATION AND ECONOMIC OPPORTUNITY.</p> <p>-IN A SHARED GOAL TO INSPIRE SOCIAL GOOD IN UNDER-RESOURCED COMMUNITIES, NEW YORK LIFE INVESTMENT MANAGEMENT (NYLIM) ANNOUNCED IT WILL REGULARLY CONTRIBUTE TO THE AHA SOCIAL IMPACT FUND.</p> <p>-THE AHA PARTNERED WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE \$121 MILLION NATIONAL HYPERTENSION CONTROL INITIATIVE TO IMPROVE BLOOD PRESSURE CONTROL AMONG BLACK, LATINO AND INDIGENOUS COMMUNITIES. THROUGH A \$32 MILLION AWARD TO THE AHA, THE ENTITIES WILL ENGAGE HEALTH CENTERS TO ELEVATE QUALITY, EDUCATION AND PATIENT ENGAGEMENT TO IMPROVE BLOOD PRESSURE CONTROL.</p> <p>-TO ADDRESS STRUCTURAL BARRIERS TO HEALTHY FOOD ACCESS, EARLY CARE AND EDUCATION, THE AHA'S VOICES FOR HEALTHY KIDS ANNOUNCED \$2.5 MILLION IN GRANTS. AWARDS RANGING FROM \$50,000 TO \$250,000 WENT TO 16 ORGANIZATIONS IN 14 STATES, PUERTO RICO AND WASHINGTON, D.C., TO ADVANCE POLICIES THAT AID FAMILIES FACING HEALTH INEQUITY BASED ON RACE.</p> <p>PUBLIC ADVOCACY</p> <p>-THE AMERICAN HEART ASSOCIATION MARKED 40 YEARS SINCE ITS FIRST FEDERAL ADVOCACY OFFICE OPENED IN WASHINGTON, D.C. IN 2020-21, ALONE, THE ORGANIZATION HELPED PASS OR DEFEND MORE THAN 100 STATE AND LOCAL LAWS AND PROMOTED FEDERAL POLICIES EXPANDING ACCESS TO CARE, PROHIBITING SURPRISE MEDICAL BILLING, UPHOLDING PATIENT PROTECTIONS IN THE AFFORDABLE CARE ACT AND MORE.</p> <p>-MANY LEGISLATIVE WINS WERE LED BY VOICES FOR HEALTHY KIDS - FROM INSPIRING THE NATION'S FIRST HEALTHY KIDS' MEALS BILL APPLYING TO BOTH FOODS AND DRINKS, TO INFLUENCING MISSOURI AND OKLAHOMA TO BECOME THE FIRST STATES SINCE THE PANDEMIC TO EXPAND MEDICAID.</p> <p>-THE U.S. FOOD AND DRUG ADMINISTRATION ANNOUNCED IT WILL BEGIN THE REGULATORY PROCESS TO REMOVE MENTHOL CIGARETTES AND FLAVORED CIGARS FROM THE MARKET. THIS HISTORIC DEVELOPMENT FOLLOWS DECADES OF ADVOCACY, INCLUDING A 2013 CITIZEN PETITION FILED BY THE AHA AND LEADING PUBLIC HEALTH ORGANIZATIONS.</p> <p>-IN DECEMBER 2020, CONGRESS PASSED A BIPARTISAN BILL REQUIRING INSURANCE PLANS TO COVER PATIENTS RECEIVING OUT-OF-NETWORK CARE UNDER TWO CIRCUMSTANCES: IN AN EMERGENCY AND WHEN A PATIENT IS SEEN BY AN OUT-OF-NETWORK PROVIDER AT AN IN-NETWORK FACILITY. THIS LEGISLATION WAS A BREAKTHROUGH FOR FAMILIES ALREADY STRAINING UNDER THE WEIGHT OF THE COVID-19 PANDEMIC.</p> <p>-THE U.S. SUPREME COURT RULED IN JUNE 2021 TO PRESERVE PATIENT PROTECTIONS IN THE AFFORDABLE CARE ACT, THE SAME PROTECTIONS CHAMPIONED BY THE AHA IN A BRIEF FILED WITH OTHER HEALTH ORGANIZATIONS. PATIENTS WITH PREEXISTING CONDITIONS STILL WILL NOT BE CHARGED MORE FOR HEALTH INSURANCE, HEALTH PLANS WILL CONTINUE TO COVER PREVENTION AND TREATMENT OF SERIOUS CONDITIONS, AND PEOPLE IN STATES THAT HAVE EXPANDED MEDICAID WILL MAINTAIN ACCESS TO HEALTH COVERAGE.</p> <p>-THE AHA ADVOCACY TEAM IN GREATER WASHINGTON, D.C., SCORED A WIN FOR KIDS, WHEN THE PRINCE GEORGE'S COUNTY MARYLAND COUNCIL UNANIMOUSLY APPROVED THE NATION'S FIRST HEALTHY KIDS' MEALS BILL THAT APPLIES TO BOTH FOODS AND DRINKS.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AHA'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT. PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.</p>

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE AHA HAS ESTABLISHED A CONFLICT OF INTEREST POLICY THAT HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS AND STAFF OF AHA. A RELATIONSHIP DISCLOSURE QUESTIONNAIRE, WHICH INCLUDES THE CONFLICT OF INTEREST AND ETHICS POLICIES, IS REQUIRED TO BE COMPLETED BY ALL AHA BOARD OF DIRECTORS, COMMITTEE AND SUBCOMMITTEE MEMBERS, TASK FORCE MEMBERS, WRITING GROUP MEMBERS, DESIGNATED STAFF, AND AHA SPOKESPERSONS UPON THEIR APPOINTMENT, AND TO OFFICERS AND JOURNAL EDITORS PRIOR TO THEIR ELECTION OR APPOINTMENT. AFTER THE INITIAL COMPLETION OF THE RELATIONSHIP DISCLOSURE QUESTIONNAIRE, VOLUNTEERS AND DESIGNATED STAFF ARE REQUESTED TO COMPLETE A NEW DISCLOSURE QUESTIONNAIRE ANNUALLY AND WHENEVER MATERIAL CHANGES OCCUR IN THEIR EMPLOYMENT, OTHER RELATIONSHIPS IDENTIFIED AS RELEVANT, OR THEIR AHA ROLE.</p> <p>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.</p> <p>CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH HE OR SHE HAS AN INTEREST AND OTHERWISE REFRAIN FROM EXERTING ANY INFLUENCE ON AHA TO AFFECT A DECISION. ADDITIONALLY, OTHER MEASURES MAY BE REQUIRED BY AHA, DEPENDING ON THE NATURE OF, AND THE ABILITY TO, REASONABLY MANAGE A CONFLICT.</p>								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE TO OVERSEE COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION. BASED UPON THE ADVICE OF AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE IS RESPONSIBLE FOR MAKING DETERMINATIONS ABOUT COMPENSATION FOR THE CEO AND DISQUALIFIED PERSONS, INCLUDING EMPLOYED OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF FIVE BOARD MEMBERS.</p> <p>THE COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO AND DISQUALIFIED PERSONS' COMPENSATION AS COMPARED TO EXTERNAL BENCHMARKING, AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. SEVERAL SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON, INCLUDING SURVEYS FROM VARIOUS COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY.</p> <p>DECISIONS REGARDING EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2020-21 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO AND DISQUALIFIED PERSONS BY THE COMMITTEE WAS DISCUSSED IN AUGUST AND OCTOBER OF 2020, AND MARCH OF 2021.</p> <p>KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION, BENEFITS, AND HUMAN RESOURCES COMMITTEE WITH RESPECT TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND QUALIFICATIONS OF THE CANDIDATE, MARKET COMPETITIVENESS, AND COMPENSATION REQUIREMENTS AND HISTORY OF THE CANDIDATE. COMPONENTS OF COMPENSATION THAT ARE ROUTINELY REVIEWED BY THE COMPENSATION COMMITTEE INCLUDE BASE SALARY, INCENTIVE OPPORTUNITY, BOTH SHORT AND LONG TERM, RETIREMENT, BENEFITS, AND PERQUISITES.</p>								
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION PROCESS FOR OFFICERS REFER TO PART VI, LINE 15A EXPLANATION								
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE AHA MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM 990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE, WWW.HEART.ORG. FORM 990-T IS AVAILABLE UPON REQUEST. THE AHA DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.								
FORM 990, PART VII, SECTION A, LINE 1A - BOARD COMPENSATION	BOARD MEMBERS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. COMPENSATION REPORTED TO BOARD MEMBERS ON PART VII, SECTION A IS FOR HONORARIUM AWARDS. THE AWARDS WERE RECEIVED FOR ACHIEVEMENTS OUTSIDE THE SCOPE OF THE MEMBERS' BOARD OF DIRECTOR RESPONSIBILITIES. TWO OF THE THREE BOARD MEMBERS RECEIVED HONORARIUM AWARDS FOR ACHIEVEMENTS PRIOR TO THEIR ELECTION TO THE BOARD OF DIRECTORS.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE VALUE IN SPLIT INT AGMTS</td> <td style="text-align: right;">17,597,570</td> </tr> <tr> <td>NET UNREALIZED LOSS BEN INT PERP TRUST</td> <td style="text-align: right;">30,046,745</td> </tr> <tr> <td>POST RETIREMENT FAS 158 ADJ</td> <td style="text-align: right;">769,902</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE VALUE IN SPLIT INT AGMTS	17,597,570	NET UNREALIZED LOSS BEN INT PERP TRUST	30,046,745	POST RETIREMENT FAS 158 ADJ	769,902
	(a) Description	(b) Amount							
	CHANGE VALUE IN SPLIT INT AGMTS	17,597,570							
	NET UNREALIZED LOSS BEN INT PERP TRUST	30,046,745							
POST RETIREMENT FAS 158 ADJ	769,902								

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION, INC.

Employer identification number
13-5613797

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMHAS, LLC (13-5613797) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	(727,322)	85,565,547	AHA
(2) BRIGHTTORCH VENTURES, LLC. (86-2279878) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	INVESTMENT	DE	0	100,000	AHA
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEART & STROKE FOUNDATION OF INDIA SNL TERMINUS, SURVEY NO. 133, GACHIBOWLI, HYDERABAD, IN	HEALTH	INDIA			N/A		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
PERPETUAL TRUSTS (44)	C	1,897,224	CASH
(1) CHARITABLE REMAINDER TRUSTS (7)	C	1,131,298	CASH
(2) RQI PARTNERS, LLC	A	36,832,853	ACCRUAL
(3) RQI PARTNERS, LLC	L	1,636,335	ACCRUAL
(4) RQI PARTNERS, LLC	M	48,734,308	ACCRUAL
(5) (SEE STATEMENT)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) APHELION CARDEATION, LLC (82-1740310) 100 TIBURON BLVD., STE 215, MILL VALLEY, CA 94941	INVESTMENT	DE	APHELION CAPITAL, LLC	RELATED	(263,983)	2,448,484		✓			✓	33.18
(2) RQI PARTNERS, LLC (83-0935798) 7272 GREENVILLE AVE, DALLAS, TX 75231	TRAINING	DE	AHA	RELATED	6,076,362	26,420,720		✓			✓	51.00

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VARIOUS PERPETUAL TRUSTS (44) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(2) VARIOUS CHARITABLE RMDR TRUSTS (7) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	N/A	TRUST	N/A	N/A	N/A		✓
(3) HEARTCENTRAL, INC. (46-4881302) 7272 GREENVILLE AVENUE, DALLAS, TX 75231	HEALTH	DE	AHA	C CORPORATION	0	0	100.00	✓	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) RQI PARTNERS, LLC	Q	785,141	ACCRUAL
(7) RQI PARTNERS, LLC	R	16,944	ACCRUAL
(8) RQI PARTNERS, LLC	S	5,096,953	ACCRUAL
(9) APHELION CARDEATION LLC	B	1,350,000	CASH
(10) BRIGHT TORCH VENTURES LLC	B	100,000	CASH

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV -	THE RELATED ENTITIES REPORTED ARE TRUSTS IN WHICH THE AMERICAN HEART ASSOCIATION HAS A GREATER THAN 50% BENEFICIAL INTEREST. THE EIN AND STATE OF LEGAL DOMICILE VARY BY TRUST.