

Form **990**Department 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 private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection**A** For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

<b>B</b> Check if applicable:	<b>C</b> Name of organization AMERICAN HEART ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7272 GREENVILLE AVENUE City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75231	<b>D</b> Employer identification number 13-5613797 <b>E</b> Telephone number 214-373-6300
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: NANCY BROWN SAME AS C ABOVE	<b>G</b> Gross receipts \$ 1,172,432,564. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.HEART.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1924 <b>M</b> State of legal domicile: NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 23 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 23 <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> 4700 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 33,000,000 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 87,682. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> -44,443.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 693,094,040. <b>Current Year</b> 630,264,296. <b>9</b> Program service revenue (Part VIII, line 2g) ..... 29,573,090. 35,710,140. <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 19,712,482. 33,819,554. <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 87,999,811. 105,733,572. <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 830,379,423. 805,527,562.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 170,177,451. 173,076,809. <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0. <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 337,725,056. 358,645,227. <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... 3,449,683. 3,681,123. <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,363,676. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 300,108,703. 293,908,522. <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 811,460,893. 829,311,681. <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... 18,918,530. -23,784,119.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 1,326,447,551. <b>End of Year</b> 1,364,109,766. <b>21</b> Total liabilities (Part X, line 26) ..... 437,037,060. 455,846,284. <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 889,410,491. 908,263,482.	

**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.

<b>Sign Here</b>	Signature of officer CYNTHIA ROBERTS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name STEPHANIE L. STEWART	Preparer's signature Date 12/03/17
	Firm's name ▶ KPMG LLP Firm's address ▶ 210 PARK AVE., SUITE 2650 OKLAHOMA CITY, OK 73102	Check if self-employed <input type="checkbox"/> PTIN P01646944 Firm's EIN ▶ 13-5565207 Phone no. 405-239-6411

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

**Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2016 or tax year beginning JUL 1, 2016, and ending JUN 30, 2017**2016**Department of the Treasury  
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

**AMERICAN HEART ASSOCIATION, INC.****Employer identification number****13 5613797****Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>805,527,562.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration of Officer**

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign  
Here**

Signature of officer

Date

**CHIEF FINANCIAL OFFICER**

Title

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

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

**ERO's  
Use  
Only**ERO's  
signatureFirm's name (or  
yours if self-employed),  
address, and ZIP code

Date

11/20/17Check if  
also paid  
preparer ☐Check  
if self-  
employed ☐

ERO's SSN or PTIN

EIN 46 1320984

Phone no.

DALLAS, TX 75231

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

**Paid  
Preparer  
Use Only**Print/Type preparer's name  
STEPHANIE L. STEWART

Preparer's signature

Stephanie Stewart

Date

11/20/17Check if self-  
employed ☐

PTIN

P01646944

Firm's name

KPMG LLPFirm's EIN 13 5565207Firm's address 210 PARK AVE., SUITE 2650OKLAHOMA CITY, OK 73102

Phone no.

405-239-6411

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:  
 BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE.  
 THE FOUR MAIN COMPONENTS TO ACCOMPLISHING THIS MISSION ARE RESEARCH,  
 PUBLIC HEALTH EDUCATION, PROFESSIONAL EDUCATION AND TRAINING, AND  
 COMMUNITY SERVICE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code: ) (Expenses \$ 178,112,392. including grants of \$ 158,425,170. ) (Revenue \$ )  
 SEE SCHEDULE O
- 4b** (Code: ) (Expenses \$ 311,408,997. including grants of \$ 5,532,173. ) (Revenue \$ 3,668,427. )  
 SEE SCHEDULE O
- 4c** (Code: ) (Expenses \$ 114,697,156. including grants of \$ 3,770,939. ) (Revenue \$ 159,182,497. )  
 SEE SCHEDULE O
- 4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 63,321,597. including grants of \$ 5,348,527. ) (Revenue \$ 36,041,394.)
- 4e** Total program service expenses ▶ 667,540,142.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<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? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line 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> 3880		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 2		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 4700		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to 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 as charitable contributions?	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<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>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<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>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....		23		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....			<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....			<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b>	X
<b>9</b> 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 .....			<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</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? .....	<b>10b</b>	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b> If "Yes," 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? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**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 during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 CYNTHIA ROBERTS CFO - (214) 373-6300  
 7272 GREENVILLE AVENUE, DALLAS, TX 75231

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALVIN L. ROYSE, JD, CPA CHAIRMAN OF THE BOARD	7.00	X		X				0.	0.	0.
(2) JAMES J. POSTL CHAIRMAN-ELECT	5.00	X						0.	0.	0.
(3) BERNARD P. DENNIS IMMEDIATE PAST CHAIRMAN	4.00	X						0.	0.	0.
(4) RAYMOND P. VARA, JR. TREASURER	8.00	X		X				0.	0.	0.
(5) STEVEN R. HOUSER, PHD, FAHA PRESIDENT	5.00	X		X				0.	0.	0.
(6) MARK A. CREAGER, MD, FAHA IMMEDIATE PAST PRESIDENT	5.00	X						0.	0.	0.
(7) JOHN J. WARNER, MD PRESIDENT-ELECT	6.00	X						0.	0.	0.
(8) MARY ANN BAUMAN, MD BOARD MEMBER	3.00	X						0.	0.	0.
(9) IVOR BENJAMIN, MD, FAHA, FACC BOARD MEMBER	3.00	X						0.	0.	0.
(10) MARY CUSHMAN, MD, MS, FAHA BOARD MEMBER	3.00	X						0.	0.	0.
(11) MITCHELL S. V. ELKIND, MD, MS, BOARD MEMBER	3.00	X						0.	0.	0.
(12) LINDA GOODEN BOARD MEMBER	3.00	X						0.	0.	0.
(13) RON W. HADDOCK BOARD MEMBER	3.00	X						0.	0.	0.
(14) ROBERT A. HARRINGTON, MD, FAHA BOARD MEMBER	3.00	X						0.	0.	0.
(15) MARSHA JONES BOARD MEMBER	3.00	X						0.	0.	0.
(16) WILLIE EDWARD LAWRENCE JR, MD, BOARD MEMBER	3.00	X						0.	0.	0.
(17) PEGUI MARIDUENA, CMC, MBA BOARD MEMBER	3.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STACEY E. ROSEN, MD BOARD MEMBER	3.00	X						0.	0.	0.
(19) DAVID L. SCHLOTTERBECK BOARD MEMBER	3.00	X						0.	0.	0.
(20) BERTRAM L. SCOTT BOARD MEMBER	3.00	X						0.	0.	0.
(21) LEE SHAPIRO BOARD MEMBER	3.00	X						0.	0.	0.
(22) DAVID A. SPINA BOARD MEMBER	3.00	X						0.	0.	0.
(23) BERNARD J. TYSON BOARD MEMBER	3.00	X						0.	0.	0.
(24) NANCY BROWN CHIEF EXECUTIVE OFFICER	38.00			X				1,719,609.	0.	130,739.
(25) SUNDER JOSHI CHIEF ADMIN OFFICER (7/16-1/17)	38.00			X				673,146.	0.	71,254.
(26) LARRY CANNON CHIEF ADMIN OFFICER (5/17-PRESENT)	38.00			X				0.	0.	0.
<b>1b Sub-total</b>								2,392,755.	0.	201,993.
<b>c Total from continuation sheets to Part VII, Section A</b>								5,687,381.	0.	709,144.
<b>d Total (add lines 1b and 1c)</b>								8,080,136.	0.	911,137.

**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

462

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**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
FREEMAN EXPOSITIONS INC., 1600 VICEROY DRIVE, SUITE 100, DALLAS, TX 75235	AUDIO-VIDEO SERVICES	5,903,165.
SCITENT INC., 400 PRESTON AVENUE, CHARLOTTESVILLE, VA 22903	E-LEARNING PLATFORM	3,940,980.
SLINGSHOT LLC 208 NORTH MARKET STREET, DALLAS, TX 75202	DIGITAL MEDIA	3,500,133.
INFOCISION MANAGEMENT 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEPHONE MARKETING	3,401,080.
DANIEL J. EDELMAN INC. 21992 NETWORK PLACE, CHICAGO, IL 60673	PUBLIC RELATIONS	2,354,144.

**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

197

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LYNNE DARROUZET EVP - CORP SEC/GENERAL COUNSEL	38.00			X				332,240.	0.	54,092.
(28) CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	38.00			X				353,924.	0.	49,492.
(29) ROSE MARIE ROBERTSON CHIEF SCIENCE & MEDICAL OFFICER	38.00				X			696,033.	0.	69,131.
(30) MEIGHAN GIRGUS CHIEF MARKETING & PROGRAMS OFFICER	38.00				X			607,084.	0.	59,479.
(31) LESLIE UPTON CHIEF OPERATING OFFICER	38.00				X			656,322.	0.	70,130.
(32) JOHN J MEINERS CHIEF OF MISSION ALIGNED BUSINESSES	38.00				X			498,064.	0.	68,528.
(33) KATHLEEN ROGERS AFFILIATE EVP	38.00					X		560,664.	0.	78,351.
(34) MIDGE EPSTEIN AFFILIATE EVP	38.00					X		539,718.	0.	74,898.
(35) DAVID MARKIEWICZ AFFILIATE EVP	38.00					X		531,484.	0.	65,246.
(36) KEVIN HARKER AFFILIATE EVP	38.00					X		484,894.	0.	75,833.
(37) EDUARDO SANCHEZ CHIEF MEDICAL OFFICER - PREVENTION	38.00					X		426,954.	0.	43,964.
Total to Part VII, Section A, line 1c								5,687,381.		709,144

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	2,326,638.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	350,002,158.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	8,142,471.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	269,793,029.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		62,301,771.				
	<b>h Total.</b> Add lines 1a-1f .....		630,264,296.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONFERENCES & SEMINARS .....	<b>Business Code</b>	900099	16,121,127.	16,121,127.	
<b>b</b> PROGRAM SERVICE REVENUE .....			900099	15,190,582.	15,190,582.		
<b>c</b> MEMBERSHIP DUES .....			900099	4,398,431.	4,398,431.		
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			35,710,140.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			19,519,653.		-28,927.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			18,865,681.			18,865,681.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....	982,987.					
	<b>c</b> Rental income or (loss) .....	149,274.					
	<b>d</b> Net rental income or (loss) .....	833,713.					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	286,425,579.	2,390,656.				
	<b>c</b> Gain or (loss) .....	273,148,205.	1,368,129.				
	<b>d</b> Net gain or (loss) .....	13,277,374.	1,022,527.				
	<b>8 a</b> Gross income from fundraising events (not including \$ 350,002,158. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	27,579,046.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	43,912,142.				
	<b>c</b> Net income or (loss) from fundraising events .....		-16,333,096.				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	179,258.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	81.				
	<b>c</b> Net income or (loss) from gaming activities .....		179,177.				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	142,139,674.					
<b>b</b> Less: cost of goods sold .....	<b>b</b>	48,327,171.					
<b>c</b> Net income or (loss) from sales of inventory .....		93,812,503.					93,812,503.
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> CHANGE IN VALUE OF SPL .....		900099	7,297,542.	7,297,542.			
<b>b</b> OTHER REVENUE .....		900099	4,335,774.	4,250,954.	84,820.		
<b>c</b> LOSS ON UNCOLLECTIBLE .....		900099	-3,257,722.	-3,257,722.			
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			8,375,594.				
<b>12 Total revenue.</b> See instructions. ....			805,527,562.	137,813,417.	87,682.	37,362,167.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	172,267,395.	172,267,395.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	341,864.	341,864.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	467,550.	467,550.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,304,885.		6,304,885.	
<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)				
<b>7</b> Other salaries and wages	277,915,298.	204,705,027.	25,541,705.	47,668,566.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,297,838.	15,948,012.	2,442,672.	3,907,154.
<b>9</b> Other employee benefits	31,418,528.	23,027,335.	3,280,236.	5,110,957.
<b>10</b> Payroll taxes	20,708,678.	14,981,780.	2,283,137.	3,443,761.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,120,608.	768,778.	287,900.	63,930.
<b>c</b> Accounting	997,467.		997,467.	
<b>d</b> Lobbying	7,019,943.	7,019,943.		
<b>e</b> Professional fundraising services. See Part IV, line 17	3,681,123.			3,681,123.
<b>f</b> Investment management fees	1,641,789.		1,641,789.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	46,163,555.	43,418,009.	281,508.	2,464,038.
<b>12</b> Advertising and promotion	8,476,856.	8,476,856.		
<b>13</b> Office expenses	101,857,489.	81,974,372.	3,761,690.	16,121,427.
<b>14</b> Information technology	17,816,660.	14,801,150.	1,182,785.	1,832,725.
<b>15</b> Royalties				
<b>16</b> Occupancy	17,746,788.	13,313,394.	1,845,916.	2,587,478.
<b>17</b> Travel	29,565,748.	19,589,279.	3,691,515.	6,284,954.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,541,182.	25,591,793.	1,789,993.	3,159,396.
<b>20</b> Interest	33,985.		33,985.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,495,450.	9,360,652.	1,232,638.	1,902,160.
<b>23</b> Insurance	1,517,239.	570,217.	887,064.	59,958.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	13,415,363.	7,418,636.	2,920,678.	3,076,049.
<b>b</b> TRAINING FULFILLMENT	3,498,100.	3,498,100.		
<b>c</b> UBI TAX	300.		300.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	829,311,681.	667,540,142.	60,407,863.	101,363,676.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	227,114,670.	148,735,022.	25,158,733.	53,220,915.

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	73,676,253.	<b>1</b>	32,828,612.
	<b>2</b> Savings and temporary cash investments .....	7,934,013.	<b>2</b>	12,891,162.
	<b>3</b> Pledges and grants receivable, net .....	220,404,964.	<b>3</b>	245,481,513.
	<b>4</b> Accounts receivable, net .....	36,324,860.	<b>4</b>	35,323,641.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,604,546.	<b>8</b>	6,481,946.
	<b>9</b> Prepaid expenses and deferred charges .....	15,316,026.	<b>9</b>	13,441,444.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 182,357,389.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 114,870,345.		
		69,425,247.	<b>10c</b>	67,487,044.
	<b>11</b> Investments - publicly traded securities .....	689,416,416.	<b>11</b>	732,749,597.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,348,535.	<b>12</b>	3,284,962.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	203,996,691.	<b>15</b>	214,139,845.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,326,447,551.	<b>16</b>	1,364,109,766.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	77,380,164.	<b>17</b>	71,251,312.
	<b>18</b> Grants payable .....	315,572,722.	<b>18</b>	339,982,918.
	<b>19</b> Deferred revenue .....	9,085,392.	<b>19</b>	9,817,088.
	<b>20</b> Tax-exempt bond liabilities .....	640,000.	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	34,358,782.	<b>25</b>	34,794,966.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	437,037,060.	<b>26</b>	455,846,284.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	381,637,135.	<b>27</b>	375,952,517.
	<b>28</b> Temporarily restricted net assets .....	325,573,049.	<b>28</b>	345,112,352.
	<b>29</b> Permanently restricted net assets .....	182,200,307.	<b>29</b>	187,198,613.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	889,410,491.	<b>33</b>	908,263,482.
	<b>34</b> Total liabilities and net assets/fund balances .....	1,326,447,551.	<b>34</b>	1,364,109,766.

Form **990** (2016)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	805,527,562.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	829,311,681.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-23,784,119.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	889,410,491.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	42,665,775.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-28,665.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	908,263,482.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</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>	<input checked="" type="checkbox"/>

Form **990** (2016)

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	523,882,707.	569,646,207.	653,927,887.	696,658,685.	634,662,727.	3,078,778,213.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	523,882,707.	569,646,207.	653,927,887.	696,658,685.	634,662,727.	3,078,778,213.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						162,456,841.
<b>6 Public support.</b> Subtract line 5 from line 4.						2,916,321,372.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	523,882,707.	569,646,207.	653,927,887.	696,658,685.	634,662,727.	3,078,778,213.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	43,394,143.	46,072,477.	41,116,248.	37,973,731.	39,397,248.	207,953,847.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,571,360.	6,940,615.	447,664.		8,290,774.	17,250,413.
<b>11 Total support.</b> Add lines 7 through 10 .....						3,303,982,473.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	651,850,779.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.27 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	87.83 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<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 .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ► ☐

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/>	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b> <input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b> <input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).	
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b>	Yes	No
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," then in <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</b>	Yes	No
Did the activities described in (a) 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," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Yes	No
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? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b>	Yes	No
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**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.)

## SCHEDULE A, PART II, SECTION B, LINE 10 - OTHER INCOME

OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT

INTEREST AGREEMENTS AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Name of the organization**

AMERICAN HEART ASSOCIATION, INC.

**Employer identification number**

13-5613797

**Organization type**(check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

<b>Name of organization</b>	<b>Employer identification number</b>
AMERICAN HEART ASSOCIATION, INC.	13-5613797

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ADVERTISING COUNCIL, INC.  815 SECOND AVENUE, NINTH FLOOR  NEW YORK, NY 10017	\$ 38,939,901.	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

13-5613797

## Part II

[illegible]

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities ..... ▶

**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-.

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

**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												
<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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<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? .....														

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		901,231.
<b>d</b> Mailings to members, legislators, or the public? .....	X		92,669.
<b>e</b> Publications, or published or broadcast statements? .....	X		81,028.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		4,857,512.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		744,127.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		343,376.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			7,019,943.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: 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

**Part IV** Supplemental Information (continued)

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; ROBUST POLICY RESEARCH THAT IS  
SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION  
STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS, MEDIA ADVOCACY, INCLUDING  
LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES;  
MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY  
AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES;  
MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE,  
CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF  
LOCAL, STATE AND FEDERAL LEGISLATIVE BODIES. THE 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

**Part IV** Supplemental Information (continued)

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.

- 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

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

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)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **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.**  
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016****Open to Public  
Inspection****Name of the organization**

AMERICAN HEART ASSOCIATION, INC.

**Employer identification number**

13-5613797

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, 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
<b>1a</b> Beginning of year balance	57,605,436.	58,787,778.	59,247,803.	51,925,992.	46,999,292.
<b>b</b> Contributions	52,738.	320,261.	1,000,570.	1,527,764.	1,794,378.
<b>c</b> Net investment earnings, gains, and losses	6,183,220.	416,395.	724,008.	7,416,550.	4,714,826.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,076,457.	1,918,998.	2,184,603.	1,622,503.	1,582,504.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	61,764,937.	57,605,436.	58,787,778.	59,247,803.	51,925,992.

**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 ☒ 72.70 %  
**c** Temporarily restricted endowment ☒ 27.30 %

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:

- (i) unrelated organizations ☐  
(ii) related organizations ☐

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**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
<b>1a</b> Land		10,503,551.		10,503,551.
<b>b</b> Buildings		74,084,611.	43,176,296.	30,908,315.
<b>c</b> Leasehold improvements		4,968,344.	3,884,609.	1,083,735.
<b>d</b> Equipment		92,055,704.	67,489,840.	24,565,864.
<b>e</b> Other		745,179.	319,600.	425,579.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				67,487,044.

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	72,221,685.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	141,918,160.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	214,139,845.

**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) CAPITAL LEASE OBLIGATIONS	901,718.	
(3) POST-RETIREMENT BENEFITS	13,111,763.	
(4) CHARITABLE GIFT ANNUITIES	12,288,315.	
(5) RENT DEFERRALS/AMORTIZATION	2,268,745.	
(6) SUPPLEMENTAL RETIREMENT PLAN	5,832,592.	
(7) OTHER PAYABLES	391,833.	
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	34,794,966.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	911,987,434.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	42,665,775.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	17,030,923.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	59,696,698.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	852,290,736.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,641,789.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-48,404,963.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-46,763,174.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	805,527,562.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	893,134,443.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	17,030,923.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	28,665.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	17,059,588.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	876,074,855.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,641,789.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-48,404,963.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-46,763,174.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	829,311,681.

**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.

PART V, LINE 4:

THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND

OTHER MISSION-RELATED PROGRAMS.

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

**Part XIII** Supplemental Information (continued)

ASSOCIATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THE

ASSOCIATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX

LIABILITY FOR THE YEARS ENDED JUNE 30, 2017 AND 2016. THE ASSOCIATION

BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -48,327,171.

RENTAL EXPENSES -149,274.

FUNDRAISING EXPENSES 71,482.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -48,404,963.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

POST-RETIREMENT (ASC 715) ADJUSTMENT 28,665.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFER TO SCHEDULE D, PART XI, LINE 4B EXPLANATION -48,404,963.

SCHEDULE D, PART XII, LINE 2D

EFFECT OF ADOPTION OF FASB STATEMENT NO 158 (ASC 715)

FASB STATEMENT 158 (ASC 715) REQUIRES EMPLOYERS TO FULLY RECOGNIZE THE

OVERFUNDED OR UNDERFUNDED POSITIONS (THE DIFFERENCE BETWEEN THE FAIR VALUE

OF PLAN ASSETS AND THE BENEFIT OBLIGATION) OF DEFINED BENEFIT PENSION,

RETIREE HEALTHCARE AND OTHER POSTRETIREMENT PLANS IN THEIR BALANCE SHEETS.

THE EFFECT OF THIS CHANGE ON AHA IS -\$28,665 FOR FISCAL YEAR ENDED JUNE

30, 2017.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	42,332.
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,487,549.
EUROPE (INCL ICELAND / GREENLAND)	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,193,340.
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,408,629.
NORTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,282,166.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	669,730.
SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	316,421.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	151,838.
<b>3 a</b> Sub-total .....	3	6			6,552,005.
<b>b</b> Total from continuation sheets to Part I .....	2	3			150,553,961.
<b>c Totals</b> (add lines 3a and 3b) .....	5	9			157,105,966.

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

Schedule F (Form 990) 2016

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
EAST ASIA AND THE PACIFIC	1	2	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	25,200.
EUROPE (INCL ICELAND / GREENLAND)	1	1	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	20,350.
NORTH AMERICA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	26,500.
SOUTH ASIA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	500.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	1,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		259,163.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		45,793,004.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		79,691,257.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		801,168.
NORTH AMERICA	0	0	INVESTMENTS		19,142,235.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		504,916.
SOUTH AMERICA	0	0	INVESTMENTS		2,631,007.
SOUTH ASIA	0	0	INVESTMENTS		586,926.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,070,735.
<b>Totals</b> .....	2	3			150,553,961.



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROFESSIONAL EDUCATION	394,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCIENCE RESEARCH PRIZE AND HONORARIUM	EAST ASIA AND THE PACIFIC	7	25,200.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	EUROPE (INCLUDING ICELAND & GREENLAND)	8	20,350.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	SOUTH ASIA	1	500.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	NORTH AMERICA	9	26,500.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	SUB-SAHARAN AFRICA	1	1,000.	WIRE TRANSFER	0.		

**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; do not 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; do not file with Form 990)* ..... ☒ Yes ☐ No

**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.

**PART I, LINE 2:**

WITH RESPECT TO GRANTS MADE BY AMERICAN HEART ASSOCIATION 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.

WITH RESPECT TO GRANTS MADE BY AMERICAN HEART ASSOCIATION TO FOREIGN

ORGANIZATIONS, THE AHA'S POLICY IS TO UNDERTAKE EQUIVALENCY DETERMINATION

ON FOREIGN ORGANIZATION RECIPIENTS. THIS PROCESS IS COMPRISED OF

OBTAINING THE RECIPIENT ORGANIZATION'S MISSION STATEMENT, FINANCIAL

RESULTS, ORGANIZATION 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 AHA BY THE

RECIPIENT ORGANIZATION.

**PART I, LINE 3:**

THE ASSOCIATION'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

ASSOCIATION'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE

ASSOCIATION'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF

THE BOARD OF DIRECTORS.

**PART IV, LINE 6**

THE ASSOCIATION FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT

**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.

SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES

(UAE). ALTHOUGH UAE IS CONSIDERED A BOYCOTTING COUNTRY, THE

ASSOCIATION DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the**  
**organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ.**  
**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I**

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

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

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants  
**b** ☒ Internet and email solicitations **f** ☒ Solicitation of government grants  
**c** ☒ Phone solicitations **g** ☒ Special fundraising events  
**d** ☒ In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORPORATION - 33 SPRINGSIDE	TELEMARKETING SOLICITATIONS		X	5,462,495.	3,510,641.	1,951,854.
RUFFALO NOEL LEVITZ LLC - 1025 KIRKWOOD PARKWAY	PLANNED GIVING DONOR QUALIFICATION		X	382,000.	99,000.	283,000.
INSURANCE AUTO AUCTIONS - 13085 HAMILTON CROSSING,	DONATED VEHICLE PROGRAM	X		286,220.	71,482.	214,738.
<b>Total</b>				6,130,715.	3,681,123.	2,449,592.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DALLAS HEARTWALK (event type)	DALLAS HEART BALL (event type)	6747 (total number)	
Revenue	1 Gross receipts .....	6,295,900.	4,644,940.	327,778,050.	338,718,890.
	2 Less: Contributions .....	6,295,900.	2,307,489.	302,536,455.	311,139,844.
	3 Gross income (line 1 minus line 2) .....		2,337,451.	25,241,595.	27,579,046.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	134,347.	2,236.	11,083,714.	11,220,297.
	6 Rent/facility costs .....	347,291.	276,843.	12,604,426.	13,228,560.
	7 Food and beverages .....	1,254.	10,175.	8,137,902.	8,149,331.
	8 Entertainment .....	45,921.	51,446.	2,051,901.	2,149,268.
	9 Other direct expenses .....	2,363.	154,365.	2,908,061.	3,064,789.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				37,812,245.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-10,233,199.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....	31,789.		147,469.	179,258.
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....			81.	81.
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				81.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				179,177.

9 Enter the state(s) in which the organization conducts gaming activities: AL, DE, FL, IA, LA, MO, MS, NY, OH, TN, TX

a Is the organization licensed to conduct 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 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 | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CYNTHIA ROBERTS, 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

## SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORPORATION

(I) ADDRESS OF FUNDRAISER: 33 SPRINGSIDE DRIVE, AKRON, OH 44333

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ LLC

(I) ADDRESS OF FUNDRAISER:

1025 KIRKWOOD PARKWAY SOUTHWEST, CEDAR RAPIDS, IA 52404



**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: INSURANCE AUTO AUCTIONS

(I) ADDRESS OF FUNDRAISER:

13085 HAMILTON CROSSING, SUITE 500, CARMEL, IN 46032

PART I, LINE 2B, COLUMN (V):

INFOCISION PROVIDES SERVICES RELATED TO VARIOUS TELEPHONE MARKETING

CAMPAIGNS, INCLUDING VOLUNTEER RECRUITMENT AND TRAINING, SENDING OF

FOLLOW-UP MAILINGS, AND REPORTING OF RESULTS. THE CONTRACT WITH

INFOCISION PROVIDES THAT AHA REIMBURSE INFOCISION FOR POSTAGE AND OTHER

MAILING MATERIALS. OF THE \$3,510,641 PAID TO INFOCISION DURING THE YEAR,

\$46,789 ARE REIMBURSEMENTS OF POSTAGE AND OTHER MAILING MATERIALS.

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.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

**Employer identification number**

13-5613797

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC 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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADAMS COUNTY AMBULANCE 603 ROSAY DRIVE COMING, IA 50841	42-1302733	ADAMS COUNTY	25,720.	0.			DEFIBRILLATORS AND MONITORS
AFFINIA HEALTHCARE 1717 BIDDLE STREET SAINT LOUIS, MO 63016	43-0817642	501(C)(3)	6,000.	0.			EMERGENCY EQUIPMENT UPGRADE
AFTERSCHOOL ALLIANCE 1616 H STREET NORTHWEST, SUITE 820 WASHINGTON, DC 20006	52-2275123	501(C)(3)	297,978.	0.			CHILDHOOD OBESITY INITIATIVE
ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE - 445 HEALTH SCIENCES BOULEVARD - DOTHAN, AL 36303	27-3339185	STATE OF AL	149,874.	0.			RESEARCH
ALASKA TRAILS PO BOX 100627 ANCHORAGE, AK 99510	73-1677483	501(C)(3)	42,090.	0.			CHILDHOOD OBESITY INITIATIVE
ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	501(C)(3)	231,000.	0.			RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 396.

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

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

**Schedule I (Form 990) (2016)**

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

(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
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	13-1624225	501(C)(3)	853,193.	0.			RESEARCH
ALEGENT HEALTH-MEMORIAL HOSPITAL SCHUYLER - 104 WEST 17TH STREET - SCHUYLER, NE 68661	47-0399853	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
ALLEN MEMORIAL HOSPITAL CORPORATION - 1825 LOGAN AVENUE - WATERLOO, IA 50703	42-0698265	501(C)(3)	24,000.	0.			EMERGENCY EQUIPMENT UPGRADE
ALLIANCE FOR A HEALTHIER GENERATION - 2525 SOUTHWEST 1ST AVENUE, SUITE 120 - PORTLAND, OR 97201	27-2028308	501(C)(3)	2,307,030.	0.			CHILDHOOD OBESITY INITIATIVE
AMERICAN ASSOCIATION OF CRITICAL CARE NURSES - 101 COLUMBIA STREET - ALISO VIEJO, CA 92656	95-2706905	501(C)(3)	36,014.	0.			ACTION REGISTRY
ANDOVER COMMUNITY AMBULANCE SERVICE - 1367 WASHINGTON STREET - ANDOVER, IA 52701	42-1173557	501(C)(3)	25,532.	0.			DEFIBRILLATORS AND MONITORS
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVENUE - CHICAGO, IL 60611	36-2170833	501(C)(3)	198,973.	0.			RESEARCH/EMERGENCY EQUIPMENT UPGRADE
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696	STATE OF AZ	154,000.	0.			RESEARCH
ARLINGTON VOLUNTEER FIRE DEPARTMENT - 405 NORTH 4TH STREET - ARLINGTON, NE 68002	47-0728586	CITY OF ARLINGTO	24,500.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

(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
ASIAN-PACIFIC AMERICAN NETWORK OF OREGON - 2788 SOUTHEAST 82ND AVENUE, SUITE 203 - PORTLAND, OR 97266	80-0252850	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501(C)(3)	2,429,455.	0.			RESEARCH
BARAKA COMMUNITY WELLNESS INC. 130 WARREN STREET, 3RD FLOOR ROXBURY, MA 02119	46-2584139	501(C)(3)	12,000.	0.			COMMUNITY IMPACT GRANT
BATON ROUGE SPONSORING COMMITTEE 756 SOUTH ACADIAN THROUGHWAY #11 BATON ROUGE, LA 70806	80-0581861	501(C)(3)	91,786.	0.			CHILDHOOD OBESITY INITIATIVE
BAXTER RURAL FIRE AND RESCUE DEPARTMENT - PO BOX 127 - BAXTER, IA 50028	42-1508160	TOWN OF BAXTER	25,247.	0.			DEFIBRILLATORS AND MONITORS
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	1,675,963.	0.			RESEARCH
BEATRICE COMMUNITY HOSPITAL AND HEALTH CENTER INC. - PO BOX 278 - BEATRICE, NE 68310	47-0379834	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	114,368.	0.			RESEARCH
BENNETT AMBULANCE SERVICE 145 MAIN STREET BENNETT, IA 52721	20-1160489	CITY OF BENNETT	24,826.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

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BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	900,532.	0.			RESEARCH
BI-COUNTY AMBULANCE INC. 1503 6TH STREET SOUTHEAST DYERSVILLE, IA 52040	26-1540969	DUBUQUE COUNTY	25,720.	0.			DEFIBRILLATORS AND MONITORS
BICYCLE TRANSPORTATION ALLIANCE 618 NORTHWEST GLISAN STREET #401 PORTLAND, OR 97209	93-1057956	501(C)(3)	31,539.	0.			COMMUNITY IMPACT GRANT
BILLINGS CLINIC FOUNDATION 1020 NORTH 27TH STREET BILLINGS, MT 59101	81-0407289	501(C)(3)	28,500.	0.			EMERGENCY EQUIPMENT UPGRADE
BLOOD CENTER OF WISCONSIN PO BOX 78961 MILWAUKEE, WI 53278	39-0807235	501(C)(3)	231,000.	0.			RESEARCH
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	STATE OF ID	231,000.	0.			RESEARCH
BOLD BIOMETRIX LLC 222 WEST MERCHANDISE MART # 1230 CHICAGO, IL 60654	47-5530028		20,000.	0.			INNOVATION GRANT
BOSTON COLLEGE 140 COMMONWEALTH AVENUE BOSTON, MA 02467	04-2103545	501(C)(3)	114,368.	0.			RESEARCH
BOSTON MEDICAL CENTER CORPORATION 660 HARRISON AVENUE BOSTON, MA 02118	04-3314093	501(C)(3)	746,999.	0.			RESEARCH

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BOSTON UNIVERSITY MEDICAL CAMPUS 85 EAST NEWTON STREET BOSTON, MA 02118	04-2103547	501(C)(3)	1,272,891.	0.			RESEARCH
BOSTON VA RESEARCH INSTITUTE INC. 150 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	04-3081524	501(C)(3)	49,999.	0.			RESEARCH
BOX BUTTE GENERAL HOSPITAL PO BOX 810 ALLIANCE, NE 69301	47-0557565	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	26,034,928.	0.			RESEARCH
BUENA VISTA REGIONAL MEDICAL CENTER - PO BOX 309 - STORM LAKE, IA 50588	42-1291649	501(C)(3)	76,660.	0.			EMERGENCY EQUIPMENT UPGRADE
BURGESS HEALTH CENTER 1600 DIAMOND STREET ONAWA, IA 51040	42-0859940	501(C)(3)	33,325.	0.			EMERGENCY EQUIPMENT UPGRADE
BUSSEY FIRE AND RESCUE 313 5TH STREET BUSSEY, IA 50044	42-1051389	CITY OF BUSSEY	25,532.	0.			DEFIBRILLATORS AND MONITORS
CALIFORNIA BICYCLE COALITION EDUCATION FUND - 1017 L STREET #288 - SACRAMENTO, CA 95814	68-0417507	501(C)(3)	44,699.	0.			COMMUNITY IMPACT GRANT
CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY - 1947 GALILEO COURT, SUITE 101 - DAVIS, CA 95618	95-4723901	501(C)(3)	250,000.	0.			CHILDHOOD OBESITY INITIATIVE

Schedule I (Form 990)

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CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 EAST CALIFORNIA BOULEVARD PASADENA, CA 91125	95-1643307	501(C)(3)	199,510.	0.			RESEARCH
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I STREET NORTHWEST #1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	87,500.	0.			ANTI-TOBACCO ADVOCACY
CAMPAIGN TO END OBESITY ACTION FUND - 1341 G STREET NORTHWEST, 6TH FLOOR - WASHINGTON, DC 20005	26-0389702	501(C)(3)	10,000.	0.			CHILDHOOD OBESITY INITIATIVE
CAN DO HOUSTON 2617 C W HOLCOMBE BOULEVARD #596 HOUSTON, TX 77025	26-3554461	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
CAPACITY BUILDERS INC. 418 WEST BROADWAY, SUITE C FARMINGTON, NM 87401	26-1077416	501(C)(3)	61,794.	0.			CHILDHOOD OBESITY INITIATIVE
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	291,000.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	692,292.	0.			RESEARCH
CASS COUNTY MEMORIAL HOSPITAL 1501 EAST 10TH STREET ATLANTIC, IA 50022	42-0921296	CASS COUNTY	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BOULEVARD #1150 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	920,000.	0.			RESEARCH

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CENTER FOR INFECTIOUS DISEASE RESEARCH - 307 WESTLAKE AVENUE NORTH, SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	110,456.	0.			RESEARCH
CENTRAL COMMUNITY HOSPITAL 901 DAVIDSON STREET NORTHWEST ELKADER, IA 52043	42-0818642	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
CHEYENNE COUNTY HOSPITAL ASSOCIATION INC. - 1000 POLE CREEK CROSSING - SIDNEY, NE 69162	47-0408242	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	1,985,999.	0.			RESEARCH
CHILDRENS HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	412,060.	0.			RESEARCH
CHILDREN'S HOSPITAL, CINCINNATI 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	549,652.	0.			RESEARCH
CHILDREN'S HOSPITAL, LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	231,000.	0.			RESEARCH
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NORTHWEST WASHINGTON, DC 20010	52-1640403	501(C)(3)	1,834,812.	0.			RESEARCH
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVENUE NORTHWEST WASHINGTON, DC 20010	52-1654453	501(C)(3)	738,426.	0.			RESEARCH

Schedule I (Form 990)



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CITY OF ANITA 744 MAIN STREET ANITA, IA 50020	42-6004234	CITY OF ANITA	25,250.	0.			DEFIBRILLATORS AND MONITORS
CITY OF CHAPPELL 757 2ND STREET CHAPPELL, NE 69129	47-6006136	CITY OF CHAPPELL	25,565.	0.			DEFIBRILLATORS AND MONITORS
CITY OF CLARION 121 1ST STREET SOUTHWEST CLARION, IA 50525	42-6004386	CITY OF CLARION	24,815.	0.			DEFIBRILLATORS AND MONITORS
CITY OF EARLVILLE 19 NORTHERN AVENUE EARLVILLE, IA 52041	42-6004618	CITY OF EARLVILL	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF GLADBROOK 319 2ND STREET GLADBROOK, IA 50635	42-6004706	CITY OF GLADBROO	25,220.	0.			DEFIBRILLATORS AND MONITORS
CITY OF HOPKINTON 115 FIRST STREET SOUTHEAST HOPKINTON, IA 52237	42-6004774	CITY OF HOPKINTO	25,533.	0.			DEFIBRILLATORS AND MONITORS
CITY OF KNOXVILLE 305 SOUTH THIRD STREET KNOXVILLE, IA 50138	42-6004843	CITY OF KNOXVILL	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF LIVINGSTON 414 EAST CALLENDER LIVINGSTON, MT 59047	81-6001286	CITY OF LIVINGST	15,897.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MAPLETON 513 MAIN STREET MAPLETON, IA 51034	42-6004921	CITY OF MAPLETON	25,532.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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CITY OF MASSENA 100 MAIN STREET MASSENA, IA 50853	42-6022717	CITY OF MASSENA	25,170.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MAXWELL 107 MAIN STREET MAXWELL, IA 50161	42-6004954	CITY OF MAXWELL	25,220.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MERRILL 608 MAIN STREET MERRILL, IA 51038	42-6004963	CITY OF MERRILL	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF NEW HARTFORD 503 PACKWAUKEE STREET NEW HARTFORD, IA 50660	42-6005033	CITY OF NEW HART	24,843.	0.			DEFIBRILLATORS AND MONITORS
CITY OF PARKERSBURG 608 HIGHWAY 57 PARKERSBURG, IA 50665	42-6005112	CITY OF PARKERSB	25,720.	0.			DEFIBRILLATORS AND MONITORS
CITY OF ROLFE 319 GARFIELD STREET ROLFE, IA 50581	42-6005172	CITY OF ROLFE	25,220.	0.			DEFIBRILLATORS AND MONITORS
CITY OF SHELDON 416 9TH STREET SHELDON, IA 51201	42-6005194	CITY OF SHELDON	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF UTE PO BOX 255 UTE, IA 50160	42-6005294	CITY OF UTE	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF WAVERLY 14130 LANCASHIRE WAVERLY, NE 68462	47-0492180	CITY OF WAVERLY	23,934.	0.			DEFIBRILLATORS AND MONITORS

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CITY OF WHITEMORE PO BOX 116 WHITEMORE, IA 50598	42-6005372	CITY OF WHITEMO	25,170.	0.			DEFIBRILLATORS AND MONITORS
CLARKS FORK VALLEY AMBULANCE PO BOX 94 BRIDGER, MT 59014	81-6001239	CITY OF BRIDGER	25,000.	0.			DEFIBRILLATORS AND MONITORS
CLEMSON UNIVERSITY 321 BRACKETT HALL CLEMSON, SC 29634	57-6000254	STATE OF SC	385,000.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	314,032.	0.			RESEARCH
COALITION FOR HEALTHY OAKLAND CHILDREN - 2201 BROADWAY SUITE PH-1 - OAKLAND, CA 94612	47-5501112	501(C)(3)	10,000.	0.			COMMUNITY IMPACT GRANT
COLORADO STATE UNIVERSITY 601 HOWES, ROOM 408 FORT COLLINS, CO 80523	84-6000545	STATE OF CO	308,000.	0.			RESEARCH
COLUMBIA UNIVERSITY, NEW YORK PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	979,227.	0.			RESEARCH
COMMUNITY AMBULANCE SERVICE 412 MAIN STREET MEDIAPOLIS, IA 52637	42-1192546	CITY OF MEDIAPOL	25,532.	0.			DEFIBRILLATORS AND MONITORS
COMMUNITY HOSPITAL OF ANACONDA 401 WEST PENNSYLVANIA ANACONDA, MT 59711	81-0303913	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE

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COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET #240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	177,213.	0.			CHILDHOOD OBESITY INITIATIVE
COMMUNITY ROWING INC. 20 NONANTUM ROAD BRIGHTON, MA 02135	04-2863756	501(C)(3)	20,000.	0.			COMMUNITY IMPACT GRANT
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	13-0532082	501(C)(3)	1,031,050.	0.			RESEARCH
CORRECTIONVILLE EMERGENCY RESPONDERS INC. - 315 CEDAR STREET - CORRECTIONVILLE, IA 51016	47-1250682	501(C)(3)	25,520.	0.			DEFIBRILLATORS AND MONITORS
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501(C)(3)	231,000.	0.			RESEARCH
DANBURY COMMUNITY AMBULANCE SERVICE - 201 MAIN STREET - DANBURY, IA 51019	42-6257970	501(C)(3)	25,532.	0.			DEFIBRILLATORS AND MONITORS
DC GREENS INC. 2000 P STREET NORTHWEST, SUITE 240 WASHINGTON, DC 20036	26-4527988	501(C)(3)	119,922.	0.			CHILDHOOD OBESITY INITIATIVE
DENVER RESEARCH INSTITUTE 1055 CLERMONT STREET DENVER, CO 80220	84-1392442	501(C)(3)	154,000.	0.			RESEARCH
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	495,456.	0.			RESEARCH

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DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	5,252,861.	0.			RESEARCH
EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY, TN 37614	62-6021046	STATE OF TN	154,000.	0.			RESEARCH
EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH 303 NORFOLK, VA 23501	54-6055378	501(C)(3)	154,000.	0.			RESEARCH
EAT SMART & MOVE MORE SOUTH CAROLINA - 2711 MIDDLEBURG DRIVE, SUITE 301 - COLUMBIA, SC 29204	57-1096619	501(C)(3)	122,869.	0.			CHILDHOOD OBESITY INITIATIVE
EDIBLE SCHOOLYARD NEW YORK 20 JAY STREET, SUITE M9 BROOKLYN, NY 11201	27-1237249	501(C)(3)	75,000.	0.			CHILDHOOD OBESITY INITIATIVE
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	2,360,419.	0.			RESEARCH
EVERLY FIRE AND RESCUE 102 WEST 2ND EVERLY, IA 51338	42-6035939	CITY OF EVERLY	25,220.	0.			DEFIBRILLATORS AND MONITORS
EXIRA FIRE & EMS ASSOCIATION INCORPORATED - 508 WEST WASHINGTON - EXIRA, IA 50076	47-2369760	501(C)(3)	25,532.	0.			DEFIBRILLATORS AND MONITORS
FAIRVIEW FOUNDATION 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-1573810	501(C)(3)	58,000.	0.			EMERGENCY EQUIPMENT UPGRADE

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FAITH IN TEXAS PICO 1111 WEST MOCKINGBIRD LANE #595 DALLAS, TX 75247	47-3005234	501(C)(3)	95,000.	0.			CHILDHOOD OBESITY INITIATIVE
FARMINGTON EMS 210 SOUTH 4TH STREET FARMINGTON, IA 52026	42-6004661	CITY OF FARMINGT	25,630.	0.			DEFIBRILLATORS AND MONITORS
FILLMORE COUNTY HOSPITAL 1900 F STREET GENEVA, NE 68361	47-0529089	FILLMORE COUNTY	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
FLORIDA INTERNATIONAL UNIVERSITY 11200 SOUTHWEST 8TH STREET MIAMI, FL 33199	65-0177616	STATE OF FL	231,000.	0.			RESEARCH
FLORIDA STATE UNIVERSITY 2000 LEVY AVENUE TALLAHASSEE, FL 32310	59-3211153	STATE OF FL	53,688.	0.			RESEARCH
FLOYD COUNTY MEDICAL CENTER 800 11TH STREET CHARLES CITY, IA 50616	42-0868216	FLOYD COUNTY	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
FOOD BANK COUNCIL OF MICHIGAN INC. 330 MARSHALL STREET, SUITE 102 LANSING, MI 48912	38-2515765	501(C)(3)	125,000.	0.			COMMUNITY IMPACT GRANT
FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVENUE WEST SEATTLE, WA 98119	91-6186093	501(C)(3)	104,483.	0.			CHILDHOOD OBESITY INITIATIVE
GENESIS HEALTH SYSTEM 1227 EAST RUSHOLME STREET DAVENPORT, IA 52803	42-1418847	501(C)(3)	50,000.	0.			ACTION REGISTRY

Schedule I (Form 990)

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GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 240V ASHBURN, VA 20147	53-0196584	501(C)(3)	154,000.	0.			RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O STREETS NORTHWEST WASHINGTON, DC 20007	53-0196603	501(C)(3)	154,000.	0.			RESEARCH
GEORGIA BIKES INC. PO BOX 10045 SAVANNAH, GA 31412	20-0295376	501(C)(3)	46,822.	0.			CHILDHOOD OBESITY INITIATIVE
GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302	58-1845423	STATE OF GA	308,000.	0.			RESEARCH
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	368,751.	0.			RESEARCH
GLACIER COUNTY EMS 512 EAST MAIN STREET CUT BANK, MT 59427	81-6001368	GLACIER COUNTY	25,000.	0.			DEFIBRILLATORS AND MONITORS
GLADSTONE INSTITUTE, SAN FRANCISCO 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	338,376.	0.			RESEARCH
GOSPER COUNTY RURAL FIRE PROTECTION - 74596 HIGHWAY 283 - ELWOOD, NE 68937	47-6006464	GOSPER COUNTY	25,532.	0.			DEFIBRILLATORS AND MONITORS
GRANT COUNTY RESCUE SERVICE INC 102 SOUTH GRANT HYANNIS, NE 69350	20-1862166	GRANT COUNTY	25,532.	0.			DEFIBRILLATORS AND MONITORS

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GRANVILLE FIRE & EMS ASSOCIATION 740 BROAD STREET GRANVILLE, IA 51022	42-6004722	CITY OF GRANVILL	25,533.	0.			DEFIBRILLATORS AND MONITORS
GRINNELL REGIONAL MEDICAL CENTER 210 4TH AVENUE GRINNELL, IA 50112	42-0933383	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
GROUNDWORK LAWRENCE INC. 60 ISLAND STREET LAWRENCE, MA 01840	04-3546770	501(C)(3)	47,500.	0.			CHILDHOOD OBESITY INITIATIVE
GUNDERSON PALMER LUTHERAN HOSPITAL 112 JEFFERSON STREET WEST UNION, IA 52175	42-1320763	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
GUTTENBERG MUNICIPAL HOSPITAL PO BOX 550 GUTTENBERG, IA 52052	42-6038728		37,720.	0.			EMERGENCY EQUIPMENT UPGRADE
HAMBURG VOLUNTEER RESCUE SQUAD 711 MAIN STREET HAMBURG, IA 51640	27-0073395	CITY OF HAMBURG	25,220.	0.			DEFIBRILLATORS AND MONITORS
HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	357,176.	0.			RESEARCH
HEALTH EAST MEDICAL RESEARCH INSTITUTE - 45 WEST 10TH STREET - SAINT PAUL, MN 55102	41-1765832	501(C)(3)	35,000.	0.			EMERGENCY EQUIPMENT UPGRADE
HEALTHY BLACK FAMILIES 3358 ADELINE STREET BERKELEY, CA 94703	46-3142614	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE

Schedule I (Form 990)



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

(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
HEALTHY COMMUNITIES OF BROWNSVILLE INC. - ONE WEST UNIVERSITY BOULEVARD SPH S1.408 - BROWNSVILLE, TX 78520	30-0093290	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
HEALTHY SAVANNAH INC. 1301 LINCOLN STREET UNIT A SAVANNAH, GA 31401	45-4714802	501(C)(3)	44,879.	0.			CHILDHOOD OBESITY INITIATIVE
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE LSB-3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	20,000.	0.			EMERGENCY EQUIPMENT UPGRADE
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 48202	38-1357020	501(C)(3)	205,481.	0.			RESEARCH
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE - 6720A ROCKLEDGE DRIVE, SUITE 100 - BETHESDA, MD 20817	52-1317896	501(C)(3)	231,000.	0.			RESEARCH
HINTON FIRE RESCUE INC. PO BOX 123 HINTON, IA 51024	61-1575251	501(C)(3)	25,532.	0.			DEFIBRILLATORS AND MONITORS
HOLSTEIN FIRE DEPARTMENT PO BOX 500 HOLSTEIN, IA 51025	42-6004773	CITY OF HOLSTEIN	25,220.	0.			DEFIBRILLATORS AND MONITORS
HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY, MT 59301	81-0231792	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
HOPE ORGANIZATION 9231 SOUTH COTTAGE GROVE CHICAGO, IL 60619	36-4416826	501(C)(3)	8,000.	0.			COMMUNITY IMPACT GRANT

Schedule I (Form 990)

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HORIZON FOUNDATION OF HOWARD COUNTY INC - 10221 WINCOPIN CIRCLE, SUITE 200 - COLUMBIA, MD 21044	52-2119011	501(C)(3)	55,000.	0.			CHILDHOOD OBESITY INITIATIVE
HOT SPRINGS COMMUNITY AMBULANCE INC. - PO BOX 830 - HOT SPRINGS, MT 59845	81-0349501	501(C)(3)	25,360.	0.			DEFIBRILLATORS AND MONITORS
HOUSTON METHODIST HOSPITAL 6670 BERTNER AVENUE HOUSTON, TX 77030	87-0721923	501(C)(3)	326,449.	0.			RESEARCH
IAF NORTHWEST 649 STRANDER BOULEVARD, SUITE B TUKWILA, WA 98188	91-1499816	501(C)(3)	120,000.	0.			CHILDHOOD OBESITY INITIATIVE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	1,577,808.	0.			RESEARCH
IDAHO SMART GROWTH 910 MAIN STREET, SUITE 314 BOISE, ID 83702	82-0522757	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
IDAHO WALK BIKE ALLIANCE PO BOX 1594 BOISE, ID 83701	27-1334849	501(C)(3)	71,804.	0.			CHILDHOOD OBESITY INITIATIVE
ILLINOIS CHAPTER AMERICAN ACADEMY OF PEDIATRICS - 1400 WEST HUBBARD STREET, SUITE 100 - CHICAGO, IL 60642	51-0183494	501(C)(3)	9,500.	0.			COMMUNITY IMPACT GRANT
ILLINOIS FAITH BASED ASSOCIATION 7926 SOUTH CHAMPLAIN AVENUE CHICAGO, IL 60619	81-2901019		12,500.	0.			COMMUNITY IMPACT GRANT

Schedule I (Form 990)

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ILLINOIS PUBLIC HEALTH ASSOCIATION 223 SOUTH THIRD STREET SPRINGFIELD, IL 62701	36-6108790	501(C)(3)	5,500.	0.			COMMUNITY IMPACT GRANT
ILLINOIS PUBLIC HEALTH INSTITUTE 954 W WASHINGTON BLVD 405, MB10 CHICAGO, IL 60607	26-2757523	501(C)(3)	47,150.	0.			COMMUNITY IMPACT GRANT
INDIANA UNIVERSITY, INDIANAPOLIS PO BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	STATE OF IN	718,454.	0.			RESEARCH
IOWA COUNTY AMBULANCE SERVICE 970 COURT AVENUE MARENGO, IA 52301	42-6004930	IOWA COUNTY	24,824.	0.			DEFIBRILLATORS AND MONITORS
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	150,000.	0.			RESEARCH
JACKSONVILLE JAGUARS FOUNDATION INC. - ONE EVERBANK FIELD DRIVE - JACKSONVILLE, FL 32202	59-3249687	501(C)(3)	25,000.	0.			CHILDHOOD OBESITY INITIATIVE
JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	42-0680355	501(C)(3)	5,050.	0.			EMERGENCY EQUIPMENT UPGRADE
JOHN F. KENNEDY MEDICAL CENTER PO BOX 3059 EDISON, NJ 08818	22-6019101	501(C)(3)	10,000.	0.			EMERGENCY EQUIPMENT UPGRADE
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	7,221,936.	0.			RESEARCH

Schedule I (Form 990)

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JOHNSON COUNTY HOSPITAL FOUNDATION 292 BROADWAY STREET TECUMESH, NE 68450	27-0317629	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
KAISER FOUNDATION HEALTH PLAN OF COLORADO - 10065 EAST HARVARD STREET - DENVER, CO 80231	84-0591617	501(C)(3)	54,316.	0.			RESEARCH
KELLOGG FIRE DEPARTMENT PO BOX 45 KELLOGG, IA 50135	42-0884544	CITY OF KELLOGG	25,220.	0.			DEFIBRILLATORS AND MONITORS
KESSLER FOUNDATION INC. 120 EAGLE ROCK AVENUE EAST HANOVER, NJ 07936	31-1562134	501(C)(3)	230,940.	0.			RESEARCH
KNOXVILLE COMMUNITY HOSPITAL INC. 1002 SOUTH LINCOLN STREET KNOXVILLE, IA 50138	42-1087612	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	102,551.	0.			RESEARCH
LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021	27-2486484	501(C)(3)	119,218.	0.			CHILDHOOD OBESITY INITIATIVE
LA UNION DEL PUEBLO ENTERO PO BOX 188 SAN JUAN, TX 78589	93-1029197	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
LAKES REGIONAL HEALTHCARE 2301 HIGHWAY 71 SPIRIT LAKE, IA 51360	42-6037582	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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LIGHTS OF ZION MINISTRIES 11636 SOUTH HALSTED STREET CHICAGO, IL 60628	36-3291328	501(C)(3)	5,500.	0.			COMMUNITY IMPACT GRANT
LIVING STREETS ALLIANCE PO BOX 2641 TUCSON, AZ 85702	27-4678502	501(C)(3)	89,993.	0.			CHILDHOOD OBESITY INITIATIVE
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LANE LIVINGSTON, MT 59047	81-0621997	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET, SUITE 205 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	249,449.	0.			RESEARCH
LOS ANGELES COUNTY BICYCLE COALITION - 634 SOUTH SPRING STREET SUITE 821 - LOS ANGELES, CA 90014	95-4845170	501(C)(3)	45,187.	0.			CHILDHOOD OBESITY INITIATIVE
LOUISA COUNTY AMBULANCE 105 GAMBLE STREET COLUMBUS JUNCTION, IA 52738	42-1339725	501(C)(3)	24,302.	0.			DEFIBRILLATORS AND MONITORS
LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST NEW ORLEANS, LA 70112	72-6087770	STATE OF LA	427,644.	0.			RESEARCH
LOYOLA UNIVERSITY MEDICAL CENTER 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	157,747.	0.			RESEARCH
MADISON VALLEY HOSPITAL ASSOCIATION - 305 NORTH MAIN STREET - ENNIS, MT 59729	81-0236460	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	406,950.	0.			RESEARCH
MARENGO MEMORIAL HOSPITAL 300 WEST MAY STREET MARENGO, IA 52301	42-6023437	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
MARION GENERAL HOSPITAL 1000 MCKINLEY PARK DRIVE MARION, OH 43302	31-1070877	501(C)(3)	78,426.	0.			EMERGENCY EQUIPMENT UPGRADE
MARKETUMBRELLA ORG 200 BROADWAY STREET, SUITE 107 NEW ORLEANS, LA 70118	26-2477706	501(C)(3)	111,456.	0.			CHILDHOOD OBESITY INITIATIVE
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	231,000.	0.			RESEARCH
MARY LANNING MEMORIAL HOSPITAL ASSOCIATION - 715 NORTH SAINT JOSEPH STREET - HASTINGS, NE 68901	47-0378779	501(C)(3)	24,500.	0.			EMERGENCY EQUIPMENT UPGRADE
MASSACHUSETTS EYE AND EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114	04-2103591	501(C)(3)	102,551.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02114	04-2697983	501(C)(3)	2,841,583.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	32,000.	0.			EMERGENCY EQUIPMENT UPGRADE

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MASSACHUSETTS PUBLIC HEALTH ASSOCIATION - 14 BEACON STREET SUITE 706 - BOSTON, MA 02108	04-2326503	501(C)(3)	145,475.	0.			CHILDHOOD OBESITY INITIATIVE
MAYO CLINIC, JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	158,249.	0.			RESEARCH
MAYO CLINIC, ROCHESTER 200 FIRST STREET SOUTHWEST ROCHESTER, MN 55905	41-6011702	501(C)(3)	378,487.	0.			RESEARCH
MCCONE COUNTY HEALTH CENTER INC. PO BOX 48 CIRCLE, MT 59215	81-0269223	501(C)(3)	11,999.	0.			CHILDHOOD OBESITY INITIATIVE
MEAD RURAL FIRE DISTRICT 8 PO BOX 52 MEAD, NE 68041	47-0753597	CITY OF MEAD	24,450.	0.			DEFIBRILLATORS AND MONITORS
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	1,111,020.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 303 - CHARLESTON, SC 29425	57-6000722	STATE OF SC	1,199,688.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	114,368.	0.			RESEARCH
MERCY HOSPITAL 500 EAST MARKET STREET IOWA CITY, IA 52245	42-0680391	501(C)(3)	25,000.	0.			EMERGENCY EQUIPMENT UPGRADE

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MERCY MEDICAL CENTER - CLINTON INC. - 1410 NORTH 4TH STREET - CLINTON, IA 52732	42-1336618	501(C)(3)	24,000.	0.			EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER-CENTERVILLE 1 SAINT JOSEPH'S DRIVE CENTERVILLE, IA 52544	42-0680308	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL SERVICES IOWA CORP 250 MERCY DRIVE DUBUQUE, IA 52001	31-1373080	501(C)(3)	72,000.	0.			EMERGENCY EQUIPMENT UPGRADE
METRO BICYCLE COALITION 2100 ORETHA CASTLE HALEY BOULEVARD NEW ORLEANS, LA 70113	80-0100169	501(C)(3)	175,450.	0.			CHILDHOOD OBESITY INITIATIVE
METROCREST COMMUNITY CLINIC 1 MEDICAL PARKWAY PLAZA 1 #149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	70,000.	0.			EMERGENCY EQUIPMENT UPGRADE
METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	114,368.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, SUITE 2 EAST LANSING, MI 48824	38-6005984	STATE OF MI	230,999.	0.			RESEARCH
MICHIGAN TECHNOLOGICAL UNIVERSITY, HOUGHTON - 1400 TOWNSEND DRIVE - HOUGHTON, MI 49931	38-6005955	STATE OF MI	231,000.	0.			RESEARCH
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION - 701 PARK AVENUE - MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	149,807.	0.			RESEARCH

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MONROE COUNTY HOSPITAL 6580 165TH STREET ALBIA, IA 52531	42-6037692	MONROE COUNTY	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
MOOREHEAD VOLUNTEER FIRE AND RESCUE - 100 OAK STREET - MOOREHEAD, IA 51558	42-1032104	CITY OF MOOREHEA	24,815.	0.			DEFIBRILLATORS AND MONITORS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SOUTHWEST ATLANTA, GA 30310	58-1438873	501(C)(3)	308,000.	0.			RESEARCH
MORRILL FIRE AND RESCUE 118 SOUTH CENTER MORRILL, NE 69358	47-6006285	CITY OF MORRILL	25,558.	0.			DEFIBRILLATORS AND MONITORS
MULTICULTURAL HEALTH FOUNDATION 292 EUCLID AVENUE SAN DIEGO, CA 92114	45-5610021	501(C)(3)	138,777.	0.			COMMUNITY IMPACT GRANT
NATIONAL ASSOCIATION OF HISPANIC NURSES - PO BOX 540 - YONKERS, NY 10701	47-4047644	501(C)(3)	5,700.	0.			COMMUNITY IMPACT GRANT
NATIONAL COUNCIL OF YMCAS OF THE USA - 101 NORTH WACKER DRIVE - CHICAGO, IL 60606	36-3258696	501(C)(3)	250,436.	0.			CHILDHOOD OBESITY INITIATIVE
NATIONAL REHABILITATION HOSPITAL 8010 CORPORATE DRIVE NOTTINGHAM, MD 21236	52-1369749	501(C)(3)	102,551.	0.			RESEARCH
NATIONWIDE CHILDREN'S HOSPITAL PO BOX 715245 COLUMBUS, OH 43271	31-6056230	501(C)(3)	468,000.	0.			RESEARCH

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NEW ROOTS INC. 1800 PORTLAND AVENUE LOUISVILLE, KY 40205	27-0700459	501(C)(3)	30,003.	0.			CHILDHOOD OBESITY INITIATIVE
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595	13-1099420	501(C)(3)	308,000.	0.			RESEARCH
NEW YORK UNIVERSITY 700 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	13-5562309	501(C)(3)	4,300,131.	0.			RESEARCH
NORTH CAROLINA ALLIANCE FOR HEALTH 3131 RDU CENTER DRIVE, SUITE 100 MORRISVILLE, NC 27560	81-4271401	501(C)(3)	25,000.	0.			CHILDHOOD OBESITY INITIATIVE
NORTH CAROLINA PEDIATRIC SOCIETY INC. - 1100 WAKE FOREST ROAD, SUITE 200 - RALEIGH, NC 27604	31-1657902	501(C)(3)	75,000.	0.			CHILDHOOD OBESITY INITIATIVE
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH, NC 27695	56-6000756	STATE OF NC	154,000.	0.			RESEARCH
NORTH DAKOTA STATE UNIVERSITY NDSU DEPARTMENT #3130 FARGO, ND 58108	45-6002439	STATE OF ND	154,000.	0.			RESEARCH
NORTHEAST MONTANA HEALTH SERVICES INC. - 315 KNAPP STREET - WOLF POINT, MT 59201	81-0226578	501(C)(3)	49,718.	0.			EMERGENCY EQUIPMENT UPGRADE
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	257,329.	0.			RESEARCH

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NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION INC. - 4150 CLEMENT STREET, SUITE 151 - SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	106,533.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	4,487,005.	0.			RESEARCH
OAKLAND UNIVERSITY 2200 NORTH SQUIRREL ROAD ROCHESTER, MI 48309	38-6078765	501(C)(3)	303,031.	0.			RESEARCH
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	147,917.	0.			RESEARCH
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION - PO BOX 6369 - NORFOLK, VA 23508	54-6068198	501(C)(3)	53,688.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY, PORTLAND - 690 SOUTHWEST BANCROFT STREET - PORTLAND, OR 97239	93-1176109	STATE OF OR	1,255,926.	0.			RESEARCH
ORGANIZING PEOPLE ACTIVATING LEADERS - 2407 SOUTHEAST 49TH AVENUE - PORTLAND, OR 97206	20-2782595	501(C)(3)	26,536.	0.			CHILDHOOD OBESITY INITIATIVE
PADRES UNIDOS INC 3025 WEST 37TH AVENUE, SUITE 206 DENVER, CO 80211	84-1426652	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
PALO ALTO VETERANS INSTITUTE FOR RESEARCH - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	77-0207331	501(C)(3)	199,410.	0.			RESEARCH

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PAN AMERICAN HEALTH ORGANIZATION 525 23RD STREET NORTHWEST WASHINGTON, DC 20037	52-1804954	501(C)(3)	50,000.	0.			CHILDHOOD OBESITY INITIATIVE
PARK NICOLLET HEALTH SERVICES 6400 EXCELSIOR BOULEVARD #1-820 SAINT LOUIS PARK, MN 55426	41-0834920	501(C)(3)	20,000.	0.			EMERGENCY EQUIPMENT UPGRADE
PENNSYLVANIA STATE ONE OLD MAIN STREET UNIVERSITY PARK, PA 16802	24-6000376	STATE OF PA	231,000.	0.			RESEARCH
PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK - 227 WEST BEAVER STREET, SUITE 401 - STATE COLLEGE, PA 16801	24-6000376	STATE OF PA	231,000.	0.			RESEARCH
PERCIVAL FIRE AND RESCUE 2030 210TH STREET PERCIVAL, IA 51648	42-1218460	CITY OF PERCIVAL	25,220.	0.			DEFIBRILLATORS AND MONITORS
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - 4190 CITY AVENUE - PHILADELPHIA, PA 19131	23-1355135	501(C)(3)	154,000.	0.			RESEARCH
PIONEER MEDICAL CENTER PO BOX 1228 BIG TIMBER, MT 59011	47-5437700	501(C)(3)	23,575.	0.			EMERGENCY EQUIPMENT UPGRADE
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	12,000.	0.			COMMUNITY IMPACT GRANT
PLEASANTVILLE FIRE RESCUE ASSOCIATION - 1012 BUSINESS HIGHWAY 5 - PLEASANTVILLE, IA 50225	14-1886867	501(C)(3)	23,731.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

(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
PRAIRIE COUNTY EMS PO BOX 125 TERRY, MT 59349	61-6001414	PRAIRIE COUNTY	24,807.	0.			DEFIBRILLATORS AND MONITORS
PREVENTION CONNECTIONS 701 EAST FRANKLIN STREET #500 RICHMOND, VA 23219	42-1609865	501(C)(3)	30,000.	0.			CHILDHOOD OBESITY INITIATIVE
PRINCETON UNIVERSITY 701 CARNEGIE STREET PRINCETON, NJ 08540	21-0634501	501(C)(3)	53,688.	0.			RESEARCH
PUERTO RICAN CULTURAL CENTER 2739 WEST DIVISION STREET CHICAGO, IL 60622	23-7347778	501(C)(3)	7,625.	0.			COMMUNITY IMPACT GRANT
PURDUE UNIVERSITY, WEST LAFAYETTE 155 SOUTH GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	STATE OF IN	284,688.	0.			RESEARCH
QUIMBY COMMUNITY FIRE DEPARTMENT PO BOX 235 QUIMBY, IA 51049	61-1606940	CITY OF QUIMBY	25,251.	0.			DEFIBRILLATORS AND MONITORS
REGIONS HOSPITAL MAILSTOP 11203E SAINT PAUL, MN 55101	41-0956618	501(C)(3)	20,000.	0.			EMERGENCY EQUIPMENT UPGRADE
RESEARCH AMERICA 241 18TH STREET SOUTH, SUITE 501 ARLINGTON, VA 22202	52-1609875	501(C)(3)	10,000.	0.			RESEARCH ADVOCACY
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	538,999.	0.			RESEARCH

Schedule I (Form 990)

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RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	276,526.	0.			RESEARCH
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	60,000.	0.			RESEARCH
ROCK COUNTY COMMUNITY HOSPITAL 102 EAST SOUTH STREET BASSETT, NE 68714	47-6000999	501(C)(3)	25,532.	0.			EMERGENCY EQUIPMENT UPGRADE
ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	22-2482802	501(C)(3)	370,151.	0.			RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET #250 CHICAGO, IL 60612	36-2174823	501(C)(3)	153,210.	0.			RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY RBHS - 65 DAVIDSON ROAD, SUITE 306 - PISCATAWAY, NJ 08854	46-2354111	STATE OF NJ	743,537.	0.			RESEARCH
SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP - 2323 BROADWAY AVENUE, SUITE 109-B - OAKLAND, CA 94612	46-2694434	501(C)(3)	350,997.	0.			COMMUNITY IMPACT GRANT
SALIX VOLUNTEER FIRE DEPARTMENT 315 TIPTON STREET SALIX, IA 51052	42-1534287	CITY OF SALIX	25,532.	0.			DEFIBRILLATORS AND MONITORS
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPANILE DRIVE - SAN DIEGO, CA 92182	95-6042721	STATE OF CA	53,688.	0.			RESEARCH

Schedule I (Form 990)

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SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	106,533.	0.			RESEARCH
SCOTIA RESCUE UNIT PO BOX 38 SCOTIA, NE 68875	47-0531202	CITY OF SCOTIA	25,532.	0.			DEFIBRILLATORS AND MONITORS
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD. LA JOLLA, CA 92037	33-0435954	501(C)(3)	897,369.	0.			RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 SOUTH COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501(C)(3)	154,000.	0.			RESEARCH
SETON HEALTHCARE 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501(C)(3)	65,970.	0.			EMERGENCY EQUIPMENT UPGRADE
SHELBY COUNTY EMERGENCY SERVICES INC. - 612 COURT STREET - HARLAN, IA 51537	39-1889433	501(C)(3)	25,220.	0.			DEFIBRILLATORS AND MONITORS
SHERIDAN MEMORIAL HOSPITAL ASSOCIATION - 440 WEST LAUREL AVENUE - PLENTYWOOD, MT 59254	81-0243720	501(C)(3)	12,359.	0.			EMERGENCY EQUIPMENT UPGRADE
SOUTH CAROLINA ALLIANCE OF YMCAS 1612 MARION STREET, SUITE 100 COLUMBIA, SC 29201	47-3049199	501(C)(3)	90,000.	0.			CHILDHOOD OBESITY INITIATIVE
SOUTHERN ILLINOIS UNIVERSITY MAIL CODE 6829 CARBONDALE, IL 62901	37-6005961	STATE OF IL	154,000.	0.			RESEARCH

Schedule I (Form 990)

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SOUTHERN INSTITUTE FOR PUBLIC LIFE 300 WASHINGTON STREET, SUITE 308 MONROE, LA 71201	47-2933004	501(C)(3)	60,241.	0.			CHILDHOOD OBESITY INITIATIVE
SOUTHERN METHODIST UNIVERSITY PO BOX 750261 DALLAS, TX 75275	75-0800689	501(C)(3)	154,000.	0.			RESEARCH
SOUTHLAND HEALTH CARE FORUM INC. 30 EAST 15TH STREET, SUITE 405 CHICAGO HEIGHTS, IL 60411	57-1192504	501(C)(3)	8,000.	0.			COMMUNITY IMPACT GRANT
SREWOLF & NITRAM FOUNDATION HEARTS 18267 GRANT STREET LANSING, IL 60438	75-3210489	501(C)(3)	5,500.	0.			COMMUNITY IMPACT GRANT
ST FRANCIS HOSPITAL AUXILIARY 3333 NORTH SEMINARY STREET PEORIA, IL 61401	37-6048427	501(C)(3)	25,000.	0.			EMERGENCY EQUIPMENT UPGRADE
ST JOHN MEDICAL CENTER INC. 1923 SOUTH UTICA AVENUE TULSA, OK 74104	73-0579286	501(C)(3)	7,000.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. DAVID'S COMMUNITY HEALTH FOUNDATION - 1303 SAN ANTONIO STREET, SUITE 500 - AUSTIN, TX 78701	74-1356589	501(C)(3)	103,960.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 59701	81-0231785	501(C)(3)	28,050.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. LOUIS UNIVERSITY 3700 WEST PINE MALL DRIVE ST. LOUIS, MO 63108	43-0654872	501(C)(3)	492,375.	0.			RESEARCH

Schedule I (Form 990)



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ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101	81-0468034	501(C)(3)	53,050.	0.			EMERGENCY EQUIPMENT UPGRADE
STANFORD UNIVERSITY SCHOOL OF MEDICINE - PO BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	4,014,675.	0.			RESEARCH
STARK COUNTY COMMUNITY UNIT SCHOOL 300 VAN BUREN WYOMING, IL 61491	36-3823225	STARK COUNTY	29,900.	0.			DEFIBRILLATORS AND MONITORS
STATE OF NEBRASKA HEALTH PO BOX 95026 LINCOLN, NE 68505	47-0491233	STATE OF NE	124,378.	0.			EMERGENCY EQUIPMENT UPGRADE
STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	STATE OF NY	1,142,486.	0.			RESEARCH
STRATEGIC HUMAN SERVICES 325 SOUTH CALIFORNIA AVENUE CHICAGO, IL 60612	36-4293335	501(C)(3)	5,300.	0.			COMMUNITY IMPACT GRANT
STUDENTS FOR SERVICE INC. 1650 BROADWAY AVENUE, SUITE 406 NEW YORK, NY 10019	45-3591508	501(C)(3)	50,000.	0.			COMMUNITY IMPACT GRANT
TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA, PA 19172	23-1365971	501(C)(3)	2,457,809.	0.			RESEARCH
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	1,035,899.	0.			RESEARCH

Schedule I (Form 990)

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TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	7,465.	0.			RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER - 3601 4TH STREET - LUBBOCK, TX 79430	75-2668104	STATE OF TX	205,900.	0.			RESEARCH
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	42-0680354	501(C)(3)	24,000.	0.			EMERGENCY EQUIPMENT UPGRADE
THE FOOD TRUST 1617 JFK BOULEVARD, SUITE 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	305,435.	0.			CHILDHOOD OBESITY INITIATIVE
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OH	2,578,707.	0.			RESEARCH
THE OPEN DOOR INC. 28 EMERSON AVENUE GLOUCESTER, MA 01930	22-2513482	501(C)(3)	17,500.	0.			COMMUNITY IMPACT GRANT
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	106,350.	0.			RESEARCH
THE UNIVERSITY OF TEXAS AT EL PASO 500 WEST UNIVERSITY AVENUE EL PASO, TX 79901	74-6000813	STATE OF TX	154,000.	0.			RESEARCH
THIRD SECTOR NEW ENGLAND MISSION WORKS - 89 SOUTH STREET, SUITE 700 - BOSTON, MA 02111	04-2261109	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT

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THOMAS COUNTY WELLNESS COMMITTEE 300 NORTH COURT STREET COLBY, KS 67701	48-6013624	THOMAS COUNTY	15,000.	0.			COMMUNITY IMPACT GRANT
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	308,000.	0.			RESEARCH
TOBACCO FREE KIDS ACTION FUND 1400 I STREET NORTHWEST #1200 WASHINGTON, DC 20005	52-1974904	501(C)(3)	187,500.	0.			ANTI-TOBACCO ADVOCACY
TOWN OF APLINGTON PO BOX 308 APLINGTON, IA 50604	42-6004237	TOWN OF APLINGTO	25,220.	0.			DEFIBRILLATORS AND MONITORS
TOWN OF BELLEVUE 106 NORTH THIRD STREET BELLEVUE, IA 52031	42-6004273	TOWN OF BELLEVUE	24,826.	0.			DEFIBRILLATORS AND MONITORS
TOWN OF SWEA CITY 308 4TH AVENUE WEST SWEA CITY, IA 50590	42-6005271	TOWN OF SWEA CIT	25,220.	0.			DEFIBRILLATORS AND MONITORS
TRINITY REGIONAL MEDICAL CENTER 802 KENYON ROAD FORT DODGE, IA 50501	42-1009175	501(C)(3)	24,000.	0.			EMERGENCY EQUIPMENT UPGRADE
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	443,049.	0.			RESEARCH
TULANE UNIVERSITY, NEW ORLEANS 800 EAST COMMERCE ROAD, SUITE 203 HARAHAN, LA 70123	72-0423889	501(C)(3)	692,626.	0.			RESEARCH

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TULANE UNIVERSITY, NEW ORLEANS 800 EAST COMMERCE ROAD, SUITE 203 HARAHAN, LA 70123	72-0423889	501(C)(3)	23,000.	0.			CHILDHOOD OBESITY INITIATIVE
UNITED AFRICAN AMERICAN MINISTERIAL ACTION COUNCIL - 404 EUCLID AVENUE - SAN DIEGO, CA 92114	33-0959000	501(C)(3)	210,597.	0.			COMMUNITY IMPACT GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	5,211,455.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	STATE OF AZ	314,143.	0.			RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM STREET, SUITE 560 - LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	154,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, BERKELEY 2195 HEARST AVENUE, SUITE 130 BERKELEY, CA 94720	94-6002123	STATE OF CA	428,424.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	STATE OF CA	361,435.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, IRVINE 260 ALDRICH HALL IRVINE, CA 92697	95-2226406	STATE OF CA	613,275.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	STATE OF CA	1,390,780.	0.			RESEARCH

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UNIVERSITY OF CALIFORNIA, RIVERSIDE - 900 UNIVERSITY AVENUE - RIVERSIDE, CA 92521	95-6006142	STATE OF CA	215,657.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	STATE OF CA	1,280,198.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	2,333,575.	0.			RESEARCH
UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION INC. - 12201 RESEARCH PARKWAY, SUITE 501 - ORLANDO, FL 32826	59-3086453	501(C)(3)	154,000.	0.			RESEARCH
UNIVERSITY OF CHICAGO 1427 EAST 60TH STREET CHICAGO, IL 60637	36-2177139	501(C)(3)	1,522,352.	0.			RESEARCH
UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	STATE OF OH	1,375,181.	0.			RESEARCH
UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 80291	84-6000555	STATE OF CO	1,857,823.	0.			RESEARCH
UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 80291	84-6000555	STATE OF CO	76,782.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXTENSION, UNIT 1 STORRS, CT 06269	06-0772160	501(C)(3)	153,955.	0.			RESEARCH

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UNIVERSITY OF CONNECTICUT, FARMINGTON - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030	52-1725543	STATE OF CT	105,588.	0.			RESEARCH
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	616,000.	0.			RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	1,077,786.	0.			RESEARCH
UNIVERSITY OF GEORGIA 475 NORTH LUMPKIN STREET ATHENS, GA 30601	58-6001998	STATE OF GA	669,689.	0.			RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. - 475 NORTH LUMPKIN STREET - ATHENS, GA 30601	58-1353149	501(C)(3)	51,901.	0.			RESEARCH
UNIVERSITY OF HAWAII 2600 CAMPUS ROAD HONOLULU, HI 96822	99-6000354	STATE OF HI	154,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	STATE OF IL	1,443,937.	0.			RESEARCH
UNIVERSITY OF IOWA 125 NORTH MADISON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IA	25,000.	0.			DEFIBRILLATORS AND MONITORS
UNIVERSITY OF IOWA 125 NORTH MADISON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IA	1,242,913.	0.			RESEARCH

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UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1108830	STATE OF KS	98,950.	0.			RESEARCH
UNIVERSITY OF KENTUCKY PO BOX 931113 CLEVELAND, OH 44193	61-6033693	STATE OF KY	1,001,638.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE 2301 SOUTH 3RD STREET LOUISVILLE, KY 40292	61-1029626	STATE OF KY	806,688.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	STATE OF MD	511,688.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	STATE OF MA	154,000.	0.			RESEARCH
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	664,826.	0.			RESEARCH
UNIVERSITY OF MICHIGAN MEDICAL CENTER - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	STATE OF MI	2,490,055.	0.			RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK STREET SOUTHEAST MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	613,995.	0.			RESEARCH
UNIVERSITY OF MISSISSIPPI, JACKSON 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	STATE OF MS	262,770.	0.			RESEARCH

Schedule I (Form 990)

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UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MO	561,800.	0.			RESEARCH
UNIVERSITY OF MONTANA UNIVERSITY HALL 205 MISSOULA, MT 59812	81-6001713	STATE OF MT	106,350.	0.			RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA - 985100 NEBRASKA MEDICAL CENTER DRIVE - OMAHA, NE 68198	47-0049123	STATE OF NE	539,449.	0.			RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA - 985100 NEBRASKA MEDICAL CENTER DRIVE - OMAHA, NE 68198	47-0049123	STATE OF NE	70,000.	0.			EMERGENCY EQUIPMENT UPGRADE
UNIVERSITY OF NEVADA 1664 NORTH VIRGINIA STREET RENO, NV 89557	88-6000024	STATE OF NV	150,000.	0.			RESEARCH
UNIVERSITY OF NEW MEXICO - HEALTH SCIENCES CENTER - 1 UNIVERSITY OF NEW MEXICO DRIVE - ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	231,000.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, STE 2200 CHAPEL HILL, NC 27599	56-6001393	STATE OF NC	1,438,821.	0.			RESEARCH
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, FORT WORTH - 3500 CAMP BOWIE BOULEVARD - FORT WORTH, TX 76107	75-6064033	STATE OF TX	260,532.	0.			RESEARCH
UNIVERSITY OF NOTRE DAME 836 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	53,688.	0.			RESEARCH

Schedule I (Form 990)



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

(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
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 1100 NORTH LINDSAY STREET - OKLAHOMA CITY, OK 73104	73-6017987	501(C)(3)	311,015.	0.			RESEARCH
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON DRIVE EUGENE, OR 97403	46-4727800	STATE OF OR	308,000.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	2,456,530.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	2,859,297.	0.			RESEARCH
UNIVERSITY OF ROCHESTER MEDICAL CENTER - 910 GENESEE STREET - ROCHESTER, NY 14611	16-0743209	501(C)(3)	721,170.	0.			RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	STATE OF SC	575,688.	0.			RESEARCH
UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION, SD 57069	46-6003541	501(C)(3)	110,456.	0.			RESEARCH
UNIVERSITY OF SOUTH FLORIDA, TAMPA PO BOX 864568 ORLANDO, FL 32886	59-3102112	STATE OF FL	385,000.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 900 WEST 34TH STREET LOS ANGELES, CA 90074	95-1642394	501(C)(3)	150,000.	0.			RESEARCH

Schedule I (Form 990)

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UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE HATTIESBURG, MS 39406	64-6000818	STATE OF MS	307,794.	0.			RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER MEMPHIS - 62 SOUTH DUNLAP STREET, SUITE 300 - MEMPHIS, TN 38163	62-6001636	STATE OF TN	1,003,927.	0.			RESEARCH
UNIVERSITY OF TEXAS 101 EAST 27TH STREET AUSTIN, TX 78713	74-6000203	STATE OF TX	201,901.	0.			RESEARCH
UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	STATE OF TX	284,688.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303	74-1761309	STATE OF TX	1,570,752.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	STATE OF TX	491,532.	0.			RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4486 - HOUSTON, TX 77210	74-6001118	STATE OF TX	154,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120 DALLAS, TX 75266	74-6000949	STATE OF TX	649,000.	0.			RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - PO BOX 841753 - DALLAS, TX 75284	75-6002868	STATE OF TX	1,527,913.	0.			RESEARCH

Schedule I (Form 990)

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

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UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS - PO BOX 72327 - CLEVELAND, OH 44192	34-6401483	STATE OF OH	154,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE, SUITE 408 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	4,694,942.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET, ROOM 333 BURLINGTON, VT 05405	03-0179440	501(C)(3)	645,532.	0.			RESEARCH
UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE - PO BOX 400195 - CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VA	832,972.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	STATE OF WA	1,434,625.	0.			RESEARCH
UNIVERSITY OF WISCONSIN 21 NORTH PARK STREET MADISON, WI 53715	39-6006492	STATE OF WI	1,369,506.	0.			RESEARCH
UNIVERSITY OF WYOMING 1000 EAST UNIVERSITY AVENUE LARAMIE, WY 82071	83-6000331	STATE OF WY	154,000.	0.			RESEARCH
URBAN FOOD INITIATIVE 54 WILDE ROAD WABAN, MA 02468	46-0673197	501(C)(3)	15,000.	0.			COMMUNITY IMPACT GRANT
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN STREET KEOSAUQUA, IA 52565	42-6037829	501(C)(3)	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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

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VANDERBILT UNIVERSITY 1400 18TH AVENUE SOUTH NASHVILLE, TN 31192	62-0476822	501(C)(3)	5,616,271.	0.			RESEARCH
VETERANS MEMORIAL HOSPITAL 40 FIRST AVENUE SOUTHEAST WAUKTON, IA 52172	42-1030129	501(C)(3)	37,579.	0.			EMERGENCY EQUIPMENT UPGRADE
VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND - PO BOX 843039 - RICHMOND, VA 23284	54-6001758	STATE OF VA	311,749.	0.			RESEARCH
VOICES FOR ALABAMA'S CHILDREN PO BOX 4576 MONTGOMERY, AL 36103	58-2020321	501(C)(3)	320,515.	0.			CHILDHOOD OBESITY INITIATIVE
WASHINGTON COUNTY HOSPITAL 400 EAST POLK STREET WASHINGTON, IA 52353	42-6037892	WASHINGTON COUNT	12,000.	0.			EMERGENCY EQUIPMENT UPGRADE
WASHINGTON STATE UNIVERSITY PO BOX 641024 PULLMAN, WA 99164	91-6001108	STATE OF WA	438,687.	0.			RESEARCH
WASHINGTON UNIVERSITY, SCHOOL OF MEDICINE - 700 ROSEDALE AVENUE - ST. LOUIS, MO 63112	43-0653611	501(C)(3)	1,012,668.	0.			RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD STREET, 13TH FLOOR DETROIT, MI 48202	38-6028429	STATE OF MI	105,588.	0.			RESEARCH
WELLMAN VOLUNTEER AMBULANCE SERVICE INC. - PO BOX 527 - WELLMAN, IA 52356	42-1065288	501(C)(3)	24,826.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

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WEST HOLT MEMORAL HOSPITAL 406 WEST NEELY STREET ATKINSON, NE 68713	47-0544098	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
WEST POINT RESCUE 444 SOUTH MAIN STREET WEST POINT, NE 68788	47-6006411	CITY OF WEST POI	25,562.	0.			DEFIBRILLATORS AND MONITORS
WEST VIRGINIA HEALTHY KIDS AND FAMILIES COALITION - 1324 VIRGINIA STREET EAST - CHARLESTON, WV 25301	45-2857448	501(C)(3)	59,755.	0.			CHILDHOOD OBESITY INITIATIVE
WEST VIRGINIA UNIVERSITY ONE WATERFRONT PLACE MORGANTOWN, WV 26506	55-0665758	STATE OF WV	361,688.	0.			RESEARCH
WESTERN PRAIRIE RESOURCE CONSERVATION AND DEVELOPMENT AREA - PO BOX 366 - GOODLAND, KS 67735	48-1158668	501(C)(3)	20,000.	0.			COMMUNITY IMPACT GRANT
WHEATLAND EMERGENCY MEDICAL SERVICE INC. - 204 EAST MADISON STREET - WHEATLAND, IA 52777	42-1202475	501(C)(3)	25,530.	0.			DEFIBRILLATORS AND MONITORS
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 9 CAMBRIDGE CENTER - CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	260,436.	0.			RESEARCH
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501(C)(3)	153,997.	0.			RESEARCH
YALE UNIVERSITY 309 EDWARDS STREET NEW HAVEN, CT 06511	06-0646973	501(C)(3)	3,147,856.	0.			RESEARCH

Schedule I (Form 990)

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

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YMCA OF AUSTIN 3208 RED RIVER AUSTIN, TX 78705	74-1193464	501(C)(3)	47,499.	0.			CHILDHOOD OBESITY INITIATIVE
YMCA OF GREATER KANSAS CITY 3100 BROADWAY, SUITE 1020 KANSAS CITY, MO 64111	44-0546002	501(C)(3)	6,060.	0.			DEFIBRILLATORS AND MONITORS
YMCAS OF MASSACHUSETTS INC. 14 BEACON STREET SUITE 803 BOSTON, MA 02108	47-1614111	501(C)(3)	90,000.	0.			CHILDHOOD OBESITY INITIATIVE
YOUTH EMPOWERED SOLUTIONS (YES) 4418 LOUISBURG ROAD SUITE 131 RALEIGH, NC 27616	06-1813332	501(C)(3)	50,000.	0.			CHILDHOOD OBESITY INITIATIVE
YOUTH UNITED FOR CHANGE 1910 NORTH FRONT STREET PHILADELPHIA, PA 19122	23-2878099	501(C)(3)	45,000.	0.			CHILDHOOD OBESITY INITIATIVE
YUTAN RURAL FIRE DISTRICT 12 401 1ST STREET YUTAN, NE 68073	47-6061718	CITY OF YUTAN	24,500.	0.			DEFIBRILLATORS AND MONITORS
REFUNDS/CANCELLATIONS OF AWARDS GRANTED IN PRIOR YEARS - 7272 GREENVILLE AVENUE - DALLAS, TX 75231	13-5613797	501(C)(3)	-19,414,561.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LECTURE HONORARIA	5	4,000.	0.		
TRAVEL STIPENDS TO SCIENTIFIC CONFERENCES	51	45,670.	0.		
INVESTIGATOR AND SCIENCE RESEARCH PRIZES	265	263,744.	0.		
SCHOLARSHIP	20	28,450.	0.		

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

PART I, LINE 2:

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 PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. THESE REPORTS

MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND

EXPERIENCED RESEARCHERS. AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO

ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO

BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY

**Part IV** Supplemental Information

AHA.

AHA AWARDED AN INITIAL \$25 MILLION GRANT TO THE ONE BRAVE IDEA PROJECT TEAM  
LED BY DR. CALUM MACRAE OF BRIGHAM AND WOMEN'S HOSPITAL. THE RESEARCH  
PROJECT WILL TOTAL \$75 MILLION OVER THE SPAN OF FIVE YEARS WITH ADDITIONAL  
FUNDS AWARDED AS THE RESEARCH ACTIVITIES PROGRESS.

INSTITUTIONAL ELIGIBILITY FOR AWARDS AND LOCATION OF WORK FOR  
APPLICANTS/AWARDEES

AHA MAY ACCEPT APPLICATIONS FROM INSTITUTIONS THAT CAN DEMONSTRATE THE  
ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED  
FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR  
WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF (1)  
APPLICATIONS SPECIFICALLY RELATED TO THE AHA'S INSTITUTE FOR PRECISION  
CARDIOVASCULAR MEDICINE, AND (2) THE VETERANS ADMINISTRATION EMPLOYEES.  
ALL OTHER EXCEPTIONS WILL BE NOTED ON THE PROGRAM ANNOUNCEMENT.

INDIVIDUAL ELIGIBILITY FOR AWARDS

THE PRINCIPAL INVESTIGATOR MUST HOLD THE APPROPRIATE DEGREE/CREDENTIALS AND  
ACADEMIC POSITION/RANK AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS,  
AND, AT THE TIME OF APPLICATION FOR GRANTS. EXCEPTIONS MUST BE DOCUMENTED  
IN WRITING AND APPROVED BY THE APPROPRIATE GOVERNING BODY OR ITS DESIGNEE  
(E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD  
EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).

THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION



**Part IV** Supplemental Information

RESEARCH PROGRAMS ARE GIVEN BELOW.

PREDOCTORAL FELLOWSHIPS

ELIGIBLE INDIVIDUALS INCLUDE POST-BACCALAUREATE, PREDOCTORAL STUDENTS

SEEKING A PH.D. OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND

EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON

A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS

WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS

PURSUING A SECOND DOCTORAL DEGREE.

POSTDOCTORAL FELLOWSHIPS

ELIGIBILITY IS LIMITED TO INDIVIDUALS WHO HAVE OBTAINED A PH.D. OR

EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL

RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR

TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT

INTENDED FOR INDIVIDUALS OF FACULTY RANK. INDIVIDUALS ARE EXPECTED TO

DEVOTE AT LEAST 80% FULL-TIME EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT

TO INDEPENDENT RESEARCH, INSTEAD OF ADMINISTRATIVE, CLINICAL, OR TEACHING

RESPONSIBILITIES.

MENTORED CLINICAL & POPULATION RESEARCH AWARDS

ELIGIBLE INDIVIDUALS INCLUDE HEALTH CARE PROFESSIONALS WITH A MASTERS,

M.D., D.O. OR PH.D. DEGREE. INDIVIDUALS ARE NOT ELIGIBLE TO BE THE

PRINCIPAL INVESTIGATOR IF THEY CURRENTLY HOLD OR HAVE HELD, CERTAIN NIH

AWARDS (SUCH AS RO1, R21, PO1), CERTAIN AHA AWARDS (BGIA, SDG, EIA, GIA),

**Part IV** Supplemental Information

OR AN AWARD EQUIVALENT TO THE ABOVE (AN INDEPENDENT INVESTIGATOR AWARD).

INTERDISCIPLINARY RESEARCH TEAMS ARE ALSO ELIGIBLE.

FELLOW-TO-FACULTY TRANSITION AWARDS

- AT THE TIME OF APPLICATION SUBMISSION, PHYSICIANS WHO HOLD AN M.D.,

M.D./PH.D., 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./PH.D. WITH CLINICAL RESPONSIBILITIES

WHO HOLD A TITLE OF INSTRUCTOR OR SIMILAR DUE TO THEIR PATIENT CARE

RESPONSIBILITIES BUT WHO DEVOTE AT LEAST 80% FULL-TIME EFFORT TO RESEARCH

TRAINING.)

THE MENTOR MAY HOLD AN M.D., PH.D., 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.

**Part IV** Supplemental Information

## SCIENTIST DEVELOPMENT GRANTS

ELIGIBLE INDIVIDUALS ARE THOSE 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 ASSOCIATION-WIDE-LEVEL

GRANT AS OF TIME OF SCIENTIST DEVELOPMENT GRANT ACTIVATION.

## ESTABLISHED INVESTIGATOR AWARDS

MID-CAREER INVESTIGATORS WITH UNUSUAL PROMISE AND AN ESTABLISHED RECORD OF

ACCOMPLISHMENTS AND DEMONSTRATED COMMITMENT TO CARDIOVASCULAR OR

CEREBROVASCULAR SCIENCE ARE ELIGIBLE TO PARTICIPATE IN THIS AWARD.

INDIVIDUALS MUST BE FACULTY/STAFF MEMBERS. AT APPLICATION, APPLICANTS MUST

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

INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION.

**Part IV** Supplemental Information

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 ASSOCIATION-WIDE-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.

AHA INSTITUTIONAL RESEARCH ENHANCEMENT AWARDS

THE AWARD IS INTENDED TO SUPPORT SMALL-SCALE RESEARCH PROJECTS RELATED TO

CARDIOVASCULAR DISEASES AND STROKE AND THAT HAVE NOT BEEN MAJOR RECIPIENTS

OF NIH SUPPORT.

INSTITUTIONAL ELIGIBILITY

- ONLY DOMESTIC ACCREDITED PUBLIC OR NON-PROFIT INSTITUTIONS OF HIGHER

EDUCATION ARE ELIGIBLE. FEDERAL GOVERNMENT INSTITUTIONS ARE NOT ELIGIBLE.

- THE INSTITUTION MUST GRANT BACCALAUREATE OR ADVANCED DEGREES IN THE

BIOMEDICAL OR BEHAVIORAL SCIENCES. FOR EXAMPLE, A FOUR-YEAR LIBERAL ARTS

COLLEGE.

**Part IV Supplemental Information**

- TO BE ELIGIBLE TO APPLY FOR THIS AHA AWARD, THE APPLICANT'S INSTITUTION

MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH

OF FOUR OF THE LAST SEVEN YEARS.

INSTITUTIONS WITH HEALTH PROFESSIONAL SCHOOLS OR COLLEGES

FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR

COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF

NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS

A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE

SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE

PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL

OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.).

- HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT

PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE

(E.G., MD, DDS, DO, PHARM.D, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM).

- ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE

SECRETARY OF EDUCATION.

PART IV - CONTINUED

- 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.

**Part IV Supplemental Information**

- OTHER ACADEMIC COMPONENTS: ONCE THE HEALTH PROFESSIONAL SCHOOLS/COLLEGES HAVE BEEN EXCLUDED, THE FINANCIAL ELIGIBILITY OF THE OTHER ACADEMIC COMPONENT IS DETERMINED BY THE SUM OF ALL REMAINING SCHOOLS, COLLEGES, AND FREE-STANDING INSTITUTES OF THE INSTITUTION (UNIVERSITY).

## PRINCIPAL INVESTIGATOR ELIGIBILITY

- THE PRINCIPAL INVESTIGATOR (PI) MUST HAVE A PRIMARY APPOINTMENT AT AN AREA-ELIGIBLE INSTITUTION.

- THE PI MAY NOT BE THE PI OF AN ACTIVE NIH RESEARCH GRANT AT THE TIME OF AWARD ACTIVATION.

## GRANT-IN-AID

ELIGIBLE INDIVIDUALS INCLUDE 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 THE APPROPRIATE GOVERNING AHA BODY OR ITS DESIGNEE (E.G., AHA RESEARCH COMMITTEE, AHA RESEARCH COMMITTEE CHAIR, AHA BOARD EXECUTIVE COMMITTEE, INSTITUTE EXECUTIVE COMMITTEE).

## UNDERGRADUATE STUDENT FELLOWSHIPS

**Part IV** Supplemental Information

THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT

CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE

STUDENTS. THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE

JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION.

INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE OF AN

UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY.

MEDICAL/GRADUATE STUDENT FELLOWSHIPS

THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT

CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO MEDICAL AND/OR GRADUATE

STUDENTS. THIS PROGRAM TARGETS MEDICAL OR GRADUATE STUDENTS IN GOOD

STANDING WHO HAVE COMPLETED AT LEAST ONE YEAR OF THEIR MEDICAL OR

GRADUATE SCHOOL EDUCATION AT THE TIME OF AWARD ACTIVATION.

CLINICAL HEALTH PROFESSION STUDENT TRAINING PROGRAM

ELIGIBLE INDIVIDUALS INCLUDE POST-BACCALAUREATE M.D., D.O., D.V.M.,

PHARM.D., DRPH, OR PH.D. IN NURSING (OR EQUIVALENT CLINICAL HEALTH

SCIENCE) DOCTORAL STUDENT WHO SEEKS RESEARCH TRAINING WITH A

SPONSOR/MENTOR PRIOR TO EMBARKING UPON A RESEARCH CAREER. THIS AWARD IS

INTENDED FOR FULL-TIME STUDENTS WORKING TOWARDS AN ADVANCED DEGREE AND

AT THE STAGE OF THE PROGRAM WHERE HE/SHE CAN DEVOTE FULL-TIME EFFORT TO

RESEARCH OR ACTIVITIES RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT

RESEARCHER.

CLINICAL SCIENTIST TRAINING PROGRAM

**Part IV Supplemental Information**

INDIVIDUALS WHO HOLD A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D.,  
D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER  
CLINICAL HEALTH SCIENCE, WITH NO MORE THAN FIVE YEARS OF RESEARCH  
TRAINING OR EXPERIENCE SINCE OBTAINING A POST-BACCALAUREATE CLINICAL  
DEGREE (EXCLUDING CLINICAL TRAINING) AT THE TIME OF AWARD ACTIVATION  
ARE ELIGIBLE FOR THIS AWARD. THIS AWARD IS NOT INTENDED FOR  
INDIVIDUALS OF FACULTY RANK. EXCEPTION: R.N./PH.D. WITH FACULTY  
APPOINTMENT. THE INDIVIDUAL WILL BE EXPECTED TO DEVOTE AT LEAST 80% OF  
FULL-TIME WORK EITHER TO RESEARCH OR TO ACTIVITIES PURSUANT TO  
INDEPENDENT RESEARCH (INSTEAD OF ADMINISTRATIVE, CLINICAL DUTIES THAT  
ARE NOT AN INTEGRAL PART OF THE RESEARCH TRAINING PROGRAM, OR TEACHING  
RESPONSIBILITIES).

**INNOVATIVE RESEARCH GRANTS**

ELIGIBILITY INCLUDES 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.

**COLLABORATIVE SCIENCES AWARDS**

THE PROPOSAL MUST FOCUS ON THE COLLABORATIVE RELATIONSHIP, SUCH THAT  
THE SCIENTIFIC OBJECTIVES COULD NOT BE ACHIEVED WITHOUT THE EFFORTS OF  
AT LEAST TWO CO-PRINCIPAL INVESTIGATORS AND THEIR RESPECTIVE



**Part IV Supplemental Information**

DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY BY AT LEAST TWO

CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD FACULTY/STAFF

APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE INDEPENDENT

RESEARCHERS. (THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH

TRAINING OR FELLOWSHIP POSITIONS.) CO-PIS MUST HOLD A M.D., PH.D.,

D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE.

MENTOR/AHA MENTEE AWARDS

AT TIME OF APPLICATION, INDEPENDENT INVESTIGATORS HOLDING A

FACULTY/STAFF APPOINTMENT EQUIVALENT TO ASSOCIATE OR FULL PROFESSOR.

APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL

DEGREE. APPLICANTS MUST HAVE CURRENT ASSOCIATION-WIDE-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).

MERIT AWARDS

THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT

CREDENTIALS:

- HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT).

- HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR

HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF

AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN

APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE

TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT

**Part IV** Supplemental Information

ELIGIBLE.

- IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY  
INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT  
FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A  
TIMELY FASHION WITHOUT THIS FUNDING.

- BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL  
PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS  
AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED  
AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY.

STRATEGICALLY FOCUSED RESEARCH NETWORK

DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST  
POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT  
TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE  
NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION.

INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE DISCOVERY GRANTS,  
COMPETITIVE CATALYST RENEWAL GRANTS, DATA MINING GRANTS, DATA MINING  
PILOT GRANTS, INNOVATIVE DEVELOPMENT GRANTS

ELIGIBILITY IS LIMITED TO FACULTY/STAFF MEMBERS CONDUCTING INDEPENDENT  
RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR  
(PI) MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT TERMINAL DOCTORAL  
DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION.

OTHER THAN THE REQUIREMENT THAT THE PRINCIPAL INVESTIGATOR BE

**Part IV** Supplemental Information

INDEPENDENT, ELIGIBILITY FOR THE AHA DATA GRANTS ARE IN NO WAY

RESTRICTED UPON EXPERIENCE LEVEL OR SENIORITY.

## FELLOWSHIP QUALIFICATIONS

FELLOWS INCLUDED IN THE INSTITUTE DATA GRANTS MUST HOLD A PH.D., M.D.,

AND D.O., D.V.M. OR EQUIVALENT DOCTORAL DEGREE AND COMMIT AT LEAST 75%

EFFORT TO RESEARCH TRAINING. A FELLOW MAY NOT HOLD ANOTHER FELLOWSHIP

AWARD, ALTHOUGH THE INSTITUTION MAY PROVIDE SUPPLEMENTAL FUNDING.

FELLOWS MAY NOT HOLD A FACULTY OR STAFF APPOINTMENT, WITH THE EXCEPTION

OF M.D.S OR M.D./PH.DS.' WITH CLINICAL RESPONSIBILITIES. THESE FELLOWS

MAY HOLD A TITLE OF INSTRUCTOR OR SIMILAR DUE TO THEIR PATIENT CARE

RESPONSIBILITIES, BUT MUST DEVOTE AT LEAST 75% EFFORT TO RESEARCH

TRAINING.

## AHA-ALLEN DISTINGUISHED INVESTIGATOR AWARDS

THIS AWARD IS INTENDED FOR INDIVIDUALS WITH A PH.D. AND/OR M.D. (OR THE

EQUIVALENT) AND HOLDING A FACULTY APPOINTMENT AT AN ELIGIBLE NONPROFIT

INSTITUTION IN THE U.S. OR EQUIVALENT FACULTY POSITION AT A FOREIGN

UNIVERSITY THAT MEETS FOREIGN EQUIVALENCY DETERMINANTS FOR A NON-PROFIT

IN THE UNITED STATES. U.S. FEDERAL GOVERNMENT EMPLOYEES ARE NOT

ELIGIBLE.

ANOTHER MAJOR ELIGIBILITY REQUIREMENT FOR INDIVIDUALS IS CITIZENSHIP

AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A)

UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT

**Part IV Supplemental Information**

RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO

HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S.

CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED

AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN

APPLICATION FOR EMPLOYMENT FORM I-765). AWARDEE MUST MEET AMERICAN

HEART ASSOCIATION CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE

AWARD.

FOR THE SPECIFIC CITIZENSHIP REQUIREMENTS FOR EACH RESEARCH PROGRAM

REFER TO THE PROGRAM DESCRIPTION.

PART IV - CONTINUED

OTHER ELIGIBILITY REQUIREMENTS OR RESTRICTIONS

THE APPROPRIATE AHA BODY OR ITS DESIGNEE GOVERNING THE PROGRAM OFFERING

HAS THE AUTHORITY TO ADD MORE LENIENT OR RESTRICTIVE ELIGIBILITY

CRITERIA TO A RESEARCH GRANT OR AWARD PROGRAM.FOR EXAMPLE, A LIMITATION

MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I Questions Regarding Compensation**

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

☒ First-class or charter travel☐ Housing allowance or residence for personal use☒ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☒ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (such as, maid, chauffeur, chef)

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

**1b**

X

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

**2**

X

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee☒ Written employment contract☒ Independent compensation consultant☒ Compensation survey or study☒ Form 990 of other organizations☒ Approval by the board or compensation committee

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

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

**4a**

X

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

**4b**

X

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

**4c**

X

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization? .....

**5a**

X

**b** Any related organization? .....

**5b**

X

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

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

**a** The organization? .....

**6a**

X

**b** Any related organization? .....

**6b**

X

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

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

**7**

X

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

**8**

X

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

**9**

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY BROWN	(i)	748,640.	936,738.	34,231.	104,915.	25,824.	1,850,348.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUNDER JOSHI	(i)	414,314.	256,275.	2,557.	58,100.	13,154.	744,400.	0.
CHIEF ADMIN OFFICER (7/16-1/17)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNNE DARROUZET	(i)	255,640.	76,600.	0.	36,487.	17,605.	386,332.	0.
EVP - CORP SEC/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CYNTHIA ROBERTS	(i)	281,059.	72,865.	0.	31,800.	17,692.	403,416.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROSE MARIE ROBERTSON	(i)	456,514.	218,250.	21,269.	58,369.	10,762.	765,164.	21,269.
CHIEF SCIENCE & MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEIGHAN GIRGUS	(i)	406,190.	197,880.	3,014.	57,120.	2,359.	666,563.	0.
CHIEF MARKETING & PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LESLIE UPTON	(i)	447,779.	206,216.	2,327.	62,623.	7,507.	726,452.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN J MEINERS	(i)	388,509.	107,141.	2,414.	54,834.	13,694.	566,592.	0.
CHIEF OF MISSION ALIGNED BUSINESSES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHLEEN ROGERS	(i)	424,143.	128,496.	8,025.	60,242.	18,109.	639,015.	0.
AFFILIATE EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MIDGE EPSTEIN	(i)	418,937.	89,981.	30,800.	55,401.	19,497.	614,616.	18,301.
AFFILIATE EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID MARKIEWICZ	(i)	412,530.	110,929.	8,025.	57,739.	7,507.	596,730.	0.
AFFILIATE EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KEVIN HARKER	(i)	402,206.	81,140.	1,548.	56,336.	19,497.	560,727.	0.
AFFILIATE EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) EDUARDO SANCHEZ	(i)	332,571.	94,050.	333.	31,154.	12,810.	470,918.	0.
CHIEF MEDICAL OFFICER - PREVENTION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

- THE CEO OCCASIONALLY FLIES FIRST CLASS ON INTERNATIONAL FLIGHTS AND ON

LENGTHY DOMESTIC FLIGHTS. THE MAJORITY OF HER TRAVEL IS NOT FIRST CLASS.

THE EXPENSES ARE APPROVED BY THE BOARD FOR REASONABLENESS. THE EXPENSES

ARE NOT TREATED AS TAXABLE INCOME.

- TRAVEL TO A LIMITED NUMBER OF EVENTS AND FUNCTIONS IS PROVIDED FOR

SPOUSES OR COMPANIONS OF THE CEO, PRESIDENT, AND CHAIRMAN. IN 2016,

TRAVEL EXPENSES FOR SPOUSES OF THE CEO AND PRESIDENT WERE INCURRED AND

REIMBURSED. THE REIMBURSEMENTS WERE TREATED AS TAXABLE COMPENSATION.

- TO ENCOURAGE GOOD HEALTH PRACTICES, AMERICAN HEART ASSOCIATION (AHA)

MAKES AVAILABLE MEMBERSHIPS 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, JOHN MEINERS, MEIGHAN GIRGUS, EDUARDO

SANCHEZ, LESLIE UPTON, AND MIDGE EPSTEIN. THESE BENEFITS ARE TREATED AS

TAXABLE INCOME.

**PART I, LINE 4B:**

- NONQUALIFIED RETIREMENT PLAN: AHA PROVIDES A 457(F) RETIREMENT

**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.

RESTORATION PLAN TO CERTAIN MEMBERS OF SENIOR MANAGEMENT. WHILE AHA  
EMPLOYEES ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE QUALIFIED RETIREMENT  
PLAN AND THE 403(B) PLAN, CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT  
PLAN AND THE 403(B) PLAN ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE  
RETIREMENT RESTORATION PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON  
THE AMOUNT A PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE  
RETIREMENT CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT  
RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE  
PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED  
RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A  
PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER  
MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE  
PARTICIPANT IN A LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER  
VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION  
PLAN IS PAID TO THE EMPLOYEE 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



**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.

PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM  
THE PLAN. PREVIOUSLY VESTED, MIDGE EPSTEIN RECEIVED \$18,301 AND ROSE MARIE  
ROBERTSON RECEIVED \$21,269.

**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 THREE BROAD CRITERIA, WHICH HAVE QUALITATIVE AND  
QUANTITATIVE ASPECTS - ASSOCIATION REVENUE GOALS, AFFILIATE-SPECIFIC  
REVENUE GOALS, AND MISSION GOALS. AWARD OPPORTUNITIES FOR SENIOR  
MANAGEMENT, EXECUTIVE MANAGEMENT AND THE CEO RANGE FROM 0-30%, 0%-40% AND  
0%-80% RESPECTIVELY.

THE BOARD HAS APPROVED THE IMPLEMENTATION OF A LONG TERM INCENTIVE PLAN FOR

**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.

THE SENIOR EXECUTIVE TEAM TO ENSURE A LONG-TERM FOCUS AND THE CONTINUED

DEDICATION TO ACHIEVE KEY PRIORITIES THAT WILL HELP THE ORGANIZATION GROW

AND SERVE THE COMMUNITY IN PURSUIT OF THE MISSION.

THE LONG TERM INCENTIVE PLAN ESTABLISHES COMMON PERFORMANCE OBJECTIVES FOR

EACH PARTICIPANT TO ENSURE A UNIFIED FOCUS FOR THE SENIOR EXECUTIVE TEAM.

ALL GOALS ARE ESTABLISHED AT THE ORGANIZATION-WIDE LEVEL. THE INCENTIVE IS

BASED ON TWO CRITERIA: ASSOCIATION REVENUE GOALS AND MISSION GOALS. AWARD

OPPORTUNITIES UNDER THE LONG-TERM INCENTIVE PLAN RANGE FROM 0%-15% (TARGET

OF 10%) OF BASE SALARY FOR THE SENIOR EXECUTIVE TEAM AND 0%-70% (TARGET OF

50%) FOR THE CEO.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	1,036	345,664.	FAIR MARKET VALUE
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		6,798.	FAIR MARKET VALUE
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	542	364,039.	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	406	7,682,639.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	X	2,159	701,105.	FAIR MARKET VALUE
19 Food inventory .....				
20 Drugs and medical supplies .....	X	1	20,000.	FAIR MARKET VALUE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( AD COUNCIL AD ) .....	X	1	38,939,901.	FAIR MARKET VALUE
26 Other ▶ ( AD MATERIALS ) .....	X	12	4,143,881.	FAIR MARKET VALUE
27 Other ▶ ( TRAVEL ) .....	X	2,039	3,573,625.	FAIR MARKET VALUE
28 Other ▶ ( RECREATION ) .....	X	5,805	2,335,835.	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

2

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2016)

**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.

**PART I, OTHER TYPES OF PROPERTY:****FOOD & DRINK**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5,783

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1,756,184.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**TANGIBLE PERSONAL PROPERTY**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 8,520

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1,515,424.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**PERSONAL SERVICES GIFT CARDS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3,280

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 619,456.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**MISCELLANEOUS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1,784

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 297,220.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**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.

SCHEDULE M, LINE 32B:

THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES

THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS.

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH

SINCE 1949, THE AMERICAN HEART ASSOCIATION HAS FUNDED MORE THAN \$4.1

BILLION IN RESEARCH PROJECTS THAT EXPLORE THE PREVENTION, DETECTION AND

TREATMENT OF CARDIOVASCULAR DISEASES AND STROKE. IN 2016-17:

- WE PROVIDED MORE THAN \$152 MILLION IN FUNDING FOR 880 NEW RESEARCH

AWARDS.

- WE ANNOUNCED TWO NEW NETWORKS FOR OUR STRATEGICALLY FOCUSED RESEARCH

PLATFORM, FOCUSED ON VASCULAR HEALTH AND ATRIAL FIBRILLATION. THESE TWO

NETWORKS JOIN PREVIOUSLY ANNOUNCED NETWORKS FOR PREVENTION,

DISPARITIES, HYPERTENSION, WOMEN'S HEALTH, HEART FAILURE, OBESITY AND

CHILDREN'S HEALTH. EACH STRATEGICALLY FOCUSED RESEARCH NETWORK RECEIVES

\$12-20 MILLION OVER A FOUR-YEAR PERIOD TO CONDUCT RESEARCH ON THE

UNDERSTANDING, PREVENTION, DIAGNOSIS AND TREATMENT OF A PARTICULAR

TOPIC OF INTEREST. ALL NETWORKS EMPHASIZE COLLABORATION AND KNOWLEDGE

SHARING BETWEEN MULTIDISCIPLINARY AND CROSS-DISCIPLINARY RESEARCH

TEAMS.

- WE SELECTED DR. CALUM MACRAE OF HARVARD UNIVERSITY AND BRIGHAM AND

WOMEN'S HOSPITAL AS THE LEADER OF ONE BRAVE IDEA, A FIVE-YEAR, \$75

MILLION RESEARCH PROJECT FUNDED BY THE AMERICAN HEART ASSOCIATION,

VERILY AND ASTRAZENECA. OVER THE NEXT FIVE YEARS, DR. MACRAE IS LEADING

A TEAM OF EIGHT RESEARCHERS WITH THE GOAL OF DEVELOPING NOVEL

STRATEGIES TO PREVENT OR REVERSE THE CAUSES AND DRIVERS OF CORONARY

HEART DISEASE.

- WE ANNOUNCED MY RESEARCH LEGACY - A COLLABORATION WITH THE BROAD

INSTITUTE OF MIT AND HARVARD THAT PUTS PEOPLE AT THE CENTER OF RESEARCH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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BY ENCOURAGING INDIVIDUALS TO DONATE THEIR LIFESTYLE, HEALTH, AND

GENETIC DATA - ALL STRIPPED OF PERSONAL IDENTIFICATION - TO ACCELERATE

PRECISION MEDICINE SOLUTIONS. TO DATE, NEARLY 550 PEOPLE HAVE DONATED

THEIR HEALTH DATA TO MY RESEARCH LEGACY AND WE ARE STEADILY PROGRESSING

TO ACHIEVE OUR GOAL OF 2000 PARTICIPANTS IN OUR INITIAL PILOT STUDY.

- WE JOINED WITH AMAZON WEB SERVICES TO CREATE THE PRECISION MEDICINE

PLATFORM, A GLOBAL, SECURE CLOUD-BASED DATA MARKETPLACE THAT WILL HELP

REVOLUTIONIZE HOW RESEARCHERS AND CLINICIANS ANALYZE PATIENT DATA AND

APPLY IT TO THE DEVELOPMENT OF MEANINGFUL HEALTHCARE SOLUTIONS. THE

PRECISION MEDICINE PLATFORM WILL INTEGRATE DATA FROM CLINICAL TRIALS,

LONG-RUNNING EPIDEMIOLOGIC STUDIES, CLINICAL REGISTRIES, AND REAL-TIME

HEALTH DATA ACQUIRED THROUGH WEARABLE DEVICES AND TECHNOLOGY. SEVERAL

LEADING HEALTHCARE AND RESEARCH ORGANIZATIONS HAVE AGREED TO

PARTICIPATE IN THE LAUNCH OF THE PLATFORM BY CONTRIBUTING THEIR DATA,

INCLUDING: ASTRAZENECA, CEDARS SINAI HEART INSTITUTE, THE DALLAS HEART

STUDY, THE DUKE CLINICAL RESEARCH INSTITUTE (DCRI), INTERMOUNTAIN

MEDICAL CENTER HEART INSTITUTE, THE INTERNATIONAL STROKE GENETICS

CONSORTIUM, AND STANFORD CARDIOVASCULAR INSTITUTE. TO DATE, NEARLY 500

RESEARCHERS/SCIENTISTS HAVE REGISTERED FOR THE PLATFORM AND 20% ARE

ACTIVELY PERFORMING ANALYSIS AND INVESTIGATION.

- THE AMERICAN HEART ASSOCIATION AND THE CHILDREN'S HEART FOUNDATION

ANNOUNCED THE SECOND ROUND OF RECIPIENTS OF OUR CONGENITAL HEART

DISEASE RESEARCH AWARDS. A TOTAL OF \$1,073,219 WAS AWARDED TO SUPPORT

SEVEN DIFFERENT RESEARCH PROJECTS.

- THE AMERICAN HEART ASSOCIATION AND THE PAUL G. ALLEN FRONTIERS GROUP

AWARDED TWO GRANTS, EACH FOR \$1.5 MILLION, TO CONDUCT STUDIES OF THE

"EXTRACELLULAR MATRIX," A TECHNICAL TERM FOR THE SCAFFOLDING-LIKE

STRUCTURES THAT SURROUND THE HEART'S CELLS AND TELL THEM WHERE TO GO

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

AND WHAT TO DO. THE RESEARCH AWARDEES ARE JEFFREY HOLMES, MD, PHD, OF

THE UNIVERSITY OF VIRGINIA, AND SUNEEL APTE, MBBS, DPHIL, OF THE

CLEVELAND CLINIC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC HEALTH EDUCATION

- IN 2016-17, OUR EMERGENCY CARDIOVASCULAR CARE (ECC) PROGRAM TRAINED

MORE THAN 22 MILLION PEOPLE ACROSS THE WORLD IN CARDIOPULMONARY

RESUSCITATION, THE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS, AND OTHER

LIFESAVING TECHNIQUES.

- WE LAUNCHED THE +COLOR CAMPAIGN TO ENCOURAGE PEOPLE TO ADD MORE

FRUITS AND VEGETABLES TO THEIR DIET AND BETTER UNDERSTAND THE CRITICAL

HEALTH BENEFITS ASSOCIATED WITH POSITIVE LIFESTYLE CHANGES. THE

CAMPAIGN INCLUDES AN EXTENSIVE SERIES OF VIDEOS, SOCIAL MEDIA EVENTS

AND ONLINE INFORMATION PROVIDING ADVICE TO HELP PEOPLE ADOPT THESE

HEALTHY CHANGES.

- OUR EMPOWERED TO SERVE MOVEMENT LAUNCHED THE "TAKE ME HOME" CAMPAIGN

TO SPREAD AWARENESS ABOUT THE CAUSES OF HEALTH DISPARITIES IN

MULTICULTURAL POPULATIONS. THE CAMPAIGN INCLUDES ONLINE HEALTH

INFORMATION, SOCIAL MEDIA MESSAGING, AND A SERIES OF MINI-DOCUMENTARIES

EXAMINING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH IN LOCAL

COMMUNITIES.

- WE INTRODUCED OUR WORKPLACE HEALTH ACHIEVEMENT INDEX PROVIDING

EMPLOYERS EVIDENCE BASED STANDARDS TO EVALUATE THE QUALITY AND

EFFECTIVENESS OF WORKPLACE HEALTH PROGRAMS. APPROXIMATELY 1,000

COMPANIES HAVE PARTICIPATED SINCE THE INDEX WAS LAUNCHED IN OCTOBER

2016.

- IN OCTOBER 2016, THE ALLIANCE FOR A HEALTHIER GENERATION RECOGNIZED



Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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328 SCHOOLS FOR THEIR OUTSTANDING PERFORMANCE AS PART OF THE ALLIANCE'S

HEALTHY SCHOOLS PROGRAM. PRESENTERS AT THE WASHINGTON, D.C. CEREMONY

INCLUDED AMERICAN HEART ASSOCIATION PRESIDENT STEVEN HOUSER, PHD. THE

ALLIANCE FOR A HEALTHIER GENERATION, CO-FOUNDED IN 2005 BY THE AMERICAN

HEART ASSOCIATION AND THE WILLIAM J. CLINTON FOUNDATION, PROVIDES

INFORMATION AND RESOURCES TO SCHOOLS TO HELP ADDRESS CHILDHOOD OBESITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL EDUCATION AND TRAINING

- WE HOSTED MORE THAN A DOZEN INTERNATIONAL SCIENTIFIC CONFERENCES,

INCLUDING SCIENTIFIC SESSIONS AND THE INTERNATIONAL STROKE CONFERENCE,

AS WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS INCLUDING HYPERTENSION,

PREVENTION, AND QUALITY OF CARE. ATTENDEES AT ALL MEETINGS ARE ELIGIBLE

FOR CONTINUING MEDICAL EDUCATION (CME) CREDITS. WE ALSO HOSTED A SUITE

OF ONLINE LEARNING PROGRAMS WHICH OFFERED CME CREDITS.

- WE PUBLISHED MORE THAN 45 SCIENTIFIC STATEMENTS AND CLINICAL

TREATMENT GUIDELINES FOR MEDICAL PROFESSIONALS, ADDRESSING A WIDE RANGE

OF SPECIALTY AREAS INCLUDING HEART FAILURE, STROKE, ATRIAL

FIBRILLATION, HYPERTENSION, CONGENITAL HEART DISEASE, AND PERIPHERAL

ARTERY DISEASE.

- AT THE END OF FISCAL 2016-17, WE HAD MORE THAN 33,000 PROFESSIONAL

SCIENTIFIC MEMBERS REPRESENTING 122 COUNTRIES. PROFESSIONAL MEMBERS

HAVE ACCESS TO A WIDE RANGE OF AMERICAN HEART ASSOCIATION EDUCATION,

CAREER AND NETWORKING RESOURCES, AS WELL AS MEMBERSHIP WITH ONE OR MORE

OF OUR 16 SCIENTIFIC COUNCILS.

- THE AMERICAN HEART ASSOCIATION, THE SEATTLE-BASED RESUSCITATION

ACADEMY FOUNDATION AND LAERDAL MEDICAL JOINED TO CREATE THE

RESUSCITATION ACADEMY COLLABORATIVE. THE COLLABORATIVE WILL IDENTIFY

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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AND DISSEMINATE BEST PRACTICES TO COMBAT AND REVERSE THE GLOBAL PUBLIC

HEALTH CRISIS OF POOR OUTCOMES FROM CARDIAC ARREST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY SERVICES

QUALITY OF CARE/SYSTEMS OF CARE

THE AMERICAN HEART ASSOCIATION IS CONSTANTLY WORKING TO PUT SYSTEMS IN

PLACE TO GUARANTEE THE BEST POSSIBLE CARE FOR EVERY PATIENT IN EVERY

COMMUNITY.

- WE JOINED WITH THE AMERICAN COLLEGE OF CARDIOLOGY TO OFFER ADVANCED

ACCREDITATION FOR HOSPITALS THAT MEET THE HIGH STANDARDS NEEDED FOR

TREATING THE MOST COMPLEX CASES OF HEART DISEASE. BACKED BY THE

EXPERTISE OF BOTH ORGANIZATIONS, ACCREDITATION VERIFIES THAT HOSPITALS

OFFER THE BROAD SCOPE OF CARDIOVASCULAR CARE SERVICES REQUIRED TO

DIAGNOSE, TREAT, REHABILITATE, SUPPORT, AND EDUCATE PATIENTS NEEDING

ADVANCED HEART DISEASE CARE.

- WE JOINED WITH THE AMERICAN MEDICAL ASSOCIATION TO CREATE TARGET: BP,

A PROGRAM TO HELP PEOPLE CONTROL THEIR BLOOD PRESSURE LEVELS. TARGET:

BP SUPPORTS DOCTORS AND CARE TEAMS IN HELPING PATIENTS REACH A BLOOD

PRESSURE GOAL OF LESS THAN 140/90 MM HG, BASED ON CURRENT AHA

GUIDELINES. HOSPITALS, MEDICAL PRACTICES, PRACTITIONERS AND HEALTH

SERVICES ORGANIZATIONS ARE WORKING WITH BOTH ORGANIZATIONS TO RAISE

AWARENESS ABOUT HIGH BLOOD PRESSURE AND COMMIT TO HIGH LEVELS OF

CONTROL IN THEIR PATIENTS.

- OUR GET WITH THE GUIDELINES INITIATIVE, WHICH ENSURES THAT HOSPITALS

FOLLOW THE LATEST EVIDENCE-BASED TREATMENT PROTOCOLS, HELPED TO IMPROVE

PATIENT OUTCOMES AT 2,269 U.S. HOSPITALS, WITH MODULES FOCUSED ON

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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ATRIAL FIBRILLATION, HEART FAILURE, STROKE, RESUSCITATION AND ACUTE

MYOCARDIAL INFARCTION.

- MISSION: LIFELINE IS THE AMERICAN HEART ASSOCIATION'S INITIATIVE TO

IMPROVE SYSTEMS OF CARE FOR PATIENTS WITH TIME-SENSITIVE CONDITIONS.

THESE PATIENTS INCLUDE VICTIMS OF HEART ATTACK, STROKE, AND CARDIAC

ARREST. MISSION: LIFELINE IMPROVES COORDINATION BETWEEN HOSPITALS AND

EMERGENCY MEDICAL SERVICES (EMS) SYSTEMS WITH THE GOAL OF REDUCING

TREATMENT TIMES FOR THESE PATIENTS. IN 2016-17, 1,158 EMS AGENCIES WERE

REGISTERED WITH MISSION: LIFELINE, COVERING MORE THAN 85% OF THE U.S.

POPULATION.

PUBLIC ADVOCACY

OUR OFFICE OF ADVOCACY WORKS AT THE LOCAL, STATE AND FEDERAL LEVELS TO

DRIVE PUBLIC POLICY DESIGNED TO IMPROVE CARDIOVASCULAR HEALTH.

- IN 2016-17, OUR IMPACTFUL MESSAGE OF HEALTH AND WELL-BEING HELPED US

ACHIEVE 111 LEGISLATIVE ADVOCACY VICTORIES - OUR MOST EVER - TO

INFLUENCE CRITICAL POLICY AREAS LIKE CPR IN SCHOOLS, SMOKE-FREE AIR

LAWS, SUGAR-SWEETENED BEVERAGE TAXES AND STROKE CENTER DESIGNATIONS.

- VOICES FOR HEALTHY KIDS, THE AMERICAN HEART ASSOCIATION'S INITIATIVE

WITH THE ROBERT WOOD JOHNSON FOUNDATION, COMPLETED ITS FOURTH FULL YEAR

OF WORK TO ENSURE THAT THE PLACES WHERE CHILDREN LIVE, LEARN, AND PLAY

MAKE IT EASY AND ENJOYABLE FOR THEM TO EAT HEALTHY FOODS AND BE ACTIVE.

THROUGH ITS FIRST FOUR YEARS, VOICES FOR HEALTHY KIDS HAS INFLUENCED

104 PUBLIC POLICY WINS, HELPING TO ENHANCE ACCESS TO AFFORDABLE,

NUTRITIOUS FOODS, PROVIDE SAFE ROUTES FOR BIKING AND WALKING, IMPROVE

PHYSICAL EDUCATION IN SCHOOLS, REDUCE CONSUMPTION OF SUGARY DRINKS, AND

MORE.

EXPENSES \$ 63,321,597. INCL GRANTS OF \$ 5,348,527. REVENUE \$ 36,041,394.

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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FORM 990, PART VI, SECTION B, LINE 11B:

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. 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.

FORM 990, PART VI, SECTION B, LINE 12C:

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  
AND ETHICS POLICIES, IS REQUIRED TO BE COMPLETED BY ALL AHA BOARD OF  
DIRECTORS MEMBERS, COMMITTEE, SUBCOMITTEE, TASK FORCE, WRITING GROUP  
MEMBERS, DESIGNATED STAFF, AND AHA SPOKESPERSONS UPON THEIR APPOINTMENT,  
AND TO OFFICERS AND JOURNAL EDITORS PRIOR TO THEIR ELECTION OR APPOINTMENT.  
AFTER THE INITIAL COMPLETION OF THE 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 AND  
COMPLETE A NEW DISCLOSURE QUESTIONNAIRE ANNUALLY.

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

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

CONFLICTS MAY BE RESOLVED BY HAVING THE AHA REPRESENTATIVE REFRAIN FROM

DELIBERATING AND/OR VOTING ON THE PARTICULAR TRANSACTION OR MATTER IN WHICH

HE OR SHE HAS AN INTEREST; AND OTHERWISE REFRAIN FROM EXERTING ANY

INFLUENCE ON AHA TO AFFECT A DECISION. HOWEVER, OTHER MEASURES MAY BE

REQUIRED BY AHA, DEPENDING ON THE NATURE OF AND THE ABILITY TO REASONABLY

MANAGE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION AND BENEFITS

COMMITTEE TO PROVIDE RECOMMENDATIONS REGARDING COMPENSATION-RELATED MATTERS

WITHIN THE ORGANIZATION. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR

AHA'S BOARD OF DIRECTORS CHARGES A COMPENSATION AND BENEFITS COMMITTEE TO

PROVIDE RECOMMENDATIONS REGARDING COMPENSATION-RELATED MATTERS WITHIN THE

ORGANIZATION. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR REVIEWING AND

PROVIDING RECOMMENDATIONS TO THE CEO REVIEW COMMITTEE FOR THE CHIEF

EXECUTIVE OFFICER'S (CEO) COMPENSATION, BASED UPON THE ADVICE OF AN

INDEPENDENT COMPENSATION CONSULTANT. THE CEO REVIEW COMMITTEE IS COMPRISED

OF FOUR CURRENT BOARD OFFICERS AND IS AUTHORIZED BY THE BOARD TO MAKE THE

FINAL DETERMINATION ABOUT CEO COMPENSATION.

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

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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DEVELOPING CURRENT COMPENSATION. THE INDEPENDENT CONSULTANT ALSO EVALUATES

THE COMPENSATION RANGE OF OTHER OFFICERS AND SENIOR EXECUTIVES. SEVERAL

SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON INCLUDING SURVEYS FROM

VARIOUS COMPENSATION CONSULTING FIRMS. ADDITIONALLY, THE OUTSIDE

INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE

THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION & REBUTTABLE PRESUMPTION

POLICY. DECISIONS REGARDING THE EXECUTIVE COMPENSATION ARE DOCUMENTED IN

THE MEETING MINUTES. FOR PURPOSES OF THE 2016-17 FISCAL YEAR, THE

COMPENSATION REVIEW OF THE CEO BY THE COMPENSATION COMMITTEE WAS LAST

COMPLETED IN SEPTEMBER OF 2016.

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,

INCENTIVE OPPORTUNITY BOTH SHORT AND LONG TERM, RETIREMENT, BENEFITS AND

PERQUISITES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV, AK, AL

AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, MA

FORM 990, PART VI, SECTION C, LINE 19:

THE AMERICAN HEART ASSOCIATION (AHA) MAKES AVAILABLE THE THREE MOST RECENT

YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM

990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE,

WWW.HEART.ORG. THE AHA DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

THE GENERAL PUBLIC.

FORM 990, PART VII, SECTION A

LARRY CANNON JOINED THE AMERICAN HEART ASSOCIATION IN MAY 2017 AS THE

CHIEF ADMINISTRATIVE OFFICER. HE DID NOT RECEIVE ANY COMPENSATION FROM

THE ORGANIZATION DURING CALENDAR YEAR 2016.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POST-RETIREMENT ADJUSTMENT (ASC 715)

-28,665.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMHAS, LLC - 13-5613797 7272 GREENVILLE AVENUE DALLAS, TX 75231	INVESTMENTS	DELAWARE	3,382,741.	65,932,514.	AMERICAN HEART ASSOCIATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2016



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
47 VARIOUS PERPETUAL TRUSTS - 99-9999999 7272 GREENVILLE AVENUE DALLAS, TX 75231	FIDUCIARY	TX	AMERICAN HEART ASSOCIATION, INC.	TRUST				X	
11 VARIOUS CHARITABLE REMAINDER TRUSTS - 99-9999999, 7272 GREENVILLE AVENUE, DALLAS, TX 75231	FIDUCIARY	TX	AMERICAN HEART ASSOCIATION, INC.	TRUST				X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 47 PERPETUAL TRUSTS	C	1,851,065.	CASH CONTRIBUTIONS RECEIVED
(2) 11 CHARITABLE REMAINDER TRUSTS	C	1,390,552.	CASH CONTRIBUTIONS RECEIVED
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

## SCHEDULE R, PART I

AMHAS, LLC IS A SINGLE-MEMBER LIMITED LIABILITY COMPANY THAT HOLDS  
INVESTMENTS THAT ARE PART OF THE AMERICAN HEART ASSOCIATION'S  
INVESTMENT PORTFOLIO.

## 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.