

Form 990  
2011Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

## A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B Check if applicable  
 Address change  
 Name change  
 Initial 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)  
7272 Greenville AveCity or town, state or country, and ZIP + 4  
Dallas, TX 75231F Name and address of principal officer  
Nancy Brown  
7272 Greenville Avenue  
Dallas, TX 75231

## D Employer identification number

13-5613797

## E Telephone number

(214) 373-6300

## G Gross receipts \$ 820,659,566

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► www.heart.org

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1924 M State of legal domicile NY

## Part I Summary

1	Briefly describe the organization's mission or most significant activities Building healthier lives, free of cardiovascular diseases and stroke	
2	Check this box ► 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 21
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5 3,541
6	Total number of volunteers (estimate if necessary) . . . . .	6 22,000,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 280,764
b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 86,612
8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 510,657,964 Current Year 529,653,173
9	Program service revenue (Part VIII, line 2g) . . . . .	24,726,814 24,763,223
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	55,049,089 14,811,795
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,790,439 56,776,400
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	657,224,306 626,004,591
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	128,965,968 128,362,259
14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0 0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	233,665,077 240,928,690
16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	5,958,500 5,383,014
b	Total fundraising expenses (Part IX, column (D), line 25) ► 81,074,836	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	229,272,597 221,260,056
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	597,862,142 595,934,019
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	59,362,164 30,070,572
20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year 1,009,841,845 End of Year 1,022,717,268
21	Total liabilities (Part X, line 26) . . . . .	356,853,431 348,662,849
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	652,988,414 674,054,419

## 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 Sunder Joshi Chief Financial Officer Type or print name and title	2012-12-13 Date
Paid Preparer's Use Only	Preparer's signature ► Morgan Souza  Firm's name (or yours if self-employed), address, and ZIP + 4 ► KPMG LLP 717 N Harwood Street Suite 3100 Dallas, TX 75201	Date 2012-12-13 Check if self-employed ► Preparer's taxpayer identification number (see instructions) P00652612  EIN ► 13-5565207  Phone no ► (214) 840-2000
		May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

Building healthier lives, free of cardiovascular diseases and stroke

**2** Did the organization undertake any significant program services during the year 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 122,440,094 including grants of \$ 116,872,428 ) (Revenue \$ 0 )
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See Schedule O

<b>4b</b>	(Code ) (Expenses \$ 241,299,656 including grants of \$ 5,013,180 ) (Revenue \$ 4,832,432 )
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See Schedule O

<b>4c</b>	(Code ) (Expenses \$ 73,836,195 including grants of \$ 990,112 ) (Revenue \$ 91,432,273 )
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See Schedule O

(Code ) (Expenses \$ 27,493,275 including grants of \$ 5,486,539 ) (Revenue \$ 18,241,210 )
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See Program Accomplishments disclosure in Schedule O, referencing Form 990, Part III, Line 4d

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

(Expenses \$ 27,493,275 including grants of \$ 5,486,539 ) (Revenue \$ 18,241,210 )

**4e** Total program service expenses \$ 465,069,220

**Part IV Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 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? If "Yes," complete Schedule C, Part II.
- 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? If "Yes," complete Schedule C, Part III.
- 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? If "Yes," complete Schedule D, Part I.
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 9** Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 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? If "Yes," complete Schedule D, Part VI.
  - 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? If "Yes," complete Schedule D, Part VII.
  - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
  - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
  - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
  - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- 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? If "Yes," complete Schedule F, Part I.
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.
- 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? If "Yes," complete Schedule G, Part I.
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.
- 20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H.
- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note:** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>	Yes	
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>	Yes	
<b>14b</b>	Yes	
<b>15</b>	Yes	
<b>16</b>	Yes	
<b>17</b>	Yes	
<b>18</b>	Yes	
<b>19</b>	Yes	
<b>20a</b>		No
<b>20b</b>		

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

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .	<b>24a</b>	No	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No	
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No	
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No	
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No	
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	No	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b>	Yes	
<b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	Yes	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	No	
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	2,725
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	1
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	3,541
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	Yes
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	Yes
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	Yes
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>13b</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response to any question 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 . . . . .  | 1a  | 21  |
| b Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b  | 21  |
| 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? . . . . .   | 2   | No  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | No  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | No  |
| 6 Did the organization have members or stockholders? . . . . .  | 6   | No  |
| 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? . . . . .   | 7a  | No  |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | 7b  | No  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |
| a The governing body? . . . . .   | 8a  | Yes |
| b Each committee with authority to act on behalf of the governing body? . . . . .   | 8b  | Yes |
| 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 in Schedule O . . . . .        | 9   | No  |

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

### Section C. Disclosure

- |   |  |
|---|--|
| 17 List the States with which a copy of this Form 990 is required to be filed ► AK , AL , AR , AZ , CA , CT , FL , GA , HI , IL , IN , KS , KY , LA , MA , MD , ME , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI , WV |  |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |  |
| <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request  |  |
| 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table   |  |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Sunder Joshi CAO CFO<br>7272 Greenville Ave<br>Dallas, TX 75231<br>(214) 373-6300   |  |

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

**Employees, Subcontractors, and Independent Contractors**  
Check if Schedule O contains a response to any question in this Part VI

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

**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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

**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 ►336

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

## **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
Infocision Management Corp 325 Springside Dr Akron, OH 44333	Telephone marketing	4,735,851
Duke Clinical Research Institute 2400 Pratt Street Durham, NC 27705	Research services	2,778,769
Edelman 21992 Network Place Chicago, IL 60673	Public relations	2,259,905
Oracle America 3180 Irving Boulevard Dallas, TX 75247	Database and IT services	1,303,746
Donna Levine Associates Inc 626 W Randolph St 603 Chicago, IL 60661	Promotions consulting	1,249,997

**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 ►81

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 7,528,431				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 273,309,591				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions)	<b>1e</b> 639,368				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 248,175,783				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ 59,323,082					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		529,653,173			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> Conferences & Seminars	900099	21,415,982	21,415,982	0 0	
	<b>b</b> Membership Dues	900099	3,344,681	3,344,681	0 0	
	<b>c</b> Fees & Grants	900099	2,560	2,560	0 0	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue		0	0	0 0	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		24,763,223			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			17,045,029	0	183,072 16,861,957	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0 0	
	<b>5</b> Royalties . . . . .		23,737,958	0	0 23,737,958	
		(I) Real	(II) Personal			
	<b>6a</b> Gross rents	972,170	0			
	<b>b</b> Less rental expenses	131,277	0			
	<b>c</b> Rental income or (loss)	840,893	0			
<b>d</b> Net rental income or (loss) . . . . .		840,893	0	0 840,893		
	(I) Securities	(II) Other				
<b>7a</b> Gross amount from sales of assets other than inventory	140,071,013	2,961,701				
<b>b</b> Less cost or other basis and sales expenses	143,312,085	1,953,863				
<b>c</b> Gain or (loss)	-3,241,072	1,007,838				
<b>d</b> Net gain or (loss) . . . . .		-2,233,234	0	0 -2,233,234		
<b>8a</b> Gross income from fundraising events (not including \$ 273,309,591 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a	14,990,623				
<b>b</b> Less direct expenses . . . . .	b	33,084,856				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-18,094,233	0	-18,094,233		
<b>9a</b> Gross income from gaming activities						
See Part IV, line 19 . . . . .	a	182,359				
<b>b</b> Less direct expenses . . . . .	b	49,730				
<b>c</b> Net income or (loss) from gaming activities . . . . .		132,629	0	2,570 130,059		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	a	68,237,093				
<b>b</b> Less cost of goods sold . . . . .	b	16,123,164				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		52,113,929	52,113,929	0	0	
Miscellaneous Revenue	Business Code					
<b>11a</b> Change in value of Split Int Agmnts	900099	-1,758,759	-1,758,759	0	0	
<b>b</b> Other Revenue	900099	-196,017	-291,139	95,122	0	
<b>c</b>						
<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		-1,954,776				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		626,004,591	74,827,254	280,764	21,243,400	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	127,914,147	127,914,147		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	353,862	353,862		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	94,250	94,250		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,217,365	0	6,217,365	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	109,168	109,168	0	0
<b>7</b> Other salaries and wages	186,374,697	130,939,153	20,154,487	35,281,057
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,763,289	11,050,784	1,776,237	2,936,268
<b>9</b> Other employee benefits . . . . .	17,830,425	12,231,142	2,217,989	3,381,294
<b>10</b> Payroll taxes . . . . .	14,633,746	10,028,154	1,935,163	2,670,429
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	755,280	0	755,280	0
<b>c</b> Accounting . . . . .	901,315	0	901,315	0
<b>d</b> Lobbying . . . . .	3,027,782	3,027,782	0	0
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	5,383,014			5,383,014
<b>f</b> Investment management fees . . . . .	1,587,213	0	1,587,213	0
<b>g</b> Other . . . . .	33,533,370	29,351,339	435,382	3,746,649
<b>12</b> Advertising and promotion . . . . .	2,930,364	2,930,364	0	0
<b>13</b> Office expenses . . . . .	97,490,162	80,593,480	2,954,921	13,941,761
<b>14</b> Information technology . . . . .	12,976,043	9,144,120	1,503,377	2,328,546
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	15,706,552	11,060,035	1,796,670	2,849,847
<b>17</b> Travel . . . . .	18,080,726	12,074,385	2,067,827	3,938,514
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	15,560,645	13,641,128	633,946	1,285,571
<b>20</b> Interest . . . . .	96,651	0	96,651	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,624,520	6,788,691	1,279,945	1,555,884
<b>23</b> Insurance . . . . .	1,217,987	435,960	712,654	69,373
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b> Miscellaneous Expenses	7,771,446	3,301,276	2,763,541	1,706,629
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24f	595,934,019	465,069,220	49,789,963	81,074,836
<b>26</b> Joint costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	227,555,411	159,699,248	21,276,698	46,579,465

**Part X Balance Sheet**

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	20,595,249	<b>1</b> 57,418,039
	<b>2</b> Savings and temporary cash investments . . . . .	23,056,035	<b>2</b> 8,989,376
	<b>3</b> Pledges and grants receivable, net . . . . .	137,887,814	<b>3</b> 157,762,854
	<b>4</b> Accounts receivable, net . . . . .	9,001,114	<b>4</b> 9,389,877
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b> 0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	0	<b>6</b> 0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b> 0
	<b>8</b> Inventories for sale or use . . . . .	8,063,844	<b>8</b> 8,106,028
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,416,194	<b>9</b> 14,137,491
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	194,423,192
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	122,657,364
		74,916,606	<b>10c</b> 71,765,828
	<b>11</b> Investments—publicly traded securities . . . . .	512,993,990	<b>11</b> 500,497,087
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	3,537,099	<b>12</b> 3,182,440
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b> 0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b> 0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	202,373,900	<b>15</b> 191,468,248
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,009,841,845	<b>16</b> 1,022,717,268
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	49,167,933	<b>17</b> 46,531,561
	<b>18</b> Grants payable . . . . .	270,499,133	<b>18</b> 260,793,692
	<b>19</b> Deferred revenue . . . . .	6,699,389	<b>19</b> 9,010,051
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,550,000	<b>20</b> 1,380,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b> 0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b> 0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b> 0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b> 0
	<b>25</b> 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 . . . . .	28,936,976	<b>25</b> 30,947,545
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	356,853,431	<b>26</b> 348,662,849
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	258,066,467	<b>27</b> 284,300,102
	<b>28</b> Temporarily restricted net assets . . . . .	227,526,334	<b>28</b> 224,544,287
	<b>29</b> Permanently restricted net assets . . . . .	167,395,613	<b>29</b> 165,210,030
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33 Total net assets or fund balances</b> . . . . .	652,988,414	<b>33</b> 674,054,419
	<b>34 Total liabilities and net assets/fund balances</b> . . . . .	1,009,841,845	<b>34</b> 1,022,717,268

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	626,004,591
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	595,934,019
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	30,070,572
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	652,988,414
5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-9,004,567
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	674,054,419

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	<b>Yes</b>	<b>No</b>
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? . . . . .	<b>2a</b>	No
b Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .	<b>2c</b>	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	Yes
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	<b>3b</b>	Yes

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
American Heart Association Inc

Employer identification number

13-5613797

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Part II Support Schedule for Organizations Described in IRC 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**

<b>Calendar year</b> (or fiscal year beginning in)	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) 2011</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	482,887,909	456,896,010	531,080,232	514,026,122	532,997,854	2,517,888,127
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	<b>482,887,909</b>	<b>456,896,010</b>	<b>531,080,232</b>	<b>514,026,122</b>	<b>532,997,854</b>	<b>2,517,888,127</b>
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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						<b>2,517,888,127</b>

**Section B. Total Support**

<b>Calendar year</b> (or fiscal year beginning in)	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) 2011</b>	<b>(f) Total</b>
7 Amounts from line 4	482,887,909	456,896,010	531,080,232	514,026,122	532,997,854	2,517,888,127
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,645,781	37,639,033	34,594,992	36,207,978	41,572,085	191,659,869
9 Net income from unrelated business activities, whether or not the business is regularly carried on	48,460,599	0	0	0	0	48,460,599
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,440,957	-19,448,094	-15,684,974	4,207,618	-2,049,898	-30,534,391
<b>11 Total support</b> (Add lines 7 through 10)						<b>2,727,474,204</b>
<b>12 Gross receipts from related activities, etc (See instructions )</b>					<b>12</b>	<b>367,680,468</b>

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	92 316 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	90 453 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
<b>18 Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b</b> <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

**Facts And Circumstances Test**

**Explanation**

Schedule A, Part II, Section B, Line 10 Other income is generally comprised of the change in value of split interest agreements and uncollectible accounts receivable

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Meighan Vafa Chief Mission Officer	38			X			401,014	0	51,618
Leslie Upton Chief Development Officer	38			X			350,509	0	49,716
Michael Weamer EVP	38				X		468,049	0	49,653
Roman Bowser EVP	38				X		456,395	0	39,839
Kevin Harker EVP	38				X		381,285	0	64,720
David Markiewicz EVP	38				X		443,215	0	68,279
Midge Epstein EVP	38				X		413,995	0	64,721
Nicole Sapio EVP	38				X		319,177	0	49,070
Jeremy Beauchamp EVP	38				X		309,091	0	44,097
John Meiners EVP	38					X	402,500	0	54,633
Kathleen Rogers EVP Consumer Health	38					X	301,237	0	52,814
Sandra Hijikata EVP	38					X	287,969	0	39,839
Michael L Wilson EVP Technology & Customer Strategies	38					X	286,823	0	38,729
Mark Schoeberl EVP Advocacy	38					X	278,557	0	45,825
Gordon McCullough COO-Field Operations	0					X	236,183	0	9,771
Roberto Bolli Former Board Member	15					X	100,340	0	0

**SCHEDULE C**  
**(Form 990 or 990-EZ)****Political Campaign and Lobbying Activities****2011****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

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

**Open to Public  
Inspection**

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization American Heart Association Inc	Employer identification number 13-5613797
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-

**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

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

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
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?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?	Yes		202,723
d Mailings to members, legislators, or the public?	Yes		62,762
e Publications, or published or broadcast statements?	Yes		73,368
f Grants to other organizations for lobbying purposes?	Yes		2,053,951
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		455,440
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		179,539
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			3,027,783
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	In support of its mission to build healthier lives, free of cardiovascular diseases and stroke, the American Heart Association (AHA) plans, coordinates and implements a public advocacy program. At the national level, this program includes maintaining and expanding contacts with Members of Congress. Similar relationships are built by the regional affiliates, advocating at the state and local levels. To guide its federal, state and local efforts, the Association implements a public policy agenda by maintaining active partnerships in health-related coalitions with other like-minded groups, 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 American Heart Association is committed throughout its public policy work to proactively confront and address the health inequities and disparities that exist in our country. The Association encourages Congress and state legislatures to join the fight against cardiovascular disease, including stroke, the leading cause of death in the United States. The Association's strategic public policy priorities are in the following areas: Heart Disease and Stroke Research. A top priority of the Association is to ensure support for basic, clinical, translational, health services, outcomes, genomics, and comparative effectiveness research and the overall research environment as well as community health services, public health programs, policy evaluation and economics. The AHA advocates for significantly increasing funding for the National Institutes of Health and other state and federal government agencies to enhance heart and stroke research. Improving Cardiovascular Health (Prevention). The American Heart Association 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 efforts. Support High Quality/High Value Heart and Stroke Care and Reduce Health Disparities. The AHA promotes public policies aimed at improving health care quality, reducing health disparities, and promoting high value, evidence-based cardiovascular care. To promote health care quality, the AHA addresses clinical guidelines and treatment protocols, development of disease registries, the role of quality in health care payment systems, drug formulary policy, delivery system reforms and continuum of care, improved care coordination, the role, development and implementation of electronic medical records and related health information technology, and promoting safe, evidence-based and high value treatments for cardiovascular disease. Ensure Appropriate and Timely Access to Heart Disease and Stroke Care. The AHA advances comprehensive coverage and timely access to appropriate care for heart disease, peripheral artery disease, and stroke with a focus on adequate and affordable coverage, appropriate systems of emergency care, telemedicine and surveillance. This includes promoting systems of care around stroke, ST Elevated Myocardial Infarction (STEMI), emergency care, out-of-hospital cardiac arrest, and telehealth. Charitable organizations. The Association supports policies that preserve the viability of non-profit organizations by monitoring and, as appropriate, including legislative and regulatory efforts that attempt to restrict or prohibit charitable giving and other non-profit efforts and activities. These include protecting non-profit sector interests, promoting tax policy conducive to charitable organizations, encouraging volunteerism, preserving public funding for voluntary health organizations, and safeguarding the ability of charitable organizations to engage in advocacy.

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

American Heart Association Inc

**Employer identification number**

13-5613797

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> a Public exhibition<br><input type="checkbox"/> b Scholarly research<br><input type="checkbox"/> c Preservation for future generations | <input type="checkbox"/> d Loan or exchange programs<br><input type="checkbox"/> e Other |
|---|--|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table
- |    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	48,857,976	39,736,847	33,011,216	44,033,948	
b Contributions . . . . .	173,835	1,771,259	3,052,355	532,564	
c Investment earnings or losses . . . . .	-335,017	7,946,271	4,039,740	-7,212,938	
d Grants or scholarships . . . . .	0	0	0	0	
e Other expenditures for facilities and programs . . . . .	1,697,502	596,401	366,464	4,342,358	
f Administrative expenses . . . . .	0	0	0	0	
g End of year balance . . . . .	46,999,292	48,857,976	39,736,847	33,011,216	

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

a Board designated or quasi-endowment ► 0 %

b Permanent endowment ► 83.2 %

c Term endowment ► 16.8 %

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	10,787,326		10,787,326
b Buildings . . . . .	0	83,087,435	40,473,576	42,613,859
c Leasehold improvements . . . . .	0	5,972,803	2,298,192	3,674,611
d Equipment . . . . .	0	94,575,628	79,885,596	14,690,032
e Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				71,765,828

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

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

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total.** (Column (b) should equal Form 990, Part X, col. (B) line 15.)

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

1	<b>(a) Description of Liability</b>	<b>(b) Amount</b>
Federal Income Taxes		0
Capital Lease Obligations		1,449,08
Post-Retirement Benefits		11,652,01
Rent Deferrals/Amortization		2,774,68
Charitable Gift Annuities		12,251,27
Supplemental Retirement Plan		2,721,45
Other Payables		99,03
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )		<b>30,947,54</b>

**2. Fin 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	626,004,591
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	595,934,019
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,070,572
4	Net unrealized gains (losses) on investments	4	-7,934,934
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,069,633
9	Total adjustments (net) Add lines 4 - 8	9	-9,004,567
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,066,005

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	639,525,148
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-7,934,934
b	Donated services and use of facilities . . . . .	2b	6,886,027
c	Recoveries of prior year grants . . . . .	2c	0
d	Other (Describe in Part XIV) . . . . .	2d	0
e	Add lines 2a through 2d . . . . .	2e	-1,048,907
3	Subtract line 2e from line 1 . . . . .	3	640,574,055
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,587,213
b	Other (Describe in Part XIV) . . . . .	4b	-16,156,677
c	Add lines 4a and 4b . . . . .	4c	-14,569,464
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	626,004,591

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

1	Total expenses and losses per audited financial statements . . . . .	1	618,459,143
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	6,886,027
b	Prior year adjustments . . . . .	2b	0
c	Other losses . . . . .	2c	0
d	Other (Describe in Part XIV) . . . . .	2d	1,069,633
e	Add lines 2a through 2d . . . . .	2e	7,955,660
3	Subtract line 2e from line 1 . . . . .	3	610,503,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,587,213
b	Other (Describe in Part XIV) . . . . .	4b	-16,156,677
c	Add lines 4a and 4b . . . . .	4c	-14,569,464
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	595,934,019

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The intended use of endowment funds is to provide funding for research and other mission related programs
SchD_P10_S00_L02	Schedule D, Part X, Line 2	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 any material unrelated business income tax liability for the years ended June 30, 2012 and 2011. The Association believes that it has taken no significant uncertain tax positions.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	ASC 715 requires employers to fully recognize the overfunded or underfunded position (the difference between the fair value of plan assets and the benefit obligation) of defined benefit pension, retiree healthcare and other postretirement plans in their balance sheets. The effect of this change on AHA is (\$1,069,633) for fiscal year ended June 30, 2012.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Cost of goods sold (16,123,164), rental expenses (131,277), fundraising expenses 97,764 total (\$16,156,677) is included in revenue on Form 990 but included in expenses on the financial statements.
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	ASC 715 requires employers to fully recognize the overfunded or underfunded position (the difference between the fair value of plan assets and the benefit obligation) of defined benefit pension, retiree healthcare and other postretirement plans in their balance sheets. The effect of this change on AHA is (\$1,069,633) for fiscal year ended June 30, 2012.
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Refer to Schedule D, Part XII, Line 4b explanation

## **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

American Heart Association Inc

**Employer identification number**

13-5613797

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

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

**2** **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed )

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ► □ Use Part V if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► \_\_\_\_\_ 1

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

**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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

**Supplemental Information:** Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Additional Data**

**Software ID:** 11000129  
**Software Version:** v1.00  
**EIN:** 13-5613797  
**Name:** American Heart Association Inc

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Sales of educational and training materials	98,282
East Asia and the Pacific	1	1	Program Services	Sales of educational and training materials	1,478,320
Europe (including Iceland and Greenland)	1	1	Program Services	Sales of educational and training materials	819,029
Middle East and North Africa	1	1	Program Services	Sales of educational and training materials	1,138,799
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Sales of educational and training materials	794,353
South America	0	0	Program Services	Sales of educational and training materials	827,695
South Asia	0	0	Program Services	Sales of educational and training materials	131,668
Sub-Saharan Africa	0	0	Program Services	Sales of educational and training materials	132,500
Europe (including Iceland and Greenland)	0	0	Grantmaking	Science research prize and honorarium	45,200
East Asia and the Pacific	0	0	Grantmaking	Science research prize and honorarium	16,850
Middle East and North Africa	0	0	Grantmaking	Science research prize and honorarium	500
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking	Science research prize and honorarium	17,000
Russia and the newly independent States	0	0	Grantmaking	Science research prize and honorarium	500
South America	0	0	Grantmaking	Science research prize and honorarium	4,000
Europe (including Iceland and Greenland)	0	0	Grantmaking	Scientific lecture honorarium	2,000
East Asia and the Pacific	0	0	Grantmaking	Student scholarship	2,500
Europe (including Iceland and Greenland)	0	0	Grantmaking	Student scholarship	4,000
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking	Student scholarship	1,200
South Asia	0	0	Grantmaking	Student scholarship	500
Central America and the Caribbean	0	0	Investments		35,000
East Asia and the Pacific	0	0	Investments		23,971,000
Europe (including Iceland and Greenland)	0	0	Investments		59,727,000
Middle East and North Africa	0	0	Investments		198,000
North America (including Canada and Mexico, but not the United States)	0	0	Investments		10,027,000
Russia and the newly independent States	0	0	Investments		768,000
South America	0	0	Investments		1,670,000
South Asia	0	0	Investments		536,000
Sub-Saharan Africa	0	0	Investments		735,000

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Inspection**SCHEDULE G**  
**(Form 990 or 990-EZ)****Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
American Heart Association Inc

Employer identification number

13-5613797

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- |  |  |
|--|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations                | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and e-mail solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations               | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations           |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(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			
Infocision Management Corporation Springside Drive Akron, OH 44333	Telemarketing Solicitations		No	10,373,544	4,983,561	5,389,983
CONE LLC 855 Boyston Street Boston, MA 02116	Fundraising consulting		No	0	301,689	-301,689
Insurance Auto Auctions 13085 Hamilton Crossing Suite 500 Carmel, IN 46032	Donated vehicle program	Yes		436,075	97,764	338,311
<b>Total . . . . .</b>				10,809,619	5,383,014	5,426,605

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

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

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

		(a) Event #1 <u>Dallas Heart Walk</u> (event type)	(b) Event #2 <u>Bay Area Heart Walk</u> (event type)	(c) Other Events <u>4,376</u> (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>	1 Gross receipts . . .	4,523,692	3,108,023	248,908,122	256,539,837
	2 Less Charitable contributions . . .	4,523,692	3,108,023	233,917,499	241,549,214
	3 Gross income (line 1 minus line 2) . . .	0	0	14,990,623	14,990,623
<b>Direct Expenses</b>	4 Cash prizes . . .	0	0	0	0
	5 Non-cash prizes . . .	78,812	59,185	6,907,540	7,045,537
	6 Rent/facility costs . . .	244,270	55,755	8,185,266	8,485,291
	7 Food and beverages . . .	143	21,399	6,675,652	6,697,194
	8 Entertainment . . .	0	0	1,238,225	1,238,225
	9 Other direct expenses . .	2,776	10,969	2,115,653	2,129,398
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 25,595,645 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				-10,605,022

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .	0	0	182,359	182,359
<b>Direct Expenses</b>	2 Cash prizes . . . . .	0	0	0	0
	3 Non-cash prizes . . . . .	0	0	34,963	34,963
	4 Rent/facility costs . . . . .	0	0	0	0
	5 Other direct expenses . . .	0	0	14,767	14,767
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( 49,730 )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				132,629

9 Enter the state(s) in which the organization operates gaming activities See Additional Data Table

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

b If "No," Explain \_\_\_\_\_

Licensed where required. Some states do not require specific licensure or the activity is below the specified threshold

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

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate 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

<b>13</b> Indicate the percentage of gaming activity operated in	
a The organization's facility	<b>13a</b> 0 %
b An outside facility	<b>13b</b> 100 %

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

Name ► Sunder Joshi CAO CFO

Address ► 7272 Greenville Avenue  
Dallas, TX 75231

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

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

**c** If "Yes," enter name and address

Name ►

Address ►

**16** Gaming manager information

Name ► See Schedule G Part IV

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier	Return Reference	Explanation
SchG_P03_S00_L16	Schedule G, Part III, Line 16	The association does not have an overall manager for gaming activities. Each gaming event is managed locally by the affiliate office staff responsible for events in that location.

## **Additional Data**

**Software ID:** 11000129  
**Software Version:** v1.00  
**EIN:** 13-5613797  
**Name:** American Heart Association Inc

### **Form 990 Schedule G Part III Line 9**

Enter the state(s) in which the organization operates  
gaming activities

AL, AR, DE, FL, GA, LA, MS, NE, NY, PA, SD, TN, TX

## Schedule I (Form 990)

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

OMB No. 1545-0047

2011

**Open to Public  
Inspection**

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

**► Attach to Form 990**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Heart Association Inc.

**Employer identification number**

13-5613797

## **Part I General Information on Grants and Assistance**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **293**

**3** Enter total number of other organizations listed in the line 1 table . . . . . **28**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Lecture honoraria	19	21,545	0		
(2) Travel stipends to scientific conferences	107	64,135	0		
(3) Investigator and science research prizes	161	136,950	0		
(4) Student scholarships	101	131,232	0		

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L01	Schedule I, Part I, Line 1	<p>Institutional Eligibility for Awards and Location of Work for Applicants/Awardees Association research awards must be limited to non-profit institutions Such institutions include medical, osteopathic and dental schools, veterinary schools, schools of public health, pharmacy schools, nursing schools, universities and colleges, public and voluntary hospitals and other non-profit institutions that can demonstrate the ability to conduct the proposed research Applications will not be accepted for work with funding to be administered through any federal institution or work to be performed by a federal employee with the exception of the Veterans Administration employees The research committee should scrutinize the available resources as they relate to local, state or national needs Individual Eligibility for Awards The principal investigator must hold a doctoral or appropriate advanced degree at the time the award is activated for fellowships and, for grants, at the time of application Exceptions must be documented in writing by the research committee of reference and approved by the AHA Research Committee The basic requirements of eligibility for all American Heart Association research programs, National Center or Affiliate are given below PREDOCTORAL FELLOWSHIPS Post baccalaureate, predoctoral students seeking a Ph D , M D , D O , or equivalent degree who seek research training and experience under the supervision of a sponsor/mentor prior to embarking on a postgraduate research career This award is not intended for individuals who have already attained a doctoral degree, unless the individual is pursuing a second doctoral degree (example M D who is seeking a Ph D ) POSTDOCTORAL FELLOWSHIPS Individuals who have obtained a Ph D , M D , D O or equivalent degree by the time of award activation and who seek additional research training under the supervision of a sponsor/preceptor/mentor prior to embarking on a career of independent research This award is not intended for individuals of faculty rank Exception MD's or MD/PhD's with clinical responsibilities who need instructor or similar title to see patients, but who devote at least 80% full-time to research training CLINICAL RESEARCH PROGRAM Health care professionals with a Masters, M D , D O or Ph D degree Individuals are not eligible to be the principal investigator if they currently hold or have held, certain NIH awards (such as R01, R21, P01), certain AHA awards ( BGIA, SDG, EIA, GIA), or an award equivalent to the above (an independent investigator award) Interdisciplinary research teams are eligible All principal investigators must also identify a mentor with an earned doctorate and a track record of high quality clinical investigation BEGINNING GRANT-IN-AID Faculty/staff members initiating independent research careers At application, applicants must hold an M D , Ph D , D O or equivalent doctoral degree and must meet institutional requirements for grant submission At activation, applicants must hold a faculty/staff rank up to and including Assistant Professor (or equivalent) SCIENTIST DEVELOPMENT GRANT Individuals initiating independent research careers At application, applicants must hold an M D , Ph D , D O or equivalent doctoral degree and must meet institutional requirements for grant submission At activation, applicant must hold a faculty/staff position Applicant's faculty rank shall be up to and including Assistant Professor (or equivalent) at application Applications may be submitted in the final year of a postdoctoral research fellowship or in the initial years of the independent research career At time of award activation, no more than four years will have elapsed since applicant's first full-time faculty/staff appointment at the level of assistant professor or its equivalent A pivotal requirement is the demonstration that the award will promote independent status for the applicant Applicant shall have received no prior national-level grant as of time of Scientist Development Grant activation ESTABLISHED INVESTIGATOR AWARD At time of application, faculty/staff members at the mid-level stages of their independent research careers At application, applicants must hold an M D , Ph D , D O or equivalent doctoral degree and must meet institutional requirements for grant submission At the time of award activation, the investigator must be at least four (4) years but no more than nine (9) years (i.e., eight years and 12 months since the first faculty/staff appointment) at the level of assistant professor or equivalent (including, but not limited to, research assistant professor, research scientist, staff scientist, etc.) Instructor positions (or equivalent positions) do not count toward the four or nine years of eligibility Applicants must have current national-level funding as principal investigator on an R01 grant or its equivalent (e.g. VA Merit Award, NSF Grant, or PI on Program Project Grant from NIH) NIH "K" series awards are not considered equivalent to an R01 GRANT-IN-AID Faculty/staff members conducting independent research at time of application At application, principal investigator must hold an M D , Ph D , D O or equivalent doctoral degree and must meet institutional requirements for grant submission SPECIAL AWARDS/PILOT PROGRAMS Eligibility is determined by an Affiliate or the National Center based upon special local or national circumstances The funding component must request and receive approval from the AHA Research Committee to develop and implement a pilot research program for a limited period of time AFFILIATE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP To be eligible for this program, undergraduate students should be currently classified at the junior or senior academic status at the time of award activation Students must be enrolled full-time in an undergraduate degree program, at the time of application, in either a four-year college or university, or a two-year institution with plans to transfer to a four-year college or university by the fall semester immediately following the summer program Students may either be attending an institution within the Affiliate, or be a resident of one of these states AFFILIATE MEDICAL STUDENT RESEARCH PROGRAM This is an institutional award to qualified research institutions within the affiliate's geographic boundaries that can offer a meaningful research experience to health sciences students Fellowship targets pre-doctoral M D , D O , D D S , Pharm D and D V M (or equivalent) health science students NATIONAL FELLOW-TO-FACULTY TRANSITION AWARD At the time of application submission, physicians who hold an M D , M D /PhD , D O or equivalent doctoral degree and who seek additional research training under the supervision of a sponsor/mentor prior to embarking on a career of independent research Applicants must be enrolled in or have completed an Accreditation Council for Graduate Medical Education (ACGME)-approved residency or a clinical fellowship program associated with an ACGME-approved residency Applicants must have completed the clinical portion of their training program by the time of award activation The applicant is responsible for identifying and working with a sponsor/mentor to develop the application At the time of application, candidates may have had no more than five years of postdoctoral research training (beyond clinical training) The award is not for individuals of faculty/staff rank At the time of award activation, applicant may not hold a faculty/staff appointment (Exceptions M D or M D /PhD with clinical responsibilities who hold a title of instructor or similar due to their patient care responsibilities but who devote at least 80 percent full-time effort to research training) The mentor may hold an M D , PhD , D O or other equivalent degree Because of the strong mentoring component of this award and the importance of developing a meaningful relationship between awardee and mentor, an individual mentor may sponsor only one applicant to the program per year NATIONAL INNOVATIVE RESEARCH GRANT All levels of faculty/staff members conducting research at time of application At application, principal investigator must hold an M D , Ph D , D O or equivalent doctoral degree and must meet institutional requirements for grant submission Eligibility for the Innovative Research Award is not restricted based upon experience level or seniority Seniority will not be used as a criterion in evaluating an application's merit 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)</p>
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Grant Monitoring Procedures Research grants are awarded by the American Heart Association 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 These reports are 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 120 days of the end of each grant year and are reviewed by AHA

**Software ID:** 11000129  
**Software Version:** v1.00  
**EIN:** 13-5613797  
**Name:** American Heart Association Inc

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stanford University 616 Serra Street Stanford, CA 94305	94-1156365	501c3	128,963	0			Research
Dartmouth College 11 Rope Ferry Road Hanover, NH 03755	02-0222111	501c3	283,718	0			Research

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University of Vermont Burlington 85 South Prospect Street 340 Waterman Building Burlington, VT 05405	03-0179440	501c3	362,017	0			Research
Boston University Boston 25 Buick Street Boston University Boston, MA 02215	04-2103547	501c3	165,809	0			Research

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Harvard School of Public Health President Of Fellows Of Harvard PO Box 415649 Boston, MA 02241	04-2103580	501c3	40,531	0			Research
Massachusetts Institute of Technology 77 Massachussets Avenue Cambridge, MA 02139	04-2103594	501c3	78,299	0			Research

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Tufts University Boston 200 Harrison Avenue Boston, MA 02111	04-2103634	501c3	304,905	0			Research
Beth Israel Deaconess Medical Ctr 330 Brookline Avenue Boston, MA 02215	04-2103881	501c3	320,565	0			Research

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Worcester Polytechnic Inst 100 Institute Road Worcester, MA 01609	04-2121659	501c3	81,062	0			Research
Dana-Farber Cancer Institute Boston 450 Brookline Avenue Boston, MA 02215	04-2263040	501c3	81,984	0			Research

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Brigham & Women's Hospital PO Box 3887 Boston, MA 02241	04-2312909	501c3	2,995,802	0			Research
Massachusetts General Hospital PO Box 414876 Boston, MA 02110	04-2697983	501C3	2,279,879	0			Research

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Childrens Hospital BostonPO Box 414413 Boston, MA 02241	04-2774441	501c3	721,271	0			Research
Baystate Medical Center 759 Chestnut Street Springfield, MA 01199	04-2790311	501c3	212,789	0			Research

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University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	501c3	585,171	0			Research
Ocean State Research Institute Inc 830 Chalkstone Avenue Providence, RI 02908	05-0440574	501c3	68,604	0			Research

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Yale University PO Box 1873 New Haven, CT 06508	06-0646973	501c3	1,681,928	0			Research
University of Connecticut Storrs 438 Whitney Road Ext Unit 113 Attn Joanne Frederich Storrs, CT 06269	06-0772160	501c3	283,718	0			Research

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University of Alabama at Birmingham 1720 2nd Avenue Birmingham, AL 35294	06-3690705	501c3	198,382	0			Research
Beth Israel Deaconess Medical Ctr 330 Brookline Avenue Boston, MA 02215	10-4103881	501c3	395,179	0			Research

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The Feinstein Institute for Medical Research 350 Community Drive Manhasset, NY 11030	11-1267359	501c3	182,390	0			Research
Rutgers The State University of New Jersey New Brunswick Rutgers Plaza New Brunswick, NJ 08901	22-6001086	501c3	364,780	0			Research

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New York Medical College 40 Sunshine Cottage Road Valhalla, NY 10595	13-1099420	501c3	466,109	0			Research
Weill Medical College of Cornell University 575 Lexington Avenue 9th Floor New York, NY 10022	13-1623978	501c3	607,968	0			Research

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Albert Einstein College of Medicine 1300 Morris Park Avenue Bronx, NY 10461	13-1624225	501C3	255,162	0			Research
New York University School of Medicine PO Box 415026 Boston, MA 02241	13-5562308	501C3	1,154,218	0			Research

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Columbia University New York 12 East 49th Street - 45th Floor New York, NY 10017	13-5598093	501c3	679,818	0			Research
Mount Sinai School of Medicine One Gustave L Levy Place Box 350 New York, NY 10029	13-6171197	501c3	276,349	0			Research

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SUNY Stony Brook PO Box 9 Albany, NY 12201	14-1268361	501c3	40,531	0			Research
Albany Medical Center 47 New Scotland Avenue Albany, NY 12208	14-1338310	501c3	368,465	0			Research

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Rensselaer Polytechnic Institute 110 8th Street West Hall Rm 31 Troy, NY 12180	14-1340095	501c3	283,718	0			Research
Research Foundation of SUNY PO Box 9 Albany, NY 12201	14-1368361	501C3	1,238,459	0			Research

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Cornell University Ithaca341 Pine Tree Road Ithaca, NY 14850	15-0532082	501c3	595,071	0			Research
University of Rochester Medical Center 910 Genesee St Suite 20 Rochester, NY 14611	16-0743209	501c3	1,558,236	0			Research

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Princeton University 701 Carnegie Center Attn R Hunninghake Princeton, NJ 08544	21- 0634501	501C3	160,282	0			Research
University of Medicine and Dentistry of New JerseyPO Box 2685 New Brunswick, NJ 08903	22- 1775306	501c3	1,960,235	0			Research

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Wake Forest University School of MedicineMedical Center Boulevard Winston Salem, NC 27157	22-3849199	501c3	592,932	0			Research
The Children's Hospital of Philadelphia Childrens Hospital Of Philadelphia Lockbox 145 Philadelphia, PA 19178	23-1352166	501c3	314,117	0			Research

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Thomas Jefferson University 1020 Walnut Street Room 525 Scott Building Philadelphia, PA 19107	23-1352651	501c3	642,972	0			Research
University of Pennsylvania 3451 Walnut Street P221 Franklin Building Philadelphia, PA 19104	23-1352685	501c3	1,709,679	0			Research

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University of Pennsylvania PO Box 785541 Philadelphia, PA 19178	23-1362685	501c3	141,859	0			Research
Temple University PO Box 824242 Philadelphia, PA 19182	23-1365971	501c3	1,270,545	0			Research

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Albert Einstein Medical Center 50 Township Line Road Room 109 Elkins Park, PA 19027	23-2290323	501c3	283,718	0			Research
The Wistar Institute 3601 Spruce Street Philadelphia, PA 19104	23-6434390	501c3	46,058	0			Research

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Gladstone Institute San Francisco 1650 Owens Street San Francisco, CA 94158	23-7203666	501c3	283,718	0			Research
Pennsylvania State University Hershey PO Box 850 G230 Attention Deborah Musser Hershey, PA 17033	24-6000376	501c3	1,136,715	0			Research

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University of Pittsburgh PO Box 371220 Pittsburgh, PA 15251	25-0965591	501c3	3,150,618	0			Research
Carnegie-Mellon University Pittsburgh 5000 Forbes Avenue Pittsburgh, PA 15213	25-0969449	501c3	567,437	0			Research

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Wright State University Dayton 3640 Colonel Glenn Hwy 201 J University Hall Dayton, OH 45435	31-0732831	501c3	46,058	0			Research
Children's Hospital Cincinnati 3333 Burnet Ave M1490 Cincinnati, OH 45229	31-0833936	501c3	577,569	0			Research

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University of Cincinnati PO Box 691031 Cincinnati, OH 45269	31-6000989	State of OH	440,998	0			Research
The Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025896	State of OH	1,359,637	0			Research

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Nationwide Children's Hospital PO Box 715245 Columbus, OH 43271	31-6056230	501c3	572,964	0			Research
Kent State UniversityBursars Office 800 East Summit Street Kent, OH 44242	31-6402079	State of OH	141,859	0			Research

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Veterans Medical Research Foundation San Diego 3350 La Jolla Village Drive San Diego, CA 92161	33-0189397	501c3	7,093	0			Research
La Jolla Institute for Allergy and Immunology 9420 Athena Circle La Jolla, CA 92037	33-0328688	501c3	650,341	0			Research

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Scripps Research Institute 10550 N Torrey Pines Road La Jolla, CA 92037	33-0435945	501c3	380,374	0			Research
Cleveland Clinic Foundation PO Box 931531 Cleveland, OH 44193	34-0714585	501c3	934,060	0			Research

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MetroHealth Medical Center 2500 Metrohealth Drive Cleveland, OH 44109	34-6004382	501c3	414,523	0			Research
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501c3	1,444,384	0			Research

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Northeast Ohio Medical University 4209 State Route 4 Rootstown, OH 44272	34-1264220	501c3	283,718	0			Research
University of Toledo Main Campus University Of Toledo Cleveland, OH 44192	34-6401483	501c3	632,443	0			Research

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University of Notre Dame 836 Grace Hall Notre Dame, IN 46556	35-0868188	501c3	179,627	0			Research
Indiana University Indianapolis PO Box 66057 Indianapolis, IN 46266	35-6001673	501c3	689,469	0			Research

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Purdue University West Lafayette 23510 Network Place Chicago, IL 60673	35-6002041	501c3	747,063	0			Research
Loyola University Medical Center 820 North Michigan Lewis Towers 13th Floor Chicago, IL 60601	36-1408475	501c3	47,900	0			Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NorthShore University HealthSystem Research Institute 1001 University Place Evanston, IL 60201	36-2167060	501c3	124,615	0			Research
Northwestern University 750 N Lake Shore Drive Rubloff Bldg 7th Floor Chicago, IL 60611	36-2167817	501c3	2,291,658	0			Research

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University of Chicago 1427 East 60th Street Suite 12 Chicago, IL 60637	36-2177139	501c3	305,152	0			Research
University of Illinois Champaign-Urbana PO Box 4610 Springfield, IL 62708	37-6000511	501c3	2,076,694	0			Research

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Southern Illinois University Springfield SIU School Of Medicine PO Box 19616 Springfield, IL 62794	37-6005961	501c3	131,237	0			Research
Henry Ford Health System 1 Ford Place Manager Of Fund Accounting Detroit, MI 48360	38-1357020	501c3	283,718	0			Research

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Michigan State University 301 Administration Building East Lansing, MI 48824	38-6005984	501c3	99,486	0			Research
University of Michigan Medical Center 3003 South State Street Room 1-5 Ann Arbor, MI 48109	38-6006309	501c3	2,300,756	0			Research

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Wayne State University University5057 Woodward 13th Floor Detroit, MI 48202	38-6028429	501c3	119,751	0			Research
Marquette University PO Box 1881 Milwaukee, WI 53201	39-0806251	501c3	23,950	0			Research

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Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53226	39-0806261	501c3	90,712	0			Research
Blood Center of Wisconsin PO Box 2178 Milwaukee, WI 53201	39-0807235	501c3	283,718	0			Research

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University of Wisconsin - Milwaukee PO Box 340 Milwaukee, WI 53201	39-1805963	State of WI	138,886	0			Research
University of Wisconsin Madison 21 N Park Street Suite 640 Madison, WI 53715	39-6006492	501c3	1,917,895	0			Research

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University of Minnesota 450 McNamara Alumni Center 200 Oak Street Minneapolis, MN 55455	41-6007513	State of MN	1,089,253	0			Research
Mayo Clinic Rochester PO Box 4008 Rochester, MN 55903	41-6011702	501c3	785,704	0			Research

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Iowa State University 3609 Administrative Services Bldg Ames, IA 50011	42-6004224	501c3	283,718	0			Research
University of Iowa Iowa City B5 Jessup Hall Iowa City, IA 52242	42-6004813	State of IA	1,039,231	0			Research

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Washington University 700 Rosedale Avenue Campus Box 103 St Louis, MO 63112	43-0653611	501c3	1,820,189	0			Research
St Louis University Fusz Hall 3rd Floor 3700 West Pine Mall St Louis, MO 63108	43-0654872	501c3	55,270	0			Research

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University of Missouri Columbia 310 Jesse Hall Columbia, MO 65211	43-6003859	State of MO	183,518	0			Research
University of South Dakota Vermillion 414 East Clark Street Vermillion, SD 57069	46-6003541	State of SD	47,900	0			Research

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University of Nebraska Medical Center Omaha Sponsored Programs Accounting 985090 Nebraska Medical Center Omaha, NE 68198	47-0049123	501c3	1,184,133	0			Research
Creighton University 2500 California Plaza Omaha, NE 68178	47-0376583	501c3	47,900	0			Research

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Kansas State University Manhattan 10 Anderson Hall Manhattan, KS 66506	48-0771751	501c3	135,411	0			Research
University of Kansas Medical Center 3901 Rainbow Boulevard Kansas City, KS 66160	48-1108830	501c3	87,717	0			Research

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University of Oregon Eugene PO Box 3237 Eugene, OR 97403	48-1278531	State of OR	190,220	0			Research
Sanford-Burnham Medical Research Institute 10901 North Torrey Pines Road La Jolla, CA 92037	51-0197108	501c3	619,416	0			Research

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University of Delaware 116 Student Services Building 30 Lovett Avenue Newark, DE 19716	51-6000297	501c3	141,859	0			Research
Johns Hopkins University School of Medicine 733 N Broadway Chicago, IL 60693	52-0595110	501c3	3,803,333	0			Research

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University of Connecticut Farmington 263 Farmington Avenue Attn Dave Larkin Farmington, CT 06032	52-1725543	501c3	648,499	0			Research
University of Maryland Baltimore PO Box 41428 Baltimore, MD 21203	52-6002033	State of MD	255,162	0			Research

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Carnegie Institution of Washington 3520 San Martin Drive Baltimore, MD 21218	53-0196523	501c3	42,374	0			Research
Georgetown University PO Box 57116 Washington, DC 20057	53-0196603	501c3	141,859	0			Research

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VA Medical Center McGuire Research Institute 1201 Broad Rock Blvd Richmond, VA 23249	54-1522206	501c3	283,718	0			Research
Virginia Commonwealth University Richmond PO Box 843039 Attn Mark E Roberts Director Richmond, VA 23284	54-6001758	501c3	151,071	0			Research

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University of Virginia Charlottesville PO Box 40019 Charlottesville, VA 22904	54-6001796	501c3	1,256,467	0			Research
Virginia Polytechnic Institute Blacksburg 1880 Pratt Drive Suite 200 Blacksburg, VA 24060	54-6001805	501c3	21,187	0			Research

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Eastern Virginia Medical School Norfolk 721 Fairfax Avenue Rm 13 Norfolk, VA 23507	54-6055378	501c3	141,859	0			Research
West Virginia University Morgantown PO Box 6001 One Waterfront Place Morgantown, WV 26506	55-0665758	501c3	187,917	0			Research

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Duke University Durham 2200 W Main Street Suite 30 Durham, NC 27705	56-0532129	501c3	2,538,599	0			Research
East Carolina University Greenville Mail Stop 16 East Carolina University Greenville, NC 27858	56-6000403	501c3	42,374	0			Research

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University of North Carolina Chapel Hill 104 Airport Drive Cb 135 Suite 220 Chapel Hill, NC 27599	56-6001393	501c3	1,033,545	0			Research
Clemson University 108 Silas N Pearman Boulevard Clemson, SC 29634	57-6000254	State of SC	140,391	0			Research

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Medical University of South Carolina 19 Hagood Avenue Suite 60 Charleston, SC 29425	57-6000722	501c3	364,781	0			Research
Emory University PO Box 935084 Atlanta, GA 31193	58-0566256	501c3	942,839	0			Research

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Georgia Institute of Technology PO Box 100117 Atlanta, GA 30384	58-0603146	501c3	358,181	0			Research
University of Georgia Research Foundation Inc 475 North Lumpkin Street Athens, GA 30602	58-1353149	501c3	314,356	0			Research

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Georgia Health Sciences University PO Box 945552-5552 Atlanta, GA 30394	58-1418202	501c3	1,585,989	0			Research
Georgia State University PO Box 3999 Atlanta, GA 30302	58-1845423	501c3	151,992	0			Research

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University of Miami School of Medicine MiamiPO Box 405803 Atlanta, GA 30384	59- 0624458	501c3	784,146	0			Research
Boca Raton Regional Hospital 800 Meadows Road Boca Raton, FL 33486	59- 1006663	501c3	151,992	0			Research

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University of South Florida Tampa PO Box 864568 Orlando, FL 32886	59-3102112	501c3	176,863	0			Research
Florida State University 2000 Levy Avenue Suite 35 Tallahassee, FL 32310	59-3211153	501C3	169,273	0			Research

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University of Florida Gainesville 219 Grinte Gainesville, FL 32611	59-6002052	501c3	1,004,407	0			Research
University of Louisville Stevenson Hall 5th Floor Louisville, KY 40292	61-1029626	501c3	526,905	0			Research

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University of Kentucky Lexington PO BOX 931113 Cleveland, OH 44193	61-6033693	501c3	1,056,574	0			Research
Vanderbilt University Med Ctr 2301 Vanderbilt Place Nashville, TN 37240	62-0476822	501c3	2,899,203	0			Research

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St Jude Children's Research Hospital Memphis 262 Danny Thomas Place Mail Stop 50 Memphis, TN 38105	62-0646012	501c3	83,255	0			Research
University of Tennessee Health Science Center Memphis 62 South Dunlap Street Suite 30 Memphis, TN 38163	62-6001636	501c3	242,509	0			Research

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East Tennessee State University Johnson City Box 7073 Attn Lynn Myers Johnson City, TN 37614	62-6021046	501c3	24,871	0			Research
University of South Alabama Mobile 307 University Boulevard Mobile, AL 36688	63-0477348	501c3	506,972	0			Research

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Auburn University 208 M W Smith Hall Auburn University, AL 36849	63- 6000724	State of AL	283,718	0			Research
University of Alabama at Birmingham 701 South 20th Street Birmingham, AL 35294	63- 6005396	501c3	909,785	0			Research

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University of Mississippi Jackson 2500 North State Street Jackson, MS 39216	64-6008520	501c3	1,240,917	0			Research
University of Arkansas for Medical Sciences 4301 West Markham Slot 56 Little Rock, AR 72205	71-6046242	501c3	69,087	0			Research

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Louisiana State University Health Sciences Center Shreveport 1501 Kings Highway PO Box 33932 Shreveport, LA 71103	72-0702002	501c3	292,248	0			Research
Louisiana State University New Orleans 433 Bolivar Street New Orleans, LA 70112	72-6087770	State of LA	520,457	0			Research

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OMRF (Oklahoma Medical Research Foundation) 825 NE 13th Street Oklahoma City, OK 73104	73-0580274	501c3	567,437	0			Research
INTEGRIS Baptist Medical Center 3330 NW 56th St Suite 31 Oklahoma City, OK 73112	73-1034824	501c3	128,963	0			Research

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University of Oklahoma Health Sciences Center 1100 N Lindsay Oklahoma City, OK 73104	73-6017987	State of OK	680,968	0			Research
Rice University 6100 Main Street Houston, TX 77005	74-1109620	501c3	368,465	0			Research

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University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229	74-1586031	State of TX	390,573	0			Research
Baylor College of Medicine Houston One Baylor Plaza Houston, TX 77030	74-1613878	501c3	996,415	0			Research

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University of Texas Health Science Center Houston PO Box 203382 Houston, TX 77216	74-1761309	State of TX	716,871	0			Research
University of Arizona Tucson PO Box 3520 Tucson, AZ 85722	74-2652689	State of AR	479,005	0			Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas A&M University Health Science Center 400 Harvey Mitchell Parkway S Suite 30 College Station, TX 77845	74-2907553	501c3	152,703	0			Research
University of Texas AustinNorth Office Building 101 E 27th Street Suite 4 30 Austin, TX 78713	74-6000203	501c3	173,179	0			Research

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Texas A&M University College Station 400 Harvey Mitchell Parkway S Suite 30 College Station, TX 77845	74-1238434	501c3	515,852	0			Research
The University of Texas Medical Branch PO Box 4786-750 Houston, TX 77210	74-6000949	501c3	341,542	0			Research

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University of Houston Houston 4800 Calhoun Houston, TX 77004	74- 6001399	501c3	412,681	0			Research
Texas Heart Institute PO Box 4180 Houston, TX 77210	74- 6053200	501c3	257,926	0			Research

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The University of Texas Health Science Center at Tyler 1637 U S Highway 27 Tyler, TX 75708	75-6001354	State of TX	128,963	0			Research
University of Texas Southwestern Medical Center at Dallas PO Box 841753 Dallas, TX 75284	75-6002868	State of TX	3,811,597	0			Research

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University of North Texas Health Science Center Fort Worth 3500 Camp Bowie Boulevard Fort Worth, TX 76107	75-6064033	501c3	175,021	0			Research
Montana State University Bozeman 309 Montana Hall Bozeman, MT 59715	81-6010045	State of MT	391,494	0			Research

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Idaho State University 921 S 8th Avenue Stop 821 Pocatello, ID 83209	82-6000924	501c3	11,975	0			Research
Colorado State University Fort Collins Colorado State University Ft Collins, CO 80523	84-6000545	501c3	178,660	0			Research

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University of Colorado Denver PO Box 910238 Denver, CO 80291	84-6000555	501c3	1,490,860	0			Research
University of New Mexico - Health Sciences Center University Of New Mexico Albuquerque, NM 87131	85-6000642	State of NM	464,266	0			Research

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Arizona State University Tempe PO Box 876011 Tempe, AZ 85287	86-0196696	501c3	175,021	0			Research
The Methodist Hospital Research Institute 6565 Fannin Houston, TX 77030	87-0721923	501c3	651,297	0			Research

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University of Utah 30 North 1900 East Salt Lake City, UT 84132	87-6000525	501c3	418,392	0			Research
Utah State University 2400 Old Main Hill Logan, UT 84322	87-6000528	501c3	295,693	0			Research

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University of Nevada Reno 1664 N Virginia Street Mail Stop 32 Reno, NV 89557	88-6000024	State of NV	128,963	0			Research
Seattle Children's Hospital PO Box 5371 M/S S-200 Seattle, WA 98145	91-0564748	501c3	257,926	0			Research

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University of Washington Seattle 12455 Collections Drive Chicago, IL 60693	91-6001537	501c3	1,509,787	0			Research
Oregon Health & Science University Portland 10690 SW Bancroft Street Portland, OR 97239	93-1176109	State of OR	776,651	0			Research

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Children's Hospital Medical Center 5700 Martin Luther King Jr Way Oakland, CA 94609	94-0382330	501c3	161,204	0			Research
Stanford University PO Box 44253 San Francisco, CA 94144	94-1156365	501c3	2,333,186	0			Research

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NCIRE The Veterans Health Research Institute 4150 Clement Street San Francisco, CA 94121	94-3084159	501c3	93,682	0			Research
University of California Berkeley 2195 Hearst Avenue Room 13 Mail Code 110 Berkeley, CA 94720	94-6002123	501c3	265,295	0			Research

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University of California San Francisco 1855 Folsom Street San Francisco, CA 94143	94-6036493	501c3	3,710,169	0			Research
University of California Davis PO Box 989062 West Sacramento, CA 95798	94-6036494	501c3	748,445	0			Research

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University of Southern California 900 W 34th Street Los Angeles, CA 90074	95-1642394	501c3	359,254	0			Research
California Institute of Technology Pasadena 1200 E California Boulevard Pasadena, CA 91125	95-1643307	501c3	113,303	0			Research

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Cedars-Sinai Medical Center 6500 Wilshire Boulevard Suite 115 Los Angeles, CA 90048	95-1644600	501c3	766,408	0			Research
Childrens Hospital Los Angeles 4650 Sunset Boulevard Los Angeles, CA 90027	95-1690977	501c3	283,718	0			Research

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Loma Linda University 24887 Taylor Street Suite 20 Loma Linda, CA 92350	95-1816009	501c3	5,988	0			Research
Los Angeles Biomedical Research Institute Harbor-UCLA Medical Center 1124 West Carson Street Torrance, CA 90502	95-2138184	501c3	128,963	0			Research

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The Salk Institute for Biological Studies P O Box 8580 San Diego, CA 92186	95-2160097	501c3	78,299	0			Research
University of California Irvine 1400 Biological Sciences Lane Irvine, CA 92697	95-2226406	501c3	267,137	0			Research

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Western University of Health Sciences 309 E 2nd Street Pomona, CA 91766	95-3127273	501c3	128,963	0			Research
University of California Riverside 900 University Avenue Student Services Bldg Rm 111 Riverside, CA 92521	95-6006142	501c3	283,718	0			Research

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University of California Los Angeles 405 Hilgard Avenue Box 951432 1125 Murphy Hall Los Angeles, CA 90095	95-6006143	501c3	2,394,103	0			Research
University of California San Diego 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501c3	3,124,262	0			Research

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San Diego State University Research Foundation 5250 Campanile Drive San Diego, CA 92182	95-6042721	501c3	128,963	0			Research
University of Hawaii 2530 Dole Street Honolulu, HI 96822	99-6000354	State of HI	46,065	0			Research

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Harvey Ambulance Service 103 Ballman Avenue Martin, ND 58758	45-0354864	501c3	20,000	0			Defibrillators and Monitors
President & Fellow of Harvard College of Public Health 1033 Massachusetts Avenue 3rd Cambridge, MA 02138	04-2103580	501c3	18,000	0			Community Impact Grant

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Vanderbilt Institute for Obesity & Diabetes Metabolism Center 3319 West End Avenue Suite 870 Nashville, TN 37203	62-0476822	501c3	39,450	0			Childhood Obesity Programs
Albany Medical College 47 New Scotland Avenue Albany, NY 12208	14-1338310	501c3	22,000	0			Medical student research award

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National Parks of New York Harbor Harbor Conservatory New York, NY 10005	20-2935972	501c3	25,000	0			Latino Internship Program
National Parks of New York Harbor Harbor Conservatory New York, NY 10005	20-2935972	501c3	10,000	0			Park health program

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Living Hope Empowerment Center PO Box 3624 Trenton, NJ 08629	20-4867954	501c3	16,000	0			Healthy Corner Store for the Latino
New Town Community Ambulance Service 107 Soo Place South New Town, ND 58763	20-5924808	501c3	20,000	0			Defibrillators and Monitors

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Bottineau Ambulance Service 1310 Thompson Street South Bottineau, ND 58318	20-8242493	501c3	20,000	0			Defibrillators and Monitors
RWJ University Hospital Foundation 10 Plum Street Suite 910 New Brunswick, NJ 08901	22-2378007	501c3	25,000	0			Latino Simple Seven Park Project

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Boston Educational Development Foundation Development Foundation Inc Boston, MA 02108	22-2514422	501c3	22,500	0			Community Impact Grant
Viborg Ambulance Service PO Box 553 Viborg, SD 57070	23-7222917		25,920	0			Defibrillators and Monitors

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Kulm Ambulance Corps Inc PO Box 189 Kulm, ND 58456	23-7296958		20,000	0			Defibrillators and Monitors
Foundation of University of Medicine & Dentistry of New Jersey 120 Albany Street Tower II 18th Floor New Brunswick, NJ 08901	23-7313160	501c3	12,000	0			Latino Impact Award

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Innovis Health LLC 3000 32nd Avenue S Attn Rachel Boyer Fargo, ND 58103	26-1175213	501c3	37,500	0			Defibrillators and Monitors
Green Streets Initiative 166A Elm Street N Porter Square North Cambridge, MA 02140	26-1484405	501c3	13,500	0			Community Impact Grant

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South Bronx Food Foundation 1020 Faile Street Bronx, NY 10459	26-1762439	501c3	25,000	0			Community Impact Grant
Canton-Inwood Ambulance Association PO Box 301 Canton, SD 57013	27-0951277	501c3	50,444	0			Defibrillators and Monitors

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Californians for a Cure 555 Capitol Mall Suite 1425 Sacramento, CA 95814	27-1386533	501c3	365,000	0			Tobacco Tax Campaign
Fessenden Ambulance Service PO Box 193 Fessenden, ND 58438	27-1657356		20,000	0			Defibrillators and Monitors

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Alliance for a Healthier Generation 1200 NW Naito Parkway Portland, OR 97209	27-2028308	501c3	4,550,130	0			Prevention of Childhood Obesity
Plaza Ambulance Service PO Box 57 Plaza, ND 58771	27-4863734		20,000	0			Defibrillators and Monitors

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Stanley Ambulance Service 14 First Street SE Stanley, ND 58784	30-0470787		20,000	0			Defibrillators and Monitors
Belmont County Commissioners & Government 310 Fox Shannon Place St Clairsville, OH 43950	34-6000236	Belmont County, OH	15,000	0			Cardiac emergency equipment

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Faulkton Area Medical Center 1300 Oak Street Faulkton, SD 57438	36-3317416	501c3	13,000	0			Defibrillators and Monitors
Piedmont Volunteer Fire Department PO Box 334 Piedmont, SD 57769	36-3496235	501c3	46,762	0			Defibrillators and Monitors

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Illinois Facilities Fund 1 N LaSalle Street Suite 700 Chicago, IL 60602	36-3656836	501c3	32,600	0			Childhood Obesity Programs
Stark County Ambulance 114 North Franklin Street Toulon, IL 61483	36-3850447	Stark County, IL	60,350	0			Defibrillators and Monitors

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Village of Summitt Fire Department 321 West 59th Street Summit, IL 60501	36-6006120		10,503	0			Defibrillators and Monitors
Macon County Health Department 1221 East Condit Street Decatur, IL 62521	37-6001309	Macon County, IL	11,972	0			Defibrillators and Monitors

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Macon County Health Department 1221 East Condit Street Decatur, IL 62521	37-6001309	501c3	14,700	0			African-American outreach programs
Bicycle Alliance of Minnesota 214 Park Avenue St Paul, MN 55115	41-1719332	501c3	20,000	0			Bicycle use promotion

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Wagner EMSPO Box 758 Lake Andes, SD 57356	41- 1983533		45,086	0			Defibrillators and Monitors
Trinity Health Trinity Health Minot, ND 58701	41- 2002771	501c3	37,500	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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Boys and Girls Club of Metrowest 169 Pleasant Street Marlborough, MA 01752	42-2387225	501c3	9,000	0			Community Impact Grant
Sociedad Latina 1530 Tremont Street Roxbury, MA 02120	42-2678255	501c3	13,050	0			Community Impact Grant

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Boston Natural Areas Network 62 Summer Street Attn Valerie Burns President Boston, MA 02110	42-2693273	501c3	6,750	0			Community Impact Grant
MGH Community Health Associates 300 Ocean Avenue 5th Floor Revere, MA 02151	42-2697983	501c3	7,200	0			Community Impact Grant

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Vineyard Christian Fellowship of Cambridge 15 Notre Dame Avenue Cambridge, MA 02140	43-3296440	501c3	9,000	0			Community Impact Grant
Humboldt Fire and Ambulance Service 411 S Carlson Humboldt, SD 57035	43-3834143	501c3	25,495	0			Defibrillators and Monitors

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Heart of America Medical Center 800 South Main Avenue Attn Ken Reed Rugby, ND 58368	45-0226419	501c3	13,000	0			Defibrillators and Monitors
Rugby Emergency Medical Service 800 South Main Street Rugby, ND 58368	45-0226419	501c3	40,000	0			Defibrillators and Monitors

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MedCenter One 300 N 7th Street Attn Shelly Arnold Bismarck, ND 58501	45-0226700	501c3	37,500	0			Defibrillators and Monitors
St Alexius Medical Center 900 East Broadway Avenue Attn Karen Hagel Bismarck, ND 58506	45-0226711	501c3	37,500	0			Defibrillators and Monitors

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Sanford North PO Box 2010 Attn Paul Burud Fargo, ND 58122	45-0226909	501c3	52,500	0			Defibrillators and Monitors
Hillsboro Ambulance Service PO Box 609 Hillsboro, ND 58045	45-0230400		19,927	0			Defibrillators and Monitors

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Oakes Volunteer Ambulance Service 615 Ivy Avenue Oakes, ND 58474	45-0314626	501c3	20,000	0			Defibrillators and Monitors
West Trail Ambulance Service 43 7th Avenue SE Attn Stefan Hofer Mayville, ND 58257	45-0315225	501c3	20,000	0			Defibrillators and Monitors

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Community Ambulance Service of Rolla PO Box 653 Rolla, ND 58367	45-0317568	501c3	20,000	0			Defibrillators and Monitors
Rolette Ambulance Service PO Box 565 Rolette, ND 58366	45-0320710	501c3	20,000	0			Defibrillators and Monitors

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Upham RFPD Ambulance Service A Avenue C Upham, ND 58789	45-0336718	501c3	20,000	0			Defibrillators and Monitors
Grenora Ambulance Service PO Box 274 Grenora, ND 58845	45-0344343	501c3	20,000	0			Defibrillators and Monitors

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Wishek Ambulance Service PO Box 647 Wishek, ND 58495	45-0358986	501c3	19,482	0			Defibrillators and Monitors
Community Ambulance Service of Minot Inc 2501 DeMers Avenue Minot, ND 58702	45-0363593	501c3	60,000	0			Defibrillators and Monitors

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Wyndmere-Barney Rural Ambulance District PO Box 184 Wyndmere, ND 58081	45- 0364258	501c3	20,000	0			Defibrillators and Monitors
Altru Health System 2501 DeMers Avenue Attn Jon Green Executive Director Grand Forks, ND 58201	45- 0368330	501c3	37,500	0			Defibrillators and Monitors

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Bowden Ambulance Service 211 Warrington Avenue Bowdon, ND 58418	45-0379796	501c3	20,000	0			Defibrillators and Monitors
Sherwood Rural Fire District PO Box 148 Sherwood, ND 58782	45-0381505	501c3	20,000	0			Defibrillators and Monitors

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Carpio Ambulance Service 10 Main Street Carpio, ND 58725	45-0394266	501c3	20,000	0			Defibrillators and Monitors
Killdeer Area Ambulance Service PO Box 33 Killdeer, ND 58640	45-0432031	501c3	20,000	0			Defibrillators and Monitors

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Towner Fire Ambulance and Rescue Service Inc 308 Main Street South Towner, ND 58788	45-0437006	501c3	20,000	0			Defibrillators and Monitors
Hankinson Volunteer Ambulance Service 102 Main Avenue North Hankinson, ND 58041	45-0439661	501c3	17,992	0			Defibrillators and Monitors

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Cooperstown Ambulance Service PO Box 712 Cooperstown, ND 58425	45-6002048	501c3	20,000	0			Defibrillators and Monitors
Ellendale Community Ambulance PO Box 267 Ellendale, ND 58436	45-6002064	501c3	20,000	0			Defibrillators and Monitors

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Lansford Ambulance Service 104 Central Avenue N Mohall, ND 58761	45-6016649	501c3	20,000	0			Defibrillators and Monitors
Tolley Ambulance 104 Central Avenue N Mohall, ND 58761	45-6016649	501c3	20,000	0			Defibrillators and Monitors

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Ogala Sioux Tribal Ambulance PO Box 0346 Pine Ridge, SD 57770	46-0217222	501c3	94,135	0			EKG monitors and data package services
Avera St Luke's-Aberdeen 305 South State Street Aberdeen, SD 57401	46-0224598	501c3	52,500	0			EKG monitors and data package services

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Avera DeSmet Memorial Hospital 306 Prairie Avenue SW DeSmet, SD 57231	46-0224604	501c3	13,000	0			EKG monitors and data package services
Avera Weskota Hospital 604 First Street NE Wessington Springs, SD 57382	46-0224604	501c3	13,000	0			EKG monitors and data package services

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Avera Gregory Healthcare Center 400 Park Avenue Gregory, SD 57533	46-0224743	501c3	13,000	0			EKG monitors and data package services
Avera McKennan Hospital 1325 South Cliff Avenue Sioux Falls, SD 57117	46-0224743	501c3	133,000	0			EKG monitors and data package services

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Wagner Community Memorial Hospital 513 3rd Street SW Wagner, SD 57380	46-0226283	501c3	13,000	0			EKG monitors and data package services
St Mary's Hospital 801 E Sioux Avenue Attn Ellen Lee Foundation VP Pierre, SD 57501	46-0230199	501c3	13,000	0			EKG monitors and data package services

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Gettysburg Memorial Hospital PO Box 27 Gettysburg, SD 57442	46-0234354	501c3	13,000	0			EKG monitors and data package services
Beresford Community Ambulance Service PO Box 148 Beresford, SD 57004	46-0238911	501c3	50,320	0			Defibrillators and Monitors

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Platte Health Center Avera PO Box 83 Platte, SD 57369	46-0239781	501c3	13,000	0			EKG monitors and data package services
Pioneer Memorial Hospital & Health Services 315 N Washington Street Viborg, SD 57070	46-0260288	501c3	13,000	0			EKG monitors and data package services

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Centerville Community Ambulance Service 308 Main Street South Centerville, SD 57014	46-0284562	501c3	21,898	0			Defibrillators and Monitors
Sioux Falls Rural Metro Medical Services 102 Main Avenue North Sioux Falls, SD 57104	46-0284797	501c3	180,956	0			Defibrillators and Monitors

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Platte Ambulance Service PO Box 712 Platte, SD 57369	46-0305857	501c3	25,607	0			Defibrillators and Monitors
Rapid City Regional Hospital PO Box 267 Rapid City, SD 57701	46-0319070	501c3	52,500	0			Defibrillators and Monitors

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Butte County Ambulance Service 104 Central Avenue N Belle Fourche, SD 57717	46-0338140	501c3	25,066	0			Defibrillators and Monitors
Eureka Ambulance Service 104 Central Avenue N Eureka, SD 57437	46-0342738	501c3	10,823	0			Defibrillators and Monitors

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Huron Regional Medical Center PO Box 0346 Huron, SD 57350	46-0345312	501c3	13,000	0			Defibrillators and Monitors
Avon Save-a-Life Ambulance Service 305 South State Street Avon, SD 57315	46-0367776	501c3	25,022	0			Defibrillators and Monitors

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Frederick Area Ambulance Service 306 Prairie Avenue SW Frederick, SD 57441	46-0373345	501c3	25,787	0			Defibrillators and Monitors
Leola Ambulance Service 604 First Street NE Leola, SD 57456	46-0377462	501c3	26,523	0			Defibrillators and Monitors

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Plankinton Ambulance Service 400 Park Avenue Plankinton, SD 57368	46-0378727	501c3	25,607	0			Defibrillators and Monitors
Marshall County Healthcare Center 1325 South Cliff Avenue Britton, SD 57430	46-0380552	501c3	13,000	0			Defibrillators and Monitors

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Sanford Canton-Inwood Medical Center 440 North Hiawatha Drive Attn Eric Hilmoe Canton, SD 57013	46-0388596	501c3	13,000	0			Defibrillators and Monitors
Sanford Mid Dakota Medical Center 300 S Bryon Boulevard Attn Donna Peterson Chamberlain, SD 57325	46-0388596	501c3	13,000	0			Defibrillators and Monitors

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White Lake Ambulance Service 606 East Garfield Avenue White Lake, SD 57383	46-0390610	501c3	25,607	0			Defibrillators and Monitors
Prairie Lake Healthcare System PO Box 469 Watertown, SD 57201	46-0391067	501c3	52,500	0			Defibrillators and Monitors

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Parkston Ambulance Service PO Box 200 Parkston, SD 57366	46-0397613	501c3	25,787	0			Defibrillators and Monitors
Douglas County Memorial Hospital 440 North Hiawatha Drive Armour, SD 57313	46-0400557	501c3	13,000	0			Defibrillators and Monitors

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Dewey County Ambulance Isabel PO Box 181 Isabel, SD 57633	46-0406075	501c3	25,561	0			Defibrillators and Monitors
Elk Point Ambulance Service 121 South Williams Elk Point, SD 57025	46-0412735	501c3	25,607	0			Defibrillators and Monitors

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Garretson Community Ambulance Corp PO Box 1046 Garretson, SD 57030	46-0428217	501c3	26,534	0			Defibrillators and Monitors
Tripp Ambulance Service 353 Fairmont Boulevard Tripp, SD 57376	46-0431166	501c3	25,495	0			Defibrillators and Monitors

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Cheyenne River Service Unit HIS Ambulance 511 6th Avenue Eagle Butte, SD 57625	46-0439432	501c3	75,085	0			Defibrillators and Monitors
Fall River Hospital PO Box 673 Hot Springs, SD 57747	46-0450523	501c3	13,000	0			EKG monitors and data package services

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Aberdeen Ambulance Service 172 4th Street SE Aberdeen, SD 57434	46-0451515		18,868	0			Defibrillators and Monitors
Arlington Ambulance Service PO Box 207 Arlington, SD 57212	46-6000031		23,210	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bonesteel Ambulance Service PO Box 577 Bonesteel, SD 57317	46- 6000056		23,212	0			Defibrillators and Monitors
Bridgewater Community Ambulance PO Box 226 Bridgewater, SD 57319	46- 6000061		25,495	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Marshall County Ambulance Service PO Box 112 Britton, SD 57430	46-6000063	Marshall County, SD	25,495	0			Defibrillators and Monitors
Willow Lake Ambulance Service 413 9th Street Willow Lake, SD 57278	46-6000099		26,219	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Elkton Emergency Squad Inc 127 West 26th Street Suite 1002 Elkton, SD 57026	54-1958860	501c3	25,607	0			Defibrillators and Monitors
Faulk County Ambulance Service 1400 I Street NW Faulkton, SD 57438	46-6000154	Faulk County, SD	19,495	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Hudson Ambulance Service PO Box 245 Hudson, SD 57034	46-6000210		26,755	0			Defibrillators and Monitors
Parker Ambulance Service 401 9th Avenue Northwest Parker, SD 57053	46-6000345		26,080	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Rapid City Dept of Fire and EMSPO Box 418 Rapid City, SD 57701	46- 6000380		100,000	0			Defibrillators and Monitors
Scotland Ambulance Service 708 8th Street Scotland, SD 57059	46- 6000416		27,092	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Springfield Ambulance Service PO Box 181 Springfield, SD 57062	46-6000472		25,787	0			Defibrillators and Monitors
Tabor Ambulance Service PO Box 714 Tabor, SD 57063	46-6000483		25,607	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mellette County Ambulance Service PO Box 22 White River, SD 57579	46-6000544	Mellette County, SD	50,000	0			Defibrillators and Monitors
Transportation Alternatives 127 West 26th Street Suite 1002 New York, NY 10001	51-0186015	501c3	25,000	0			Community Impact Grant

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tobacco-Free Kids Action Fund 1400 I Street NW Suite 1200 Washington, DC 20005	52-1974904	501c3	265,000	0			Tobacco prevention & cessation
Avera Heart Hospital 209 North 16th Street Sioux Falls, SD 57108	56-2143221		52,500	0			Defibrillators and Monitors

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Peer Health Exchange Inc 1460 Broadway Suite 5-31 New York, NY 10036	56-2374305	501c3	25,000	0			Community Impact Grant
Southern Regional Medical Center PO Box 309 Riverdale, GA 30274	58-1955423	501c3	6,000	0			Cardiac data registry

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dekalb Medical Center 2701 North Decatur Road Attn Patrick Green Decatur, GA 30033	58-1966795	501c3	6,000	0			Cardiac data registry
Wellstar Kennestone Hospital PO Box 669218 Attn Tracy Lins Marietta, GA 30066	58-2032904	501c3	12,000	0			Cardiac data registry

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University Hospital 1364 Clifton Road Attn Robert Bachman Atlanta, GA 30322	58-2137993	501c3	6,000	0			Cardiac data registry
Piedmont Fayette Hospital 1255 Hwy 54 West Attn Mary McFarland Fayetteville, GA 30214	58-2322328	501c3	9,000	0			Cardiac data registry

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Atlanta Medical Center 303 Parkway Drive NE Attn Paula Butts Atlanta, GA 30312	58-2329008	501c3	9,000	0			Cardiac data registry
Cherokee County Board of Commissioners PO Box 146 Canton, GA 30107	58-6000799	501c3	11,000	0			Cardiac monitor-defibrillator

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
St Mary's Hospital PO Box C Waterbury, CT 06706	60- 0646844	501c3	18,000	0			Childhood Obesity Grant
Oklahoma Institute for Child Advocacy 1460 Broadway Suite 5-31 Oklahoma City, OK 73118	73- 1192768	501c3	31,500	0			Shared use legislation advocacy

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sanborn County Ambulance Service 1968 Peachtree Road NW Woonsocket, SD 57385	80-0625710	Sanborn County, SD	24,767	0			Defibrillators and Monitors
Family Cook Productions 4500 West 69th Street New York, NY 10017	81-0569748	501c3	24,984	0			Community Impact Grant

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Washington 1107 NE 45th Street Suite 505 Seattle, WA 98105	91-6001537	501c3	500,000	0			Resuscitation Outcomes Consortium Coordinating Center
Comprehensive Health Education Foundation Education Foundation Seattle, WA 98104	91-6186093	501c3	18,000	0			Public Policy Health Issues

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
California Food Policy Advocates 436 14th Street Suite 1220 Oakland, CA 94612	94-3163142	501c3	75,000	0			Mobile food vending policy
Max Fripp Playworks380 Washington Street Oakland, CA 94607	94-3251867	501c3	13,500	0			Community Impact Grant

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Riverside County Fire Department 210 West San Jacinto Avenue Perris, CA 92570	95-6000930	Riverside County, CA	15,400	0			Emergency equipment upgrade

**Schedule J  
(Form 990)****Compensation Information**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**  
American Heart Association Inc**Employer identification number**

13-5613797

**Part I Questions Regarding Compensation**

Yes

No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

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

**1b** Yes

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

**2** Yes

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

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

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

- a** Receive a severance payment or change-of-control payment?

**4a** Yes

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**5a** Yes

- a** The organization?

**5b** No

- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**6a** No

- a** The organization?

**6b** No

- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

**7** No

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

**8** No

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

**9**

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

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

**Note.** The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	To encourage good health practices, American Heart Association (AHA) makes available a membership to a local fitness center to senior management. Of the officers and key employees listed, the following participate in the program - Nancy Brown, Sunder Joshi, Leslie Upton and Mark Schoeberl. These benefits are treated as taxable income.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Gordon McCullough retired as COO of Field Operations in 2011. During the calendar year 2011, Mr. McCullough received severance pay of \$159,583. Nonqualified Retirement Plan: AHA provides a 457f Retirement Restoration Plan to certain members of senior management. While AHA employees are generally eligible to participate in the qualified retirement plan and the 403b plan, contributions by AHA to the qualified retirement plan and the 403b plan are capped pursuant to IRS regulations. Under the Retirement Restoration Plan, AHA is allowed to make contributions based on the amount a participant would have been allowed to 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 at the end of the year in a lump sum. The payment is considered earned income with applicable taxes withheld. If the employee leaves AHA prior to reaching his or her vesting date, the account balance is forfeited. During the calendar year, some eligible participants in AHA's Retirement Restoration Plan reached their vesting date or had previously reached their vesting date and received lump sum payments from the Plan. Previously vested, Michael Weamer received \$27,300, Roman Bowser received \$22,412 and Michael Wilson received \$1,525.
SchJ_P01_S00_L05	Schedule J, Part I, Line 5	The senior management of AHA participates in an Incentive Plan designed to motivate and reward significant growth and performance of the Association and create a sense of shared ownership to achieve the strategic plan and further the mission. The Incentive Plan is designed as part of the total cash compensation provided to the senior executives. The total cash compensation has been determined as reasonable by the Compensation and Benefits Committee and outside independent compensation consultants. The Incentive Plan focuses on four broad criteria, which have qualitative and quantitative aspects -- Association revenue goals, Affiliate-specific revenue goals, employee engagement, and mission goals. Award opportunities for Senior Management and the CEO range from 0%-25% and 0%-30%, respectively.
SchJ_P02_S00_L00	Schedule J, Part II	General Disclosures regarding compensation. The compensation reported for Roberto Bolli represents honoraria fees for services as editor of AHA scientific journals for calendar 2011. In addition, other reportable compensation for David Markiewicz and Jeremy Beauchamp includes relocation payments totaling \$7,137 and \$31,075 respectively.

**Software ID:** 11000129  
**Software Version:** v1.00  
**EIN:** 13-5613797  
**Name:** American Heart Association Inc

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Nancy A Brown	(i) 616,747 (ii) 0	98,650 0	21,752 0	87,102 0	19,528 0	843,779 0	0 0
Sunder Joshi	(i) 338,995 (ii) 0	37,180 0	1,622 0	47,740 0	10,067 0	435,604 0	0 0
David W Livingston	(i) 274,349 (ii) 0	29,920 0	522 0	38,360 0	7,445 0	350,596 0	0 0
Rose Marie Robertson	(i) 403,216 (ii) 0	44,000 0	25 0	48,300 0	8,794 0	504,335 0	0 0
Meighan Vafa	(i) 360,550 (ii) 0	39,600 0	864 0	50,778 0	840 0	452,632 0	0 0
Leslie Upton	(i) 314,608 (ii) 0	34,254 0	1,647 0	44,177 0	5,539 0	400,225 0	0 0
Michael Weamer	(i) 435,142 (ii) 0	0 0	32,907 0	34,300 0	15,353 0	517,702 0	0 0
Roman Bowser	(i) 401,884 (ii) 0	28,600 0	25,961 0	34,300 0	5,539 0	496,284 0	0 0
Kevin Harker	(i) 348,405 (ii) 0	28,570 0	4,310 0	49,367 0	15,353 0	446,005 0	0 0
David Markiewicz	(i) 371,240 (ii) 0	56,812 0	15,163 0	52,927 0	15,352 0	511,494 0	0 0
Midge Epstein	(i) 344,603 (ii) 0	65,876 0	3,516 0	49,368 0	15,353 0	478,716 0	0 0
Nicole Sapio	(i) 273,125 (ii) 0	37,667 0	8,385 0	38,467 0	10,603 0	368,247 0	0 0
Jeremy Beauchamp	(i) 253,551 (ii) 0	16,440 0	39,100 0	29,868 0	14,229 0	353,188 0	0 0
Sandra Hijikata	(i) 287,924 (ii) 0	0 0	45 0	34,300 0	5,539 0	327,808 0	0 0
Michael L Wilson	(i) 256,918 (ii) 0	28,380 0	1,525 0	24,500 0	14,229 0	325,552 0	0 0
Kathleen Rogers	(i) 270,987 (ii) 0	30,250 0	0 0	38,585 0	14,229 0	354,051 0	0 0
Mark Schoeberl	(i) 248,944 (ii) 0	28,050 0	1,563 0	30,472 0	15,353 0	324,382 0	0 0
John Meiners	(i) 312,087 (ii) 0	70,875 0	19,538 0	44,030 0	10,603 0	457,133 0	0 0

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Gordon McCullough	(i) 76,600 (ii) 0	0 0	159,583 0	0 0	9,771 0	245,954 0	0 0
Roberto Bolli	(i) 100,340 (ii) 0	0 0	0 0	0 0	0 0	100,340 0	0 0

SCHEDULE M  
(Form 990)

OMB No 1545-0047

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

# NonCash Contributions

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	971	379,832	Fair market value
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		3,490	Fair market value
5 Clothing and household goods . . . . .	X		0	Fair market value
6 Cars and other vehicles . . . . .	X	533	505,575	Fair market value
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	123	1,858,576	Fair market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .	X	1	10,316	Fair market value
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	1,217	452,250	Fair market value
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
Tangible personal property (i.e., furniture, jewelry, clothing, books, bags (handbags or				
25 Other ► (otherwise), )	X	7,012	1,768,112	Fair market value
Recreation (i.e., tickets for sporting events, excursions, party packages, other sports				
26 Other ► (event related )	X	3,469	1,537,156	Fair market value
Travel (i.e., resort packages, hotel lodging certificates, airline				
27 Other ► (tickets, etc ) )	X	1,744	2,276,463	Fair market value
Food & Drink (i.e., bottles of wine, other drinks, food baskets,				
28 Other ► (etc ) )	X	3,814	1,698,976	Fair market value
Other ► ( Professional/Personal Services (e.g., spa treatments, auto services) )				
29 Other ► ( Miscellaneous )	X	3,436	808,067	Fair market value
Ad Council	X	1,709	3,855,168	Fair market value
Other ► ( Advert )	X	1	44,169,101	Fair market value
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		0

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

**Part II**

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	The Association receives the proceeds from the sale of donated vehicles that are received and processed by Insurance Auto Auction

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
American Heart Association Inc**Employer identification number**

13-5613797

Identifier	Return Reference	Explanation
F990_P03_S00_L00	Form 990, Part III	2011-12 marked significant progress toward the American Heart Association's 2020 Health Impact Goal To improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent. Cardiovascular disease and stroke mortality rates continue to decline in communities across the country. This year, the association launched and expanded programs to help continue that trend while working to improve Americans' overall heart health. The American Heart Association's programs fall into four major categories: Research Support, Public Education, Professional Education and Community Programs.

Identifier	Return Reference	Explanation
F990_P03_S00_L04a	Form 990, Part III, Line 4a	Research Support The American Heart Association funds research at the national and affiliate (regional) levels Since becoming a voluntary health organization in 1948, we have spent more than \$3.5 billion on projects that explore the prevention, detection and treatment of heart disease and stroke Grants support projects, fellowships and investigatorships for research training or career development for a specific period During the past year, the association funded 972 new awards, totaling nearly \$117 million

Identifier	Return Reference	Explanation
F990_P03_S00_L04b	Form 990, Part III, Line 4b	<p>Public Education Informing all Americans about ways to reduce their risk of heart disease and stroke is one of the most important objectives of the American Heart Association In 2011-12, the association's Public Education efforts provided millions of people important information about cardiovascular health Programs like My Heart My Life , Go Red For Women and Power To End Stroke help us reach specific audiences with important health messages Other initiatives are helping encourage more physical activity Health Equity and Multicultural Initiatives Reaching and serving diverse audiences is a priority for the American Heart Association In February 2012, the AHA National Board approved the Health Equity and Multicultural Initiatives Business Plan to address the key priorities for 2011-2014 with key focus areas on blood pressure, obesity and healthy eating Our approach is based on three pillars increasing cultural competence, implementing targeted multicultural initiatives and eliminating health disparities Power To End Stroke continues to raise awareness among African-Americans In its third year, the Most Powerful Voices Gospel Competition in collaboration with the Gospel Music Channel shattered records with more than 500 competitors, 15,000 registered fans that generated over 1,000,000 page views, over 100,000 votes, 10,665 total Facebook followers, and 1,653 Twitter followers Everyone who participated will continue to receive stroke information monthly and are registered for Power To End Stroke Power To End Stroke is still growing, with 750,000 registered and more than 36,000 Power Ambassadors The campaign also launched its first ever Power TV with 4 webisodes which can be viewed on www.PowerToEndStroke.org Horizon Digital TV picked up the webisodes which broadcasts to over 475,000 individual a month Go Red Por Tu CorazÃ³n continues to reach Hispanic women with important heart-health messaging In 2011-2012, the campaign achieved 280 million media impressions, 955 applicants for the Go Red Multicultural Scholarship program, with 200 completed applications and 16 awardees (applicants were 57% African American, 28% Hispanic, and 12% Asian) Additionally, more than 695 churches in 40+ markets conducted Have Faith in Heart or "Go Red Sunday" activities Consumer Publications In 2011-12, the American Heart Association and Random House released two new editions of our popular lifestyle books "The No-Fad Diet," 2nd edition and "The Complete Guide to Women's Heart Health" trade paperback edition We also published two cookbook magazines, "Go Red For Women Recipe Collection" and "Healthy Soul Food" Customer Service The association strives to anticipate, understand, meet and exceed our customers' needs and expectations In 2011-12, the multi-channel national service center served more than 792,000 customers Customer care specialists answered more than 224,000 toll-free telephone calls, made nearly 17,000 outbound "thank-you" calls, and helped more than 46,000 customers use the CPR locator We also handled more than 360,000 data entry, business reply cards, e-mails, letters, product fulfillment requests and cards for consumer health initiatives The association's consumer website, heart.org, received more than 42 million unique visitors throughout the year, generating more than 54 million page views Communications The American Heart Association worked with national and local news media outlets to present the latest news on cardiovascular disease and stroke to the public In 2010-11, media reports from the American Heart Association generated more than 44 billion media impressions This includes media coverage for cause initiatives, scientific journal articles, scientific meetings, health communications, stroke, health disparities and cultural health and media advocacy Health Education Heart360 is helping people stay in tune with their hearts by connecting more healthcare providers and patients The online portal is being used in the AHA hypertension initiative in association with Duke University to improve blood pressure control in a community setting My Life Check continues to close the gap between heart-health perception and the reality The on-line tool helps people understand where they fall on the ideal heart health spectrum To date, more than 292,000 people have taken the health assessment</p>

Identifier	Return Reference	Explanation
F990_P03_S00_L04c	Form 990, Part III, Line 4c	<p>Professional Education Research is most useful when its results are made available to scientists and healthcare professionals. To make this happen, the American Heart Association provided continuing education to nearly 464,733 healthcare professionals in 2011-12. Another important way that the American Heart Association educates healthcare professionals is through conferences. Overall attendance at all of our professional meetings was more than 27,000. Scientific Sessions and the International Stroke Conference continue to be the premier meetings for cardiovascular disease and stroke throughout the world. Scientific Journals The American Heart Association reports the latest in cardiovascular research through its 12 scientific and medical journals, which have approximately 135,000 subscribers. Emergency Cardiovascular Care A global leader in CPR science and training, the American Heart Association trained more than 13 million people in 140 countries last year. ECC launched its Hands-Only CPR awareness campaign and mobile CPR tour to teach all Americans Hands-Only CPR and advocated CPR in Schools legislation that would make learning CPR a high school graduation requirement.</p> <p>Quality Improvement The association's quality improvement efforts expanded on several fronts this year. Get With The Guidelines continues to grow, now helping hospitals consistently use evidence-based guidelines and recommendations to care for patients with heart attacks, stroke and cardiac arrest and in the outpatient setting. New this year is the GWTG Atrial Fibrillation module. More than 2,000 unique hospitals are now participating, with more than 4.4 million patient records entered in the GWTG database. Used in more than 200 journal publications and meeting abstract presentations, these records are a valuable research tool in identifying gaps in care and developing strategies for addressing those. About 630 community-based STEMI systems are now registered with Mission Lifeline, representing coverage of more than 62 percent of the U.S. population. This year, the association launched hospital certification and accreditation programs with the iconic 'heart check mark' recognition. By the end of the fiscal year, 41 hospitals had qualified for heart failure certification and 943 had achieved primary stroke center status, with 11 hospitals achieving accreditation as Mission Lifeline Heart Attack Receiving Centers. To more fully engage consumers in quality care awareness and healthcare decision making, the association launched a new webpage, featuring an interactive map to identify AHA-award winning hospitals across the country.</p>

Identifier	Return Reference	Explanation
F990_P03_S00_L04d	Form 990, Part III, Line 4d	<p>Community Programs The American Heart Association provides community services at the local, state and national levels, most significantly through public advocacy In 2012, the American Heart Association identified targeted groups of volunteers from around the country for "fly-in" visits with legislators on Capitol Hill Our visits focused on promoting healthy eating, physical activity and cardiovascular research Eight advocates joined us to speak with law makers about our Fresh Fruits and Vegetables program Seventeen advocates met with law makers to discuss the Safe Routes to Schools program Forty-four advocates urged law makers to protect funding for the National Institutes of Health In State Advocacy, two states, New Mexico and Pennsylvania, adopted Primary Stroke Center certification laws and two more, Kentucky and North Dakota, passed policies creating stroke registries Four states, New Jersey, West Virginia, Tennessee, and New Hampshire, passed policies requiring pulse oximetry screening for all new borns While three states, Minnesota, Tennessee and Vermont, passed policies requiring CPR training for high school graduation</p>

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 Review Process In early November, management distributed a draft of the Form 990 to the Audit Committee appointed by the American Heart Association's Board of directors. The Audit Committee members reviewed the draft. Management updated the draft based on feedback from the Audit Committee members. Prior to finalization of the return, a final draft of the 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.

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	<p>The American Heart Association (AHA) has established a Conflict of Interest policy which has been reviewed and approved by the Board of Directors. The policy is binding on all volunteers, staff and components of AHA. A Conflict of Interest questionnaire, which includes the Conflict of Interest Policy, Standards and Ethics Policy, is required to be completed by all AHA Board of Directors members, committee, subcommittee, task force, writing group members, and designated staff, AHA spokespersons upon their appointment, and to Officers and journal editors prior to their election or appointment. After the initial completion of the Conflict of Interest Disclosure Questionnaire, volunteers and designated staff are requested to update it whenever material changes occur in their AHA role, employment or other relationship identified as relevant on the Disclosure Questionnaire. AHA has identified the following areas in its policy to be potential conflicts of interest direct or indirect interest in, or relationship with, any individual or organization that proposes to enter into any transaction with AHA, the sale, purchase, lease or rental of any property or other asset, employment, or rendition of services, personal or otherwise, the award of any grant, contract, or subcontract, or the investment or deposit of any funds of AHA.</p>

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	<p>Compensation Review AHA's Board of Directors appoints a Compensation Committee to provide recommendations regarding compensation related matters within the organization. The Compensation Committee is responsible for reviewing and providing recommendations for the Chief Executive Officer's (CEO) compensation to the Officers of the Board of Directors. The Officers of the Board of Directors review and make final recommendations on the Chief Executive Officer's compensation to the Board of Directors for final approval. The Compensation Committee is comprised of members who are considered independent of management pursuant to AHA's Conflict of Interest Policy. The Compensation Committee engages an outside independent consultant to provide external benchmarking with respect to compensation levels and provision of benefits. The Compensation Committee's outside independent consultant provides information with respect to the appropriateness of the CEO's compensation as compared to the external benchmarking as well as the methodology in developing current compensation. Several surveys were utilized in developing the comparison including surveys from various compensation consulting firms. Additionally, the outside independent consultant provided a reasonableness opinion in order to insure that AHA complies with the Intermediate Sanction &amp; Rebuttable Presumption policy. For purposes of the 2011-12 fiscal year, the compensation review of the CEO by the Compensation Committee was completed in October 2011. Key factors that are considered by the Compensation Committee with respect to compensation are as follows: compensation philosophy, experience and qualifications of the candidate, market competitiveness, and compensation requirements and history of the candidate. Components of compensation that are routinely reviewed by the Compensation Committee include base salary, short-term incentive opportunity, retirement, benefits and perquisites.</p>

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Availability of Documents to the Public The American Heart Association (AHA) makes available the three most recent years of audited financial statements, three most recent years of the Form 990 and the Conflict of Interest policy on AHA's internet website, <a href="http://www.heart.org">www.heart.org</a> . The AHA does not make its governing documents available to the general public.

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Other changes in Net Assets include unrealized losses in investments of \$7,934,934 and Postretirement Adjustment (ASC 715) of -\$1,069,633

# **SCHEDULE R (Form 990)**

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**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.)

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

**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.)

**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.)

**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.)

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

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**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 (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** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
  
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
  
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
  
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) 13 Charitable Remainder Trusts	c	1,255,160	Cash contributions received from split-interest agreements in which the AHA held more than a 50% interest as a beneficiary were aggregated during the fiscal year
(2) 29 Various Perpetual Trusts	c	1,341,771	Cash contributions received from all perpetual trusts in which the AHA has more than a 50% or greater beneficial interest were aggregated during the fiscal year
(3)			
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
SchR_P04_S00_L00	Schedule R, Part IV	These related entities 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.

## **Additional Data**

**Software ID:** 11000129  
**Software Version:** v1.00  
**EIN:** 13-5613797  
**Name:** American Heart Association Inc

### **Form 990, Special Condition Description:**

#### **Special Condition Description**

### **Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

#### **4d. Other program services**

(Code	(Expenses \$	27,493,275	including grants of \$	5,486,539	) (Revenue \$	18,241,210	)
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See Program Accomplishments disclosure in Schedule O , referencing Form 990, Part III, Line 4d

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Office	Highest compensated employee	Former			
William H Roach Jr Esq Chairman of the Board	7	X					0	0	0
Ron W Haddock Chairman-Elect	5	X					0	0	0
Debra W Lockwood CPA Immediate Past Chairman	4	X					0	0	0
Gordon Tomaselli MD FAHA President	8	X					0	0	0
Donna K Arnett PhD FAHA President-Elect	5	X					0	0	0
Ralph L Sacco MD FAHA Immediate Past President	5	X					0	0	0
Bernard P Dennis Secretary-Treasurer	6	X					0	0	0
Joyce Beatty MS Board Member	3	X					0	0	0
Mark A Creager MD FAHA Board Member	3	X					0	0	0
Barry A Franklin PhD FAHA Board Member	3	X					0	0	0
Mariell Jessup MD FAHA Board Member	3	X					0	0	0
David Bush Board Member	3	X					0	0	0
Max Gomez PhD Board Member	3	X					0	0	0
Shawn A Dennis Board Member	3	X					0	0	0
John J Mullenholz Board Member	3	X					0	0	0
Janet Murguia Board Member	3	X					0	0	0
James Postl Board Member	3	X					0	0	0
Bernard J Tyson Board Member	3	X					0	0	0
Henry J Wasiak MBA Board Member	3	X					0	0	0
Alvin L Royse Board Member	3	X					0	0	0
David A Spina Board Member	3	X					0	0	0
Nancy A Brown CEO	38		X				737,149	0	106,630
Sunder Joshi CAO/CFO	38		X				377,797	0	57,807
David W Livingston EVP-Corp Sec/General Counsel	38		X				304,791	0	45,805
Rose Marie Robertson Chief Science Officer	38		X				447,241	0	57,094