

990

2020

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below,





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

	Yes	No
22 <input checked="" type="checkbox"/> If the organization's total assets at the end of the year are \$5,000 or more, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule I, Parts I and III	22	
23 <input checked="" type="checkbox"/> If the organization is a 501(c)(3), 501(c)(4), or 501(c)(29) organization, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule J	23	
24a <input checked="" type="checkbox"/> If the organization's total assets at the end of the year are \$100,000 or more, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, answer lines 24b through 24d and complete Schedule K. If <input checked="" type="checkbox"/> No, go to line 25a	24a	
b <input checked="" type="checkbox"/> If the organization has a written policy regarding the use of assets for the organization's exempt purpose, did the organization have a written policy regarding the use of assets for the organization's exempt purpose?	24b	
c <input checked="" type="checkbox"/> If the organization has a written policy regarding the use of assets for the organization's exempt purpose, did the organization have a written policy regarding the use of assets for the organization's exempt purpose?	24c	
d <input checked="" type="checkbox"/> If the organization has a written policy regarding the use of assets for the organization's exempt purpose, did the organization have a written policy regarding the use of assets for the organization's exempt purpose?	24d	
25a <input checked="" type="checkbox"/> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part I	25a	
b <input checked="" type="checkbox"/> If the organization has a written policy regarding the use of assets for the organization's exempt purpose, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? 990 990-? If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part I	25b	
26 <input checked="" type="checkbox"/> If the organization is a 501(c)(3), 501(c)(4), or 501(c)(29) organization, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part II	26	
27 <input checked="" type="checkbox"/> If the organization is a 501(c)(3), 501(c)(4), or 501(c)(29) organization, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part III	27	
28 <input checked="" type="checkbox"/> If the organization is a 501(c)(3), 501(c)(4), or 501(c)(29) organization, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part IV	28	
a <input checked="" type="checkbox"/> A 501(c)(3), 501(c)(4), or 501(c)(29) organization. If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part IV	28a	
b <input checked="" type="checkbox"/> A 501(c)(3), 501(c)(4), or 501(c)(29) organization. If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part IV	28b	
c <input checked="" type="checkbox"/> A 35% organization. If <input checked="" type="checkbox"/> Yes, complete Schedule L, Part IV	28c	
29 <input checked="" type="checkbox"/> If the organization's total assets at the end of the year are \$25,000 or more, did the organization have a written policy regarding the use of assets for the organization's exempt purpose? If <input checked="" type="checkbox"/> Yes, complete Schedule M		

**Part V**

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

**Section A. Governing Body and Management**

Yes





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

(A)

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**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)
Contributions, Gifts, Grants and Other Similar Amounts	1a				
	b				
	c				
	d				
	e				
	f				
	g				
	h Total A				
Program Service Revenue	2a				
	b				
	c				
	d				
	e				
	f				
	g Total A				
Other Revenue	3				
	4				
	5				
	6a				
	b				
	c				
	d				
	7a				
	b				
	c				
	d				
	8a				
	b				
	c				
	9a				
b					
c					
10a					
b					
c					
Miscellaneous Revenue	11a				
	b				
	c				

**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).

D 8, 9, 10 P VIII.	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				

Part X Balance Sheet

Assets	
Liabilities	
Net Assets or Fund Balances	

**Part XI Reconciliation of Net Assets**

		<input type="checkbox"/>
1	(A), 12)	1
2	(A), 25)	2
3	2	3
4	32, (A))	4
5		5
6		6
7		7
8		8
9		9
10	31, 9 (	10
	32, (-))	

**Part XII Financial Statements and Reporting**

		<input type="checkbox"/>		
1	A 990: <input type="checkbox"/> A <input type="checkbox"/>		Yes	No
2a		2a		
b		2b		



|

**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	a	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) . . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
4	Total. Add lines 1 through 3 . . . .						
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) . . . .						
6	Public support. Subtract line 5 from line 4						



**Part III** Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) a (a) 2016

**Part IV** Supporting Organizations

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

Section A. All Supporting Organizations

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

1

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

Section D, Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	

Part VI

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

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



# Schedule of Contributors

## 2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

Organization type ( ):

Filers of:

Section:

990, 990-

501( ) ( )

4947( )(1) not

527

990-

501( )(3)

4947( )(1)

501( )(3)

General Rule Special Rule.

Note: 501( )(7), (8), (10)

### General Rule

990, 990- 990- \$5,000

### Special Rules

501( )(3) 990, 990- 33 1/3% 509( )(1) 170( )(1)(A) A ( 990, 990- ), 13, 16 16 (1) \$5,000; (2) 2% ( ) 990, 1 ( ) 990- 1.

501( )(7), (8), (10) 990, 990- \$1,000 exclusively ( ) /A ( )

501( )(7), (8), (10) 990, 990- exclusively \$1,000. exclusively General Rule nonexclusively \$5,000 ▶ \$

Caution: A 990, 990- 990- ) must 2, 990; 990- 990- ) 990- 2, 990- B ( 990, 990- 990- )



Employer identification number

**Part I** Contributors (individuals and organizations)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> ( )
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> ( )
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> ( )
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> ( )

Name of organization	Employer identification number
----------------------	--------------------------------

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number



# Political Campaign and Lobbying Activities

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? . . . . .			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements? . . . . .			

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION (AHA) PLANS, COORDINATES, AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS WITH MEMBERS OF THE UNITED STATES CONGRESS AND LEGISLATORS AT THE STATE AND LOCAL LEVELS NATIONWIDE. TO GUIDE ITS FEDERAL, STATE, AND LOCAL EFFORTS, THE AHA IMPLEMENTS A PUBLIC POLICY AND ADVOCACY PROGRAM. THE AHA MAINTAINS AN ACTIVE PARTNERSHIP WITH OTHER LIKE-MINDED GROUPS AND PURSUING ROBUST POLICY RESEARCH THAT IS SCIENCE AND EVIDENCE-BASED. RESEARCH PRIORITIES INCLUDE:</p> <p>HEART AND STROKE RESEARCH: A TOP PRIORITY OF THE AHA IS TO ENSURE SUPPORT FOR BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH; HEALTH SERVICES, OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH; AND THE OVERALL RESEARCH ENVIRONMENT AS WELL AS LOCAL HEALTH SERVICES, PUBLIC HEALTH PROGRAMS, POLICY EVALUATION, AND ECONOMICS. THE AHA ADVOCATES FOR SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.</p> <p>IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AHA PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT; INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION. THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.</p> <p>SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH DISPARITIES: THE AHA PROMOTES PREVENTION, DIAGNOSIS, AND TREATMENT OF HEART AND STROKE. THE AHA PROMOTES HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE</p>

## Supplemental Financial Statements

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

2020

Department of the Treasury  
Internal Revenue Service

<sup>a</sup> Attach to Form 990.

Open to Public  
Inspection

<sup>a</sup> Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

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

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



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

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

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment <sup>a</sup> 57.57 %
- c Term endowment <sup>a</sup> 42.43 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

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

**Part VII** Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . a		

**Part VIII** Investments—Program Related.

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

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

**Part IX** Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . a	

**Part X** Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . a	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the



**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V,	





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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) 77 0pients
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**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? If Yes, the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If Yes, the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If Yes, the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) . . . . .  Yes  No



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

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

Part V

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

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB N2undraising or Gaming Activi

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

<sup>a</sup> Attach to Form 990 or Form 990-EZ.

<sup>a</sup> Go to [www.irs.gov/efile](#) for instructions and the latest information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . a			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . a				

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

		(a) Bingo	(b)
		Revenue	
Direct Expenses			

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

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

Name a .....

Address a .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If •Yes,Ž enter the amount of gaming revenue received by the organization

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

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

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

▶ Attach to Form 990.

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





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

















(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(215) NAACP MARYLAND STATE CONFERENCE 4151 PARK HEIGHTS AVENUE, BALTIMORE, MD 21215	52-6074644	(C)(3)	199,274				CHILDHOOD OBESITY
(216) NAACP METRO BRMINGHAM BRANCH PO BOX 964, BIRMINGHAM, AL 35203	84-1786801	(C)(3)	20,000				ANTI TOBACCO ADVOCACY
(217) NATIONAL EXTENSION ASSOCIATION OF FAMILY & CONSUMER SCIENCES 325 JOHN KNOX ROAD STE L103, TALLAHASSEE, FL 32303	72-6030156	(C)(6)	15,000				COMMUNITY NUTRITION
(218) NATIONAL HEAD START ASSOCIATION 1651 PRINCE STREET, ALEXANDRIA, VA 22314	52-1282065	(C)(3)	40,850				CHILDHOOD OBESITY
(219) NC A&T STATE UNIVERSITY 1601 EAST MARKET STREET, GREENSBORO, NC 27411	56-6000007	GOV	6,000				COMMUNITY NUTRITION
(220) NEBRASKA APPLESEED CENTER 941 O STREET STE 920, LINCOLN, NE 68508	47-0798343	(C)(3)	18,206				CHILDHOOD OBESITY
(221) NEBRASKA MEDICAL CENTER 988145 NEBRASKA MEDICAL CENTER, OMAHA, NE 98198	91-1858433	(C)(3)	21,140				DIABETES PROGRAM
(222) NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET, OMAHA, NE 68114	47-0376604	(C)(3)	16,140				STROKE PROGRAMS
(223) NEBRASKA STATE STROKE ASSOCIATION 4075 EAST CAMPUS LOOP, LINCOLN, NE 68583	36-3428710	(C)(3)	42,500				STROKE PROGRAMS
(224) NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVENUE NORTH, MINNEAPOLIS, MN 55412	41-1235064	(C)(3)	20,000				HYPERTENSION CARE SUPPORT
(225) NEIGHBORHOOD MARKETS INC 712 ELAM AVENUE, GREENSBORO, NC 27403	82-4395257	(C)(3)	5,000				COMMUNITY NUTRITION
(226) NEMAHA COUNTY HOSPITAL 2022 13TH STREET, AUBURN, NE 68305	47-0471042	GOV	17,285				STROKE PROGRAMS
(227) NEVADA PROJECT HEARTBEAT PO BOX 9995, RENO, NV 89507	27-0378800	(C)(3)	39,358				PURCHASE OF AEDS AND MEDICAL SUPPLIES
(228) NEW DESTINY HOUSING CORP 12 WEST 37TH STREET 7TH FLOOR, NEW YORK, NY 10018	13-3778489	(C)(3)	150,000				COMMUNITY IMPACT
(229) NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SOUTHWEST STE							

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(232) NICOS CHINESE HEALTH COALITION 1208 MASON STREET , SAN FRANCISCO , CA 94108	94-3184812	(C)(3)	50,000				COVID-19 PROGRAMS
(233) NORTH DAKOTA DEPARTMENT OF HEALTH 600 EAST BLVD AVENUE #301 , BISMARCK , ND 58505	45-0309764	GOV	19,000				STROKE PROGRAMS
(234) NORTH DAKOTA WEST FARGO SCHOOLS 207 MAIN AVENUE W , WEST FARGO , ND 58078	45-6000298	GOV	7,000				AED PURCHASE
(235) NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD STE 260 , DALY CITY , CA 94014	94-1722562	(C)(3)	101,000				COVID TESTING
(236) NORTHPOINT HEALTH & WELLNESS CENTER 1313 PENN AVENUE NORTH , MINNEAPOLIS , MN 55411	41-6005801		20,000				HYPERTENSION PROGRAMS
(237) NORTHWEST COMMUNITY HOSPITAL 800 20.04706 0.53333 rg ( )Tj 0 g 0.4706 0.53333 rg (HYPE.85 0.04706 0.53333 rg (MEDICAL)Tj 0 g 0.01569 0.04706 0.53333 rg ( )Tj 0 g 0.ROA9 0.04706 0.53333 rg (COVID)Tj 0 g 0.01569 0.04706 0.53333 rg (							











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













(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(413)		C)(3)					
(414)		C)(3)					
(415)		C)(3)					
(416)		C)(3)					
(417)		C)(3)					
(418)		C)(3)					
(419) JACKSONVILLE		C)(3)					
(420)		C)(3)					
(421)		C)(3)					
(422)							
(423)							









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





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Return Reference - Identifier	Explanation
	<p>- ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION.</p> <p>- HEALTH PROFESSIONAL SCHOOLS/COLLEGES THAT MEET THE ABOVE REQUIREMENTS MAY INCLUDE SCHOOLS OR COLLEGES OF MEDICINE, DENTISTRY, OSTEOPATHY, PHARMACY, NURSING, VETERINARY MEDICINE, PUBLIC HEALTH, OPTOMETRY, ALLIED HEALTH, CHIROPRACTIC, NATUROPATHY AND PODIATRY.</p> <p>- OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND</p>



# Compensation Information

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

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

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For each individual whose compensation must be reported on Schedule

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE	

SCHEDULE M  
(Form 990)

# Noncash Contributions

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- <sup>a</sup> Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- <sup>a</sup> Attach to Form 990.
- <sup>a</sup> Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property				

**Part II**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS            BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS            CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED            SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS            COLLECTIBLES - NUMBER OF CONTRIBUTIONS            OTHER - REC/TRAVEL NUMBER OF CONTRIBUTIONS            OTHER - FOOD/DRINK NUMBER OF CONTRIBUTIONS            OTHER - TANG PERS PROP NUMBER OF CONTRIBUTIONS            OTHER - OTHER NUMBER OF CONTRIBUTIONS</p>
<p>SCHEDULE M, PART I, LINE 28 - SUPPLEMENTAL INFORMATION</p>	<p>OTHER PROPERTY INCLUDES IRA INTERESTS, PERSONAL SERVICES, GIFT CARDS, AND MISCELLANEOUS ITEMS.</p> <p>IRA INTEREST            A)CHECK IF APPLICABLE = X            B)NUMBER OF CONTRIBUTIONS = 30            C)REVENUE REPORTED ON FORM 990, PART VIII \$2,292,360            D)METHOD OF DETERMINING VALUE; SALES PRICE OF UNDERLYING INVESTMENT</p> <p>PERSONAL/PROFESSIONAL SERVICES (INCL GIFT CARDS)            A)CHECK IF APPLICABLE = X            B)NUMBER OF CONTRIBUTIONS = 1,439            C)REVENUE REPORTED ON FORM 990, PART VIII \$274,016            D)METHOD OF DETERMINING VALUE; SALES PRICE</p> <p>MISCELLANEOUS            A)CHECK IF APPLICABLE = X            B)NUMBER OF CONTRIBUTIONS = 329            C)REVENUE REPORTED ON FORM 990, PART VIII \$419,703            D)METHOD OF DETERMINING VALUE; SALES PRICE</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS.            THE ASSOCIATION USES A THIRD PARTY, REDLANDj 0 g 0.01569 0.04706 0.53333 rg (A)Tj 0 g 0.01569 0.04706 0.53333 rg ( )</p>

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

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the Organization  
**AMERICAN HEART ASSOCIATION, INC.**

Employer Identification Number  
**13-5613797**

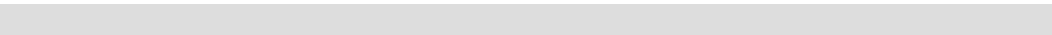
Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p><b>PUBLIC/CONSUMER EDUCATION CONTINUED</b></p> <p>-AS THE PANDEMIC EVOLVED, THE AMERICAN HEART ASSOCIATION MET PEOPLE WHERE THEY WERE - LAUNCHING THE DON'T DIE OF DOUBT CAMPAIGN TO UNDERSCORE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





Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PROFESSIONAL EDUCATION CONTINUED -THE AMERICAN HEART ASSOCIATION RELEASED 2020 AHA GUIDELINES FOR CPR & ECC, THE FIRST JOINT GUIDELINES AND PRODUCTS FOR BOTH CARDIO-PULMONARY REUSCITATION AND EMERGENCY CARDIOVASCULAR CARE (AARC), THE 36TH EDITION PUBLISHED NEW GUIDELINES EVERY FIVE YEARS SINCE 1966, WITH FOCUSED UPDATES BETWEEN INTERVALS. EMUSCITATION AND 36 744.25 I S 170.75 756 m 170.75 744 I S 1.5 w 36.75 756 m 36.75 7AA6CgVg ATION RELEASE -THE AMERICAN ACADEMY OF PEDIATRICS (AAP) DEBUTED THE 8TH EDITION 36 744.25 I S 170.75 756 m 170.75 7

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

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SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information .

OMB No. 1545-0047

2020

Open to Public  
Inspection

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)
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**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)

\_\_\_\_\_





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

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



**Part VII**

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

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