

**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.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.****A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

AMERICAN HEART ASSOCIATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

7272 GREENVILLE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DALLAS

TX 75231

**D** Employer identification number

13-5613797

**E** Telephone number

214-373-6300

**G** Gross receipts \$ 1,125,582,030**F** Name and address of principal officer:

NANCY BROWN

7272 GREENVILLE AVENUE

DALLAS

TX 75231

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HEART.ORG****H(c)** Group exemption number **U****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **U****L** Year of formation: 1924**M** 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:				
	THE AMERICAN HEART ASSOCIATION IS A NATIONAL VOLUNTARY HEALTH AGENCY FOCUSED ON ACTIVITIES RELATED TO THE CAUSES, DIAGNOSIS, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE, STROKE AND OTHER RELATED DISEASES.				
	<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 2017 (Part V, line 2a)	<b>5</b>	4,572		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	40,000,000		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	660,380		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	192,723		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	630,264,296	Current Year	659,678,567
	<b>9</b> Program service revenue (Part VIII, line 2g)		35,710,140		43,636,836
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,819,554		46,937,365
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,733,572		101,553,966
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		805,527,562		851,806,734
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		173,076,809		172,500,615
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		358,645,227		372,069,721
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		3,681,123		3,860,402
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> 106,080,843				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		293,908,522		278,629,093
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		829,311,681		827,059,831
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-23,784,119		24,746,903
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	1,364,109,766	End of Year
<b>21</b> Total liabilities (Part X, line 26)			455,846,284		461,117,432
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20			908,263,482		951,798,476

**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		Date	
	CYNTHIA ROBERTS		CFO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	STEPHANIE L. BAILEY		11/30/18	self-employed P01646944
	Firm's name } KPMG LLP	Firm's EIN } 13-5565207		
	Firm's address } 210 PARK AVENUE, SUITE 2650 OKLAHOMA CITY, OK 73102		Phone no. 405-239-6411	

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

Form <b>8453-EO</b>  Department of the Treasury Internal Revenue Service	<b>Exempt Organization Declaration and Signature for Electronic Filing</b>  For calendar year 2017, or tax year beginning <u>07/01/17</u> , and ending <u>06/30/18</u>  For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868	OMB No. 1545-1879  <div style="font-size: 24pt; font-weight: bold;">2017</div>
Name of exempt organization  <u>AMERICAN HEART ASSOCIATION, INC.</u>		Employer identification number  <u>13-5613797</u>

**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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <u>851,806,734</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b _____

**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 2017 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		<u>11/30/18</u> Date	<u>CHIEF FINANCIAL OFFICER</u> Title
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**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 signature	<u>11/30/18</u> Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code <u>AMERICAN HEART ASSOCIATION, INC.</u> <u>7272 GREENVILLE AVE DALLAS TX 75231</u>	EIN <u>13-5613797</u>		Phone no. <u>214-373-6300</u>	

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 <u>STEPHANIE L. BAILEY</u>	Preparer's signature	<u>11/28/18</u> Date	Check if self-employed <input type="checkbox"/>	PTIN <u>P01646944</u>
	Firm's name <u>KPMG LLP</u>			Firm's EIN <u>13-5565207</u>	
	Firm's address <u>210 PARK AVENUE, S OKLAHOMA OK 73102</u>			Phone no. <u>405-239-6411</u>	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2017)

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 179,116,975 including grants of \$ 159,154,423 ) (Revenue \$ )  
SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 306,600,101 including grants of \$ 5,000,461 ) (Revenue \$ 3,830,280 )  
SEE SCHEDULE O**4c** (Code: ) (Expenses \$ 117,917,487 including grants of \$ 2,118,995 ) (Revenue \$ 158,721,648 )  
SEE SCHEDULE O**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 62,861,652 including grants of \$ 6,226,736 ) (Revenue \$ 43,846,105 )

**4e** Total program service expenses 666,496,215

**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)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
<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? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
<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)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule F, Parts II and IV	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule F, Parts III and IV	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule G, Part I (see instructions)	<input checked="" type="checkbox"/>	
<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? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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 Compliance**

Check 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>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>u SEE SCHEDULE O</u> 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?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?	X	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<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>1b</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?		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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	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		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?		X
<b>10b</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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</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	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	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>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	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?	X	
<b>16b</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?	X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **u** AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA

**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: **u**  
 CYNTHIA ROBERTS 7272 GREENVILLE AVENUE  
 DALLAS TX 75231 214-373-6300

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES J. POSTL	7.00									
CHAIRMAN	0.00	X		X				0	0	0
(2) BERTRAM L. SCOTT	5.00									
CHAIRMAN-ELECT	0.00	X		X				0	0	0
(3) ALVIN L. ROYSE	4.00									
IMMEDIATE PAST CHAIR	0.00	X		X				0	0	0
(4) RAYMOND P. VARA, JR.	8.00									
TREASURER	0.00	X		X				0	0	0
(5) JOHN J. WARNER	8.00									
PRESIDENT	0.00	X		X				0	0	0
(6) STEVEN R. HOUSER	5.00									
IMMEDIATE PAST PRES	0.00	X		X				0	0	0
(7) IVOR BENJAMIN	6.00									
PRESIDENT-ELECT	0.00	X		X				0	0	0
(8) MARY ANN BAUMAN	3.00									
BOARD MEMBER	0.00	X						0	0	0
(9) EMELIA J. BENJAMIN	3.00									
BOARD MEMBER	0.00	X						0	0	0
(10) DOUGLAS S. BOYLE	3.00									
BOARD MEMBER	0.00	X						0	0	0
(11) LLOYD H. DEAN	3.00									
BOARD MEMBER	0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Highest compensated	Former				
(12) MITCHELL S. V. ELKIND	3.00								
BOARD MEMBER	0.00	X					0	0	0
(13) J. DONALD FANCHER	3.00								
BOARD MEMBER	0.00	X					0	0	0
(14) LINDA GOODEN	3.00								
BOARD MEMBER	0.00	X					0	0	0
(15) RON W. HADDOCK	3.00								
BOARD MEMBER	0.00	X					0	0	0
(16) ROBERT A. HARRINGTON	3.00								
BOARD MEMBER	0.00	X					0	0	0
(17) MARSHA JONES	3.00								
BOARD MEMBER	0.00	X					0	0	0
(18) STACEY E. ROSEN	3.00								
BOARD MEMBER	0.00	X					0	0	0
(19) LEE SHAPIRO	3.00								
BOARD MEMBER	0.00	X					0	0	0
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>							6,878,051		842,265
<b>d Total (add lines 1b and 1c)</b>							6,878,051		842,265

**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 **u 545**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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. DALLAS TX 75231	1600 VICEROY DRIVE, SUITE 500 AUDIO-VIDEO SERVICES	6,143,147
INFOCISION MANAGEMENT AKRON OH 44333	325 SPRINGSIDE DRIVE TELEPHONE MARKETING	3,701,414
SLINGSHOT LLC DALLAS TX 75202	208 NORTH MARKET STREET DIGITAL MEDIA	3,270,729
SCITENT INC. CHARLOTTESVILLE VA 22903	400 PRESTON AVENUE E-LEARNING PLATFORM	3,182,438
REAN CLOUD, LLC HERNDON VA 20171	2201 COOPERATIVE WAY, SUITE 302 PRECISION MEDICINE PLATFORM	3,147,244

**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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Highest compensated	Former				
(20) DAVID A. SPINA	3.00								
BOARD MEMBER	0.00	X					0	0	0
(21) BERNARD J. TYSON	3.00								
BOARD MEMBER	0.00	X					0	0	0
(22) THOMAS PINA WINDSOR	3.00								
BOARD MEMBER	0.00	X					0	0	0
(23) JOSEPH C. WU	3.00								
BOARD MEMBER	0.00	X					0	0	0
(24) NANCY BROWN	38.00								
CEO	0.00		X				1,598,691	0	135,272
(25) CYNTHIA ROBERTS	38.00								
CFO	0.00		X				315,280	0	54,030
(26) LARRY CANNON	38.00								
CAO/CORP SECRETARY	0.00		X				307,903	0	3,374
(27) LYNNE DARROUZET	38.00								
CORP SEC THRU 10/17	0.00		X				279,176	0	53,850
<b>1b Sub-total</b> .....					<b>u</b>		2,501,050		246,526
<b>c Total from continuation sheets to Part VII, Section A</b> .....					<b>u</b>				
<b>d Total (add lines 1b and 1c)</b> .....					<b>u</b>				

**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 **u**

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

**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

**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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Highest compensated	Former				
(28) ROSE MARIE ROBERTSON	38.00								
CHIEF SCIEN/MEDICAL	0.00			X			585,317	0	75,485
(29) LESLIE UPTON	38.00								
COO	0.00			X			556,435	0	72,392
(30) JOHN J MEINERS	38.00								
CHIEF - MISSION-ALIG	0.00			X			551,079	0	70,028
(31) DAVID MARKIEWICZ	38.00								
EVP SOUTHEAST	0.00				X		515,383	0	66,800
(32) MEIGHAN GIRGUS	38.00								
CHIEF MKTG/PROGRAMS	0.00				X		485,460	0	69,702
(33) MIDGE EPSTEIN	38.00								
EVP SOUTHWEST	0.00				X		482,005	0	79,748
(34) KATHLEEN ROGERS	38.00								
EVP WESTERN STATES	0.00				X		468,314	0	79,877
(35) KEVIN HARKER	38.00								
EVP MIDWEST	0.00				X		410,409	0	77,597
<b>1b Sub-total</b> .....					<b>u</b>		4,054,402		591,629
<b>c Total from continuation sheets to Part VII, Section A</b> .....					<b>u</b>				
<b>d Total (add lines 1b and 1c)</b> .....					<b>u</b>				

**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 **u**

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

**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

**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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) SUNDER JOSHI	0.00									
RETIRED CAO	0.00						X	322,599	0	4,110
<b>1b Sub-total</b>								322,599		4,110
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

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

**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

**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 **u**

**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>1a</b> Federated campaigns	<b>1a</b> 2,605,510				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 343,915,282				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 5,068,502				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 308,089,273				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 48,038,677					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	659,678,567			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE REVENUE	Busn. Code 900099	22,950,156	22,950,156		
	<b>b</b> CONFERENCES & SEMINARS	900099	15,458,487	15,458,487		
	<b>c</b> MEMBERSHIP DUES	900099	5,228,193	5,228,193		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	43,636,836			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	19,316,424		11,554
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>				
<b>5</b> Royalties		<b>u</b>	19,125,937			19,125,937
<b>6a</b> Gross rents		(i) Real 1,209,493 (ii) Personal				
<b>b</b> Less: rental exps.		179,305				
<b>c</b> Rental inc. or (loss)		1,030,188				
<b>d</b> Net rental income or (loss)		<b>u</b>	1,030,188			1,030,188
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities 200,262,084 (ii) Other 4,437,508				
<b>b</b> Less: cost or other basis & sales exps.		174,701,114 2,377,537				
<b>c</b> Gain or (loss)		25,560,970 2,059,971				
<b>d</b> Net gain or (loss)		<b>u</b>	27,620,941			27,620,941
<b>8a</b> Gross income from fundraising events (not including \$ 343,915,282 of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 27,576,984				
<b>b</b> Less: direct expenses		<b>b</b> 46,727,042				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	-19,150,058			-19,150,058
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b> 107,703				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities		<b>u</b>	107,703		29,783	77,920
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b> 146,088,057				
<b>b</b> Less: cost of goods sold	<b>b</b> 49,790,298					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	96,297,759	96,297,759			
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> CHANGE IN VALUE OF SPL	900099	4,943,501	4,943,501			
<b>b</b> OTHER REVENUE	900099	3,781,975	3,162,932	619,043		
<b>c</b> LOSS ON UNCOLLECTIBLE ACCOUNT	900099	-4,583,039	-4,583,039			
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	4,142,437				
<b>12 Total revenue.</b> See instructions.	<b>u</b>	851,806,734	143,457,989	660,380	48,009,798	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	171,533,556	171,533,556		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	341,227	341,227		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	625,832	625,832		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,067,339		7,067,339	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	58,100		58,100	
7 Other salaries and wages	287,548,925	214,643,826	21,972,139	50,932,960
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,296,888	17,010,080	1,067,650	4,219,158
9 Other employee benefits	33,456,865	25,077,044	2,968,122	5,411,699
10 Payroll taxes	21,641,604	15,972,066	1,926,369	3,743,169
11 Fees for services (non-employees):				
a Management				
b Legal	1,587,926	1,076,230	373,046	138,650
c Accounting	1,127,494		1,127,494	
d Lobbying	7,491,903	7,491,903		
e Professional fundraising services. See Part IV, line 7	3,860,402			3,860,402
f Investment management fees	1,983,806		1,983,806	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,747,160	40,059,970	362,886	2,324,304
12 Advertising and promotion	11,172,334	11,172,334		
13 Office expenses	81,521,749	61,681,005	3,692,481	16,148,263
14 Information technology	18,819,663	15,690,539	1,029,437	2,099,687
15 Royalties				
16 Occupancy	18,735,748	14,358,868	1,514,682	2,862,198
17 Travel	25,063,165	16,370,406	2,930,134	5,762,625
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,351,205	27,895,592	1,611,305	2,844,308
20 Interest	55,055		55,055	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,210,356	10,132,376	1,045,255	2,032,725
23 Insurance	1,450,256	668,087	693,803	88,366
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	14,566,832	7,951,134	3,003,369	3,612,329
b CPR TRAINING FULFILLMENT	6,744,140	6,744,140		
c UBI TAX	301		301	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	827,059,831	666,496,215	54,482,773	106,080,843
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	233,235,672	153,898,680	22,534,624	56,802,368

**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	32,828,612	<b>1</b>	36,561,400
	<b>2</b> Savings and temporary cash investments	12,891,162	<b>2</b>	28,355,760
	<b>3</b> Pledges and grants receivable, net	245,481,513	<b>3</b>	287,677,324
	<b>4</b> Accounts receivable, net	35,323,641	<b>4</b>	27,069,273
	<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 instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	6,481,946	<b>8</b>	5,522,578
	<b>9</b> Prepaid expenses and deferred charges	13,441,444	<b>9</b>	9,718,909
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 187,892,631		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 121,191,239	<b>10c</b>	66,701,392
	<b>11</b> Investments—publicly traded securities	732,749,597	<b>11</b>	729,560,248
	<b>12</b> Investments—other securities. See Part IV, line 11	3,284,962	<b>12</b>	3,326,265
	<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	214,139,845	<b>15</b>	218,422,759
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,364,109,766	<b>16</b>	1,412,915,908	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	71,251,312	<b>17</b>	76,074,760
	<b>18</b> Grants payable	339,982,918	<b>18</b>	340,531,435
	<b>19</b> Deferred revenue	9,817,088	<b>19</b>	10,606,669
	<b>20</b> Tax-exempt bond liabilities		<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	34,794,966	<b>25</b>	33,904,568
	<b>26 Total liabilities.</b> Add lines 17 through 25	455,846,284	<b>26</b>	461,117,432
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	375,952,517	<b>27</b>	373,439,379
	<b>28</b> Temporarily restricted net assets	345,112,352	<b>28</b>	384,690,442
	<b>29</b> Permanently restricted net assets	187,198,613	<b>29</b>	193,668,655
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	908,263,482	<b>33</b>	951,798,476
	<b>34</b> Total liabilities and net assets/fund balances	1,364,109,766	<b>34</b>	1,412,915,908

**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>	851,806,734
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	827,059,831
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	24,746,903
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	908,263,482
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	17,889,217
<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>	898,874
<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>	951,798,476

**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		X
<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	X	
<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.	X	
<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?	X	
<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.	X	



**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.

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<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) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	569,646,207	653,927,887	696,658,685	634,662,727	664,906,760	3,219,802,266
<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	569,646,207	653,927,887	696,658,685	634,662,727	664,906,760	3,219,802,266
<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)						149,563,570
<b>6</b> Public support. Subtract line 5 from line 4.						3,070,238,696

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	569,646,207	653,927,887	696,658,685	634,662,727	664,906,760	3,219,802,266
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,072,477	41,116,248	37,973,731	39,397,248	39,640,300	204,200,004
<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.)	6,940,615	447,664		8,290,774	3,515,714	19,194,767
<b>11 Total support.</b> Add lines 7 through 10						3,443,197,037
<b>12</b> Gross receipts from related activities, etc. (see instructions)						744,726,275
<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 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.17 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	88.27 %
<b>16a 33 1/3% support test—2017.</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—2016.</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—2017.</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—2016.</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) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer 10b below.</i>		
<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)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** 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 Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** 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 Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
<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 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

  

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<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 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

**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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 19,194,767

SUPPLEMENTAL INFORMATION

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

OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT  
INTEREST AGREEMENTS, MISCELLANEOUS TRADE SHOW REVENUE, AND UNCOLLECTIBLE  
ACCOUNTS RECEIVABLE.



**Schedule of Contributors**

OMB No. 1545-0047

**2017**

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

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

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 foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> AMERICAN HEART ASSOCIATION, INC.	<b>Employer identification number</b> 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	\$ 19,489,584	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PAUL G. ALLEN FOUNDATION 505 5TH AVE S SUITE 900 SEATTLE WA 98104	\$ 20,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Employer identification number**  
13-5613797

## Part II

DAA

**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.**

☐ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ☐ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

**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		534,051
<b>d</b> Mailings to members, legislators, or the public?	X		72,472
<b>e</b> Publications, or published or broadcast statements?	X		307,217
<b>f</b> Grants to other organizations for lobbying purposes?	X		5,465,086
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		602,302
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		510,775
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			7,491,903
<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?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**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	<b>1</b>	
<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	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

PART II-B LINE 1, LOBBYING ACTIVITIES:

IN SUPPORT OF ITS MISSION TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES, 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

**Part IV Supplemental Information** (continued)

CONGRESS. SIMILAR RELATIONSHIPS ARE BUILT BY THE REGIONAL AFFILIATES, ADVOCATING AT THE STATE AND LOCAL LEVELS. TO GUIDE ITS FEDERAL, STATE AND LOCAL EFFORTS, THE ASSOCIATION IMPLEMENTS A PUBLIC POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED COALITIONS WITH OTHER LIKE-MINDED GROUPS; 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, STATE LEGISLATURES, LOCAL GOVERNMENTS, FEDERAL AGENCIES AND STATE AGENCIES 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

**Part IV Supplemental Information** (continued)

OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE RESEARCH.

- IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AMERICAN HEART ASSOCIATION PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT, INCREASING ACCESS TO HEALTHY AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION. THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.

- 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



**Part IV** Supplemental Information (continued)

ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.

- CHARITABLE ORGANIZATIONS: THE ASSOCIATION SUPPORTS POLICIES THAT PRESERVE THE VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND AS APPROPRIATE, INCLUDING LEGISLATIVE AND REGULATORY EFFORTS THAT ATTEMPT TO RESTRICT OR PROHIBIT CHARITABLE GIVING AND OTHER NON-PROFIT EFFORTS AND ACTIVITIES. THESE INCLUDE PROTECTING NON-PROFIT SECTOR INTERESTS, PROMOTING TAX POLICY CONDUCIVE TO CHARITABLE ORGANIZATIONS, ENCOURAGING VOLUNTEERISM, PRESERVING PUBLIC FUNDING FOR VOLUNTARY HEALTH ORGANIZATIONS, AND SAFEGUARDING THE ABILITY OF CHARITABLE ORGANIZATIONS TO ENGAGE IN ADVOCACY.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

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 7/25/06, 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 u .....

4 Number of states where property subject to conservation easement is located u .....

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 u .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$ .....

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 .....

u \$ .....

(ii) Assets included in Form 990, Part X .....

u \$ .....

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 .....

u \$ .....

b Assets included in Form 990, Part X .....

u \$ .....

**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  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance .....	
<b>1d</b> Additions during the year .....	
<b>1e</b> Distributions during the year .....	
<b>1f</b> Ending balance .....	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**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 .....	61,764,937	57,605,436	58,787,778	59,247,803	51,925,992
<b>b</b> Contributions .....	655,251	52,738	320,261	1,000,570	1,527,764
<b>c</b> Net investment earnings, gains, and losses .....	5,093,973	6,183,220	416,395	724,008	7,416,550
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	2,192,431	2,076,457	1,918,998	2,184,603	1,622,503
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	65,321,730	61,764,937	57,605,436	58,787,778	59,247,803

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

- a** Board designated or quasi-endowment **u** ..... %  
**b** Permanent endowment **u** 69.98 %  
**c** Temporarily restricted endowment **u** 30.02 %  
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 .....

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

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

**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 .....		9,705,115		9,705,115
<b>b</b> Buildings .....		72,450,104	43,887,742	28,562,362
<b>c</b> Leasehold improvements .....		5,202,478	4,362,576	839,902
<b>d</b> Equipment .....		100,256,646	72,662,633	27,594,013
<b>e</b> Other .....		278,288	278,288	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				66,701,392

**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> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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) BENEFICIAL INTEREST IN PERPETUAL TRU	147,585,710
(2) SPLIT INTEREST AGREEMENTS	70,837,049
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	218,422,759

**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) CHARITABLE GIFT ANNUITIES	12,465,926
(3) POST-RETIREMENT BENEFITS	12,076,381
(4) SUPPLEMENTAL RETIREMENT PLAN	5,769,110
(5) RENT DEFERRALS/AMORTIZATION	2,038,696
(6) CAPITAL LEASE OBLIGATIONS	1,162,454
(7) OTHER PAYABLES	392,001
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	33,904,568

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.

1	Total revenue, gains, and other support per audited financial statements	1	933,158,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	17,889,217
b	Donated services and use of facilities	2b	15,566,440
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	33,455,657
3	Subtract line 2e from line 1	3	899,702,730
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,983,806
b	Other (Describe in Part XIII.)	4b	-49,879,802
c	Add lines 4a and 4b	4c	-47,895,996
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	851,806,734

**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.

1	Total expenses and losses per audited financial statements	1	889,623,393
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,566,440
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-898,874
e	Add lines 2a through 2d	2e	14,667,566
3	Subtract line 2e from line 1	3	874,955,827
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,983,806
b	Other (Describe in Part XIII.)	4b	-49,879,802
c	Add lines 4a and 4b	4c	-47,895,996
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	827,059,831

**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 - INTENDED USES FOR ENDOWMENT FUNDS**

THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS.

**PART X - FIN 48 FOOTNOTE**

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE ASSOCIATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND, AS SUCH, CONTRIBUTIONS TO THE ASSOCIATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ASSOCIATION'S EXEMPT

**Part XIII Supplemental Information** (continued)

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, 2018 AND 2017. THE ASSOCIATION BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

## PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF GOODS SOLD \$ -49,790,298

RENTAL EXPENSES \$ -179,305

FUNDRAISING EXPENSES \$ 89,801

## PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

POST-RETIREMENT (ASC 715) ADJUSTMENT \$ -898,874

## PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

SEE PART XI, LINE 4B \$ -49,879,802

## PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

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

ASC 715 (FORMERLY FASB STATEMENT NO. 158) 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 \$898,874 FOR FISCAL YEAR ENDED JUNE 30, 2018.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

u Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**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 CARIBBEAN			PROGRAM SERVICES	EDUCATIONAL MATERIAL	129,754
(1) EAST ASIA AND THE PACIFIC	2	2	PROGRAM SERVICES	EDUCATIONAL MATERIAL	1,609,766
(2) EUROPE (INCL ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	EDUCATIONAL MATERIAL	1,082,224
(3) MIDDLE EAST AND NORTH AFRICA	1	4	PROGRAM SERVICES	EDUCATIONAL MATERIAL	1,544,186
(4) NORTH AMERICA			PROGRAM SERVICES	EDUCATIONAL MATERIAL	968,381
(5) SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL MATERIAL	701,335
(6) SOUTH ASIA			PROGRAM SERVICES	EDUCATIONAL MATERIAL	617,117
(7) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATIONAL MATERIAL	130,680
(8) EAST ASIA AND THE PACIFIC	2	2	GRANTMAKING	RESEARCH PRIZE	23,521
(9) EUROPE (INCL ICELAND AND GREENLAND)	1	2	GRANTMAKING	RESEARCH PRIZE	25,179
(10) NORTH AMERICA			GRANTMAKING	RESEARCH PRIZE	23,101
(11) SOUTH AMERICA			GRANTMAKING	RESEARCH PRIZE	1,000
(12) MIDDLE EAST AND NORTH AFRICA	1	4	GRANTMAKING	RESEARCH PRIZE	1,030
(13) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		157,167
(14) EAST ASIA AND THE PACIFIC			INVESTMENTS		36,612,380
(15) EUROPE (INCL ICELAND AND GREENLAND)			INVESTMENTS		61,569,793
(16) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		433,493
(17) <b>3a Sub-total ....</b>	8	16			105,630,107
<b>b Total from continuation sheets to Part I ...</b>					22,674,435
<b>c Totals (add lines 3a and 3b)</b>	8	16			128,304,542

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

Schedule F (Form 990) 2017

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

u Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**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
NORTH AMERICA			INVESTMENTS		18,335,095
(1) RUSSIA AND NEIGHBORING STATES			INVESTMENTS		379,546
(2) SOUTH AMERICA			INVESTMENTS		2,774,176
(3) SOUTH ASIA			INVESTMENTS		550,028
(4) SUB-SAHARAN AFRICA			INVESTMENTS		635,590
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . .					22,674,435
<b>b</b> Total from continuation sheets to Part I . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2017



**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SOUTH AMERICA	PROF EDUCATION	197,000	WIRE TRANSFER			
<b>(2)</b>			EAST ASIA	PROF EDUCATION AND THE PACIFIC	355,000	WIRE TRANSFER			
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**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

**u** 2

**3** Enter total number of other organizations or entities

**u** 0

Schedule F (Form 990) 2017

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH PRIZE	EAST ASIA AND THE PACIFIC	29	23,521	WIRE TRANSFER			
(2) RESEARCH PRIZE	EUROPE (INCL ICELAND AND GREENLAND)	31	25,180	WIRE TRANSFER			
(3) RESEARCH PRIZE	MIDDLE EAST AND NORTH AFRICA	1	1,030	WIRE TRANSFER			
(4) RESEARCH PRIZE	NORTH AMERICA	25	23,101	WIRE TRANSFER			
(5) RESEARCH PRIZE	SOUTH AMERICA	1	1,000	WIRE TRANSFER			
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2017

**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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 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 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND CARIBBEAN	\$ 129,754	\$ 0
EAST ASIA AND THE PACIFIC	\$ 1,609,766	\$ 0
EUROPE (INCL ICELAND AND GREENLAND)	\$ 1,082,224	\$ 0
MIDDLE EAST AND NORTH AFRICA	\$ 1,544,186	\$ 0
NORTH AMERICA	\$ 968,381	\$ 0
SOUTH AMERICA	\$ 701,335	\$ 0
SOUTH ASIA	\$ 617,117	\$ 0
SUB-SAHARAN AFRICA	\$ 130,680	\$ 0
EAST ASIA AND THE PACIFIC	\$ 23,521	\$ 0

**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.

EUROPE (INCL ICELAND AND GREENLAND)	\$	25,179	\$	0
NORTH AMERICA	\$	23,101	\$	0
SOUTH AMERICA	\$	1,000	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	1,030	\$	0
CENTRAL AMERICA AND THE CARIBBEAN	\$	0	\$	157,167
EAST ASIA AND THE PACIFIC	\$	0	\$	36,612,380
EUROPE (INCL ICELAND AND GREENLAND)	\$	0	\$	61,569,793
MIDDLE EAST AND NORTH AFRICA	\$	0	\$	433,493
NORTH AMERICA	\$	0	\$	18,335,095
RUSSIA AND NEIGHBORING STATES	\$	0	\$	379,546
SOUTH AMERICA	\$	0	\$	2,774,176
SOUTH ASIA	\$	0	\$	550,028
SUB-SAHARAN AFRICA	\$	0	\$	635,590

## PART V - ADDITIONAL INFORMATION

## 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 SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE).

**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.

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.

**U** Attach to Form 990 or Form 990-EZ.

**U** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MANAGEMENT 33 SPRINGSIDE DRIVE AKRON OH 44333	TELEMKTG		X	4,209,253	3,770,601	438,652
2 INSURANCE AUTO AUCTIONS 13085 HAMILTON CROSSING, SUITE 500 CARMEL IN 46032	CAR DONOR	X		352,157	89,801	262,356
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				4,561,410	3,860,402	701,008

**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.

ALL STATES

**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
		DAL HEARTWALK (event type)	SF HEARTWALK (event type)	7397 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts .....	6,001,151	5,352,385	326,057,064	337,410,600
	2 Less: Contributions .....	6,001,151	5,352,385	298,480,080	309,833,616
	3 Gross income (line 1 minus line 2) .....			27,576,984	27,576,984
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	72,204	25,536	12,558,910	12,656,650
	6 Rent/facility costs .....	403,604	164,882	13,661,695	14,230,181
	7 Food and beverages .....	343	81,472	8,043,482	8,125,297
	8 Entertainment .....	18,821	3,700	2,039,724	2,062,245
	9 Other direct expenses .....	2,840	3,780	3,340,085	3,346,705
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				40,421,078
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-12,844,094

**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 .....	29,783		77,920	107,703
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				107,703

9 Enter the state(s) in which the organization conducts gaming activities: AL, FL, GA, LA, MS, OH, SD

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:
- |                                      |            |          |
|--------------------------------------|------------|----------|
| <b>a</b> The organization's facility | <b>13a</b> | %        |
| <b>b</b> An outside facility         | <b>13b</b> | 100.00 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** CYNTHIA ROBERTS  
7272 GREENVILLE AVENUE  
Address **u** 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u** \_\_\_\_\_  
Address **u** \_\_\_\_\_

**16** Gaming manager information:

Name **u** SEE SCHEDULE G, PART IV  
Gaming manager compensation **u** \$ \_\_\_\_\_  
Description of services provided **u** \_\_\_\_\_

☐ 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 **u** \$ \_\_\_\_\_

**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.

SEE SCHEDULE G SUPPLEMENTAL INFORMATION WORKSHEET

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

**Supplemental Information**

**2017**

For calendar year 2017, or tax year beginning 07/01/17, and ending 06/30/18

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

SCH G, PART I, LINE 2B, COL (III) - CUSTODY OR CONTROL ARRANGEMENT

INSURANCE AUTO AUCTIONS

X

SCH G, PART III, LINE 9 - ADDITIONAL STATES WITH GAMING OPERATIONS

TENNESSEE, TEXAS

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

PART I, LINE 2B, COLUMN (III)

INSURANCE AUTO AUCTIONS PROVIDES SERVICES RELATED TO THE MANAGEMENT OF VEHICLE DONATIONS. THIS INCLUDES ANSWERING DONOR CALLS, PREPARATION AND SALE OF DONATED VEHICLES, AND ACKNOWLEDGEMENT OF DONORS. VEHICLE DONATIONS ARE RECIEVED THROUGHOUT THE YEAR. AHA PAYS A FIXED MANAGEMENT FEE PER VEHICLE BASED ON VOLUME. INSURANCE AUTO AUCTIONS RETAINS CUSTODY OF THE SALE PROCEEDS UNTIL THEY ARE DEPOSITED IN AHA'S ACCOUNT.

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 \$3,770,601 PAID TO INFOCISION DURING THE YEAR, \$4,934 ARE REIMBURSEMENTS OF POSTAGE AND OTHER MAILING MATERIALS.

SCHEDULE G, PART III, LINE 16



**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADVOCATE HEALTH AND HOSPITALS CORP 3075 HIGHLAND PKWY DOWNERS GROVE IL 60515	36-2169147	(C)(3)	55,000				EQUIPMENT UPGRADE
(2)	AFTERSCHOOL ALLIANCE 1616 H ST NW #820 WASHINGTON DC 20006	52-2275123	(C)(3)	263,498				COMMUNITY IMPACT
(3)	ALASKA TRAILS PO BOX 100627 ANCHORAGE AK 99510	73-1677483	(C)(3)	42,090				CHILDHOOD OBESITY
(4)	ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE ALBANY NY 12208	14-1338310	(C)(3)	1,131,000				RESEARCH
(5)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	(C)(3)	810,456				RESEARCH
(6)	ALEGENT HEALTH-IMMANUEL MEDICAL CTR 6901 NORTH 72ND ST OMAHA NE 68122	47-0376615	(C)(3)	31,050				EQUIPMENT UPGRADE
(7)	ALLEGAN GENERAL HOSPITAL 555 LINN ST ALLEGAN MI 49010	38-1359180	(C)(3)	12,250				EQUIPMENT UPGRADE
(8)	ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVE WATERLOO IA 50703	42-0698265	(C)(3)	11,500				EQUIPMENT UPGRADE
(9)	ALLIANCE FOR A HEALTHIER GENERATION 55 WEST 125TH ST NEW YORK NY 10027	27-2028308	(C)(3)	2,299,614				CHILDHOOD OBESITY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** 362

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

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

Schedule I (Form 990) (2017)

DAA

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALTRU HEALTH FOUNDATION PO BOX 6002 GRAND FORKS ND 58201	45-0368330	(C)(3)	43,000				EQUIPMENT UPGRADE
(2)	AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY ST NE MINNEAPOLIS MN 55413	27-0300026	(C)(3)	100,000				COMMUNITY IMPACT
(3)	ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO IL 60611	36-2170833	(C)(3)	45,000				COMMUNITY IMPACT
(4)	ARIZONA STATE UNIVERSITY 660 S MILL AVE TEMPE AZ 85281	86-0196696	GOV	157,748				RESEARCH
(5)	ASHLEY MEDICAL CENTER PO BOX 450 ASHLEY ND 58413	45-0255914	(C)(3)	7,800				EQUIPMENT UPGRADE
(6)	AUGUSTA AMBULANCE SERVICE PO BOX 408 AUGUSTA MT 59410	81-0416417	(C)(3)	25,000				DEFIB/MONITORS
(7)	BALL STATE UNIVERSITY 2000 W UNIVERSITY AVE MUNCIE IN 47306	35-6000221	GOV	153,917				RESEARCH
(8)	BARAKA COMMUNITY WELLNESS 130 WARREN ST 3RD FLOOR ROXBURY MA 02119	46-2584139	(C)(3)	40,000				COMMUNITY IMPACT
(9)	BATON ROUGE SPONSORING COMMITTEE 756 S. ACADIAN THROUGHWAY #1 BATON ROUGE LA 70806	80-0581861	(C)(3)	96,900				COMMUNITY IMPACT

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

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

Schedule I (Form 990) (2017)

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS TX 75303	74-1613878	(C)(3)	2,438,080				RESEARCH
(2)	BAYSTATE MEDICAL CENTER INC. 759 CHESTNUT ST SPRINGFIELD MA 01107	04-2790311	(C)(3)	199,998				RESEARCH
(3)	BECKMAN RESEARCH INSTITUTE 1500 E DUARTE RD DUARTE CA 91010	95-3432210	(C)(3)	220,900				RESEARCH
(4)	BENEFIS HOSPITALS INC. 500 15TH AVE S GREAT FALLS MT 59405	81-0232122	(C)(3)	11,500				EQUIPMENT UPGRADE
(5)	BEST PRACTICE MEDICINE 601 HAGGERTY LANE #A BOZEMAN MT 59715	47-3768574	(C)(3)	86,500				EQUIPMENT UPGRADE
(6)	BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVE BOSTON MA 02215	04-2103881	(C)(3)	868,532				RESEARCH
(7)	BICYCLE FEDERATION OF WISCONSIN 3618 W PIERCE ST #250 MILWAUKEE WI 53215	39-1686663	(C)(3)	89,788				CHILDHOOD OBESITY
(8)	BILLINGS CLINIC FOUNDATION 1020 NORTH 27TH ST BILLINGS MT 59101	81-0407289	(C)(3)	11,500				EQUIPMENT UPGRADE
(9)	BOSTON MEDICAL CENTER CORPORATION ONE BOSTON MEDICAL CENTER PLACE BOSTON MA 02118	04-3314093	(C)(3)	20,000				COMMUNITY IMPACT

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

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

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Schedule I (Form 990) (2017)

DAA

**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.  
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OMB No. 1545-0047

**2017**

**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.

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(1)	BOSTON UNIVERSITY MEDICAL CAMPUS 85 EAST NEWTON ST BOSTON MA 02118	04-2103547	(C)(3)	1,888,850				RESEARCH
(2)	BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BOULEAVRD #3200 BOZEMAN MT 59715	84-1407943	(C)(3)	11,500				EQUIPMENT UPGRADE
(3)	BRIGHAM & WOMEN'S HOSPITAL PO BOX 3887 BOSTON MA 02241	04-2312909	(C)(3)	9,267,701				RESEARCH
(4)	BROWN UNIVERSITY 164 ANGELL ST PROVIDENCE RI 02912	05-0258809	(C)(3)	353,684				RESEARCH
(5)	CALIFORNIA BICYCLE COALITION 1017 L ST #288 SACRAMENTO CA 95814	68-0417507	(C)(3)	44,699				CHILDHOOD OBESITY
(6)	CALIFORNIA CTR FOR PUBLIC HEALTH 1947 GALILEO COURT #101 DAVIS CA 95618	95-4723901	(C)(3)	150,000				COMMUNITY IMPACT
(7)	CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY #760 OAKLAND CA 94612	94-3163142	(C)(3)	62,500				CHILDHOOD OBESITY
(8)	CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA CA 91125	95-1643307	(C)(3)	164,144				RESEARCH
(9)	CAMPAIGN FOR TOBACCO FREE KIDS 1400 I ST NW #1200 WASHINGTON DC 20005	52-1969967	(C)(3)	275,000				ADVOCACY

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Schedule I (Form 990) (2017)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2017**

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Inspection**

Name of the organization

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Employer identification number

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**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</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	CARROLL COUNTY AMBULANCE 203 EAST 3RD ST CARROLL IA 51401	42-6004323	GOV	5,325				EQUIPMENT UPGRADE
<b>(2)</b>	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND OH 44106	34-1018992	(C)(3)	407,376				RESEARCH
<b>(3)</b>	CAVALIER COUNTY MEMORIAL HOSPITAL 909 2ND ST LANGDON ND 58249	45-0306787	(C)(3)	7,800				EQUIPMENT UPGRADE
<b>(4)</b>	CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD #1150 LOS ANGELES CA 90048	95-1644600	(C)(3)	972,456				RESEARCH
<b>(5)</b>	CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT ST DES MOINES IA 50309	42-0680452	(C)(3)	12,000				EQUIPMENT UPGRADE
<b>(6)</b>	CENTRAL MICHIGAN UNIVERSITY 251 FOUST MOUNT PLEASANT MI 48859	38-6004447	GOV	308,000				RESEARCH
<b>(7)</b>	CENTRALIA-PEOSTA CMTY FIRE DEPT 10669 CHICKADEE DR PEOSTA IA 52068	42-1465914	(C)(3)	24,500				DEFIB/MONITORS
<b>(8)</b>	CHAPMAN UNIVERSITY ONE UNIVERSITY DR ORANGE CA 92866	95-1643992	(C)(3)	126,120				RESEARCH
<b>(9)</b>	CHI LISBON HEALTH 905 MAIN ST LISBON ND 58054	82-0558836	(C)(3)	7,800				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2017)

DAA



**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2017**

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Inspection**

Name of the organization

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Employer identification number

13-5613797

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**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.

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(1)	CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON MA 02115	04-2774441	(C)(3)	1,373,084				RESEARCH
(2)	CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNETT AVE CINCINNATI OH 45229	31-0833936	(C)(3)	732,592				RESEARCH
(3)	CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES CA 90027	95-1690977	(C)(3)	200,000				RESEARCH
(4)	CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY MO 64108	44-0605373	(C)(3)	230,570				RESEARCH
(5)	CHRISTIAN UNITY HOSPITAL CORP 164 WEST 13TH ST GRAFTON ND 58237	45-0310159	(C)(3)	7,800				EQUIPMENT UPGRADE
(6)	CITY OF AKRON 220 REED ST AKRON IA 51001	42-6004180	GOV	25,562				EQUIPMENT UPGRADE
(7)	CITY OF ANTHON 301 EAST MAIN ST ANTHON IA 51004	42-6004236	GOV	25,562				EQUIPMENT UPGRADE
(8)	CITY OF BOULDER PO BOX 68 BOULDER MT 59632	81-6006799	GOV	25,000				DEFIB/MONITORS
(9)	CITY OF COLFAX 19 EAST HOWARD ST COLFAX IA 50054	42-6004408	GOV	25,037				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2017)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization

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Employer identification number

13-5613797

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(1)	CITY OF DIKE 540 MAIN ST DIKE IA 50624	42-6004589	GOV	24,500				DEFIB/MONITORS
(2)	CITY OF HAWARDEN 1150 CENTRAL AVE HAWARDEN IA 51023	42-6004768	GOV	25,562				EQUIPMENT UPGRADE
(3)	CITY OF MOULTON 111 SOUTH MAIN ST MOULTON IA 52572	42-6004988	GOV	6,760				EQUIPMENT UPGRADE
(4)	CITY OF TRIPOLI 101 2ND ST SE TRIPOLI IA 50676	42-6005291	GOV	25,562				EQUIPMENT UPGRADE
(5)	CITY UNIV. OF NEW YORK 230 WEST 41ST ST, 7TH FLOOR NEW YORK NY 10036	13-1988190	(C)(3)	154,000				RESEARCH
(6)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND OH 44195	34-0714585	(C)(3)	6,204,972				RESEARCH
(7)	CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND OH 44115	34-0966056	GOV	195,446				RESEARCH
(8)	COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN CO 80401	84-6000551	GOV	53,688				RESEARCH
(9)	COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS CO 80523	84-6000545	GOV	1,257,752				RESEARCH

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Schedule I (Form 990) (2017)

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(1)	COLUMBIA UNIVERSITY, NEW YORK PO BOX 29789 NEW YORK NY 10087	13-5598093	(C)(3)	651,000				RESEARCH
(2)	COMMON THREADS 3811 BEE CAVES ROAD #108 WEST LAKE HILLS TX 78746	20-0106847	(C)(3)	45,000				COMMUNITY IMPACT
(3)	COMMUNITIES CREATING OPPORTUNITY 2400 TROOST #4600 KANSAS CITY MO 64108	43-1127845	(C)(3)	89,910				COMMUNITY IMPACT
(4)	COMMUNITY MEDICAL CENTER INC. 2827 FORT MISSOULA ROAD MISSOULA MT 59804	81-0247705	(C)(3)	11,500				EQUIPMENT UPGRADE
(5)	COMMUNITY PARTNERS 3655 SOUTH GRANDE AVE #240 LOS ANGELES CA 90007	95-4302067	(C)(3)	256,426				COMMUNITY IMPACT
(6)	COOK COUNTY GOVERNMENT HOSPITAL 118 NORTH CLARK ST ROOM 500 CHICAGO IL 60602	36-6006541	GOV	11,000				EQUIPMENT UPGRADE
(7)	COOPER HEALTH SYSTEMS 1 FEDERAL ST NW CAMDEN NJ 08103	21-0634462	(C)(3)	10,000				RESEARCH
(8)	COOPERSTOWN MEDICAL CENTER 1200 ROBERTS AVE NE COOPERSTOWN ND 58425	45-0227753	(C)(3)	6,825				EQUIPMENT UPGRADE
(9)	CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA NY 14850	13-0532082	(C)(3)	1,364,445				RESEARCH

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Schedule I (Form 990) (2017)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Employer identification number

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(1)	CUMBERLAND CAPE ATLANTIC YMCA OF 1159 EAST LANDIS AVE VINELAND NJ 08360	NJ 21-0635053	(C)(3)	7,285				COMMUNITY IMPACT
(2)	DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER NH 03755	02-0222111	(C)(3)	1,069,644				RESEARCH
(3)	DC GREENS INC 2000 P ST NW #240 WASHINGTON DC 20036	26-4527988	(C)(3)	52,621				CHILDHOOD OBESITY
(4)	DELAWARE COUNTY MEMORIAL HOSPITAL 709 WEST MAIN ST MANCHESTER IA 52057	42-6037649	(C)(3)	24,826				EQUIPMENT UPGRADE
(5)	DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA PA 19104	23-1352630	(C)(3)	157,748				RESEARCH
(6)	DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE NC 28260	56-0532129	(C)(3)	1,468,064				RESEARCH
(7)	EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD GREENVILLE NC 27858	56-6000403	GOV	354,000				RESEARCH
(8)	EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY TN 37614	62-6021046	GOV	154,000				RESEARCH
(9)	EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH 303 NORFOLK VA 23507	54-6055378	(C)(3)	462,000				RESEARCH

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Schedule I (Form 990) (2017)

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Department of the Treasury  
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(1)	EMORY UNIVERSITY PO BOX 935084 ATLANTA GA 31193	58-0566256	(C)(3)	1,254,833				RESEARCH
(2)	FAIR FOOD NETWORK 205 EAST WASHINGTON ST #B ANN ARBOR MI 48104	26-4143394	(C)(3)	124,174				CHILDHOOD OBESITY
(3)	FAITH IN TEXAS - PICO 1111 WEST MOCKINGBIRD LANE #595 DALLAS TX 75247	47-3005234	(C)(3)	108,757				COMMUNITY IMPACT
(4)	FLORENCE VOLUNTEER FIRE DEPARTMENT PO BOX 340 FLORENCE MT 59833	81-0418386	(C)(3)	25,000				DEFIB/MONITORS
(5)	FLORIDA INSTITUTE OF TECHNOLOGY INC 150 WEST UNIVERSITY BLVD MELBOURNE FL 32901	59-6046500	(C)(3)	154,000				RESEARCH
(6)	FOOD LITERACY CENTER 5380 ELVAS AVE #214 SACRAMENTO CA 95819	45-3973268	(C)(3)	62,500				CHILDHOOD OBESITY
(7)	FRANCISCAN HEALTH OLYMPIA FIELDS 1423 CHICAGO RD CHICAGO HEIGHTS IL 60411	36-2167869	(C)(3)	15,000				EQUIPMENT UPGRADE
(8)	FRED HUTCHINSON CANCER RESEARCH CTR 1100 FAIRVIEW AVE N SEATTLE WA 98109	23-7156071	(C)(3)	104,060				RESEARCH
(9)	FRESH TRUCK INC. 32 ASHCROFT ST #2 BOSTON MA 02130	46-2848535	(C)(3)	35,000				COMMUNITY IMPACT

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(1)	GARRISON MEMORIAL HOSPITAL 407 3RD AVE SE GARRISON ND 58540	45-0227752	(C)(3)	7,800				EQUIPMENT UPGRADE
(2)	GENESIS HEALTH SYSTEM 1227 EAST RUSHOLME ST DAVENPORT IA 52803	42-1418847	(C)(3)	11,500				EQUIPMENT UPGRADE
(3)	GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE #240V ASHBURN VA 20147	53-0196584	(C)(3)	164,144				RESEARCH
(4)	GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE, NW WASHINGTON DC 20007	53-0196603	(C)(3)	200,000				RESEARCH
(5)	GEORGIA BIKES INC. PO BOX 10045 SAVANNAH GA 31412	20-0295376	(C)(3)	46,822				COMMUNITY IMPACT
(6)	GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA GA 30394	58-1418202	GOV	2,005,028				RESEARCH
(7)	GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA GA 30384	58-0603146	(C)(3)	300,000				RESEARCH
(8)	GLACIER COUNTY EMS 512 EASE MAIN ST CUT BANK MT 59427	81-6001368	GOV	25,000				DEFIB/MONITORS
(9)	GLADSTONE INSTITUTE, SAN FRANCISCO 1650 OWENS ST SAN FRANCISCO CA 94158	23-7203666	(C)(3)	104,060				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2017)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GREAT RIVER MEDICAL CENTER 1221 SOUTH GEAR AVE WEST BURLINGTON IA 52655	42-0680407	(C)(3)	40,550				EQUIPMENT UPGRADE
(2)	GREEN BRONX MACHINE INTL INC 3935 BLACKSTONE AVE #12G BRONX NY 10471	45-3303493	(C)(3)	45,000				COMMUNITY IMPACT
(3)	HAWAII PACIFIC HEALTH 55 MERCHANT ST HONOLULU HI 96813	99-0246363	(C)(3)	300,000				RESEARCH
(4)	HAWARDEN REGIONAL HEALTHCARE 1111 11TH ST HAWARDEN IA 51023	42-6005851		12,000				EQUIPMENT UPGRADE
(5)	HAZEN MEMORIAL HOSPITAL ASSN 510 8TH AVE NE HAZEN ND 58545	45-0308379	(C)(3)	7,800				EQUIPMENT UPGRADE
(6)	HEALTH CARE DISTRICT OF PALM BEACH 1515 N FLAGLER DR #101 WEST PALM BEACH FL 33401	65-0145123	GOV	7,608				EQUIPMENT UPGRADE
(7)	HEALTHY SAVANNAH INC 1301 LINCOLN ST UNIT A SAVANNAH GA 31401	45-4714802	(C)(3)	191,371				CHILDHOOD OBESITY
(8)	HEART OF AMERICA MEDICAL CENTER 800 SOUTH MAIN AVE RUGBY ND 58368	45-0226419	(C)(3)	7,800				EQUIPMENT UPGRADE
(9)	HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD DETROIT MI 48202	38-1357020	(C)(3)	200,000				RESEARCH

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(1)	HORIZON FOUNDATION OF HOWARD COUNTY 10480 LITTLE PATUXENT PKWY COLUMBIA MD 21044	52-2119011	(C)(3)	205,000				COMMUNITY IMPACT
(2)	HOUSTON METHODIST HOSPITAL 6670 BERTNER AVE HOUSTON TX 77030	87-0721923	(C)(3)	731,000				RESEARCH
(3)	IAF NORTHWEST 649 STRANDER BLVD #B TUKWILA WA 98188	91-1499816	(C)(3)	62,500				COMMUNITY IMPACT
(4)	ICAHN SCHOOL OF MEDICINE-MT SINAI ONE GUSTAVE L LEVY PL NEW YORK NY 10029	13-6171197	(C)(3)	1,324,364				RESEARCH
(5)	IDAHO WALK BIKE ALLIANCE INC. PO BOX 1594 BOISE ID 83701	27-1334849	(C)(3)	125,200				COMMUNITY IMPACT
(6)	ILLINOIS PUBLIC HEALTH INSTITUTE 954 WEST WASHINGTON BLVD CHICAGO IL 60607	26-2757523	(C)(3)	120,000				COMMUNITY IMPACT
(7)	INDEPENDENT SCHOOL DISTRICT 27 11200 93RD AVE N MAPLE GROVE MN 55369	41-6001421	GOV	7,000				EDUCATION GRANT
(8)	INDEPENDENT SCHOOL DISTRICT 62 2520 EAST 12TH AVE NORTH SAINT PAUL MN 55109	41-6008435	GOV	10,000				EDUCATION GRANT
(9)	INDIANA UNIVERSITY, INDIANAPOLIS PO BOX 66057 INDIANAPOLIS IN 46266	35-6001673	GOV	699,056				RESEARCH

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Schedule I (Form 990) (2017)

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(1)	INNERCITY STRUGGLE 530 SOUTH BOYLE AVE LOS ANGELES CA 90033	27-2133211	(C)(3)	30,000				COMMUNITY IMPACT
(2)	INNOVIS HEALTH LLC 3000 32ND AVE S FARGO ND 58103	26-1175213	(C)(3)	43,000				EQUIPMENT UPGRADE
(3)	INTERMOUNTAIN HEALTH CARE INC. 36 SOUTH STATE ST SALT LAKE CITY UT 84111	74-2675605	(C)(3)	198,906				RESEARCH
(4)	IOWA DEPARTMENT OF PUBLIC HEALTH 321 EAST 12TH ST DES MOINES IA 50319	42-6004523	GOV	192,466				EQUIPMENT UPGRADE
(5)	JACKSONVILLE JAGUARS FOUNDATION ONE EVERBANK FIELD DR JACKSONVILLE FL 32202	59-3249687	(C)(3)	25,000				COMMUNITY IMPACT
(6)	JACOBSON MEMORIAL HOSPITAL CARE 601 EAST ST N ELGIN ND 58533	45-0222079	(C)(3)	7,800				EQUIPMENT UPGRADE
(7)	JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 E PIERCE ST COUNCIL BLUFFS IA 51503	42-0680355	(C)(3)	6,000				EQUIPMENT UPGRADE
(8)	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO IL 60693	52-0595110	(C)(3)	3,917,246				RESEARCH
(9)	KAISER FOUNDATION HOSPITALS 2701 NW VAUGHN #490 PORTLAND OR 97210	94-1105628	(C)(3)	47,020				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2017)

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Internal Revenue Service

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(1)	KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LANE KALISPELL MT 59901	23-7293874	(C)(3)	11,500				EQUIPMENT UPGRADE
(2)	KENNESAW STATE UNIVERSITY RESEARCH 585 COBB AVE KENNESAW GA 30144	37-1535589	(C)(3)	154,000				RESEARCH
(3)	LA CASA DE BUENA SALUD INC PO BOX 843 PORTALES NM 88130	23-7429653	(C)(3)	7,500				EQUIPMENT UPGRADE
(4)	LA CASA DE DON PEDRO 75 PARK AVE NEWARK NJ 07104	23-7249368	(C)(3)	6,000				COMMUNITY IMPACT
(5)	LA JOLLA INST. ALLERGY/IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	(C)(3)	335,060				RESEARCH
(6)	LA SEMILLA FOOD CENTER 101 EAST JOY ANTHONY NM 88021	27-2486484	(C)(3)	119,254				COMMUNITY IMPACT
(7)	LAKE PARK RESCUE 217 MARKET ST LAKE PARK IA 51347	42-6004856	GOV	25,562				EQUIPMENT UPGRADE
(8)	LAKES REGIONAL HEALTHCARE 2301 HIGHWAY 71 SPIRIT LAKE IA 51360	42-6037582	(C)(3)	25,562				EQUIPMENT UPGRADE
(9)	LAWRENCE LIVERMORE NATL LABORATORY 7000 EAST AVE LIVERMORE CA 94550	20-5624386	GOV	511,160				RESEARCH

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(1)	LINCOLN VOLUNTEER AMBULANCE SERVICE PO BOX 455 LINCOLN MT 59639	81-0393354	(C)(3)	25,000				DEFIB/MONITORS
(2)	LINTON HOSPITAL 518 NORTH BROADWAY LINTON ND 58552	45-0253272	(C)(3)	7,800				EQUIPMENT UPGRADE
(3)	LIVING STREETS ALLIANCE PO BOX 2641 TUCSON AZ 85702	27-4678502	(C)(3)	141,746				COMMUNITY IMPACT
(4)	LOMA LINDA UNIVERSITY 11145 ANDERSON ST #205 LOMA LINDA CA 92350	95-1816009	(C)(3)	304,060				RESEARCH
(5)	LOS ANGELES CNTY BICYCLE COALITION 634 SOUTH SPRING ST #821 LOS ANGELES CA 90014	95-4845170	(C)(3)	45,187				CHILDHOOD OBESITY
(6)	LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST #619 NEW ORLEANS LA 70112	72-6087770	GOV	316,392				RESEARCH
(7)	LOW MOOR VOLUNTEER FIRE DEPARTMENT 420 3RD ST LOW MOOR IA 52757	42-1012808	(C)(3)	25,562				EQUIPMENT UPGRADE
(8)	LOYOLA UNIVERSITY MEDICAL CENTER 820 NORTH MICHIGAN AVE CHICAGO IL 60611	36-1408475	(C)(3)	36,844				RESEARCH/UPGRADE
(9)	LUCAS COUNTY HEALTH CENTER 1200 NORTH 7TH ST CHARITON IA 50049	42-6039708	(C)(3)	12,000				EQUIPMENT UPGRADE

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(1)	MAINE MEDICAL CENTER 81 RESEARCH DR SCARBOROUGH ME 04074	01-0238552	(C)(3)	60,000				RESEARCH
(2)	MARION GENERAL HOSPITAL 1000 MCKINLEY PARK DR MARION OH 43302	31-1070877	(C)(3)	78,426				EQUIPMENT UPGRADE
(3)	MARKETUMBRELLA ORG 200 BROADWAY ST #107 NEW ORLEANS LA 70118	26-2477706	(C)(3)	75,000				COMMUNITY IMPACT
(4)	MARSHALL UNIVERSITY RESEARCH CORP 1 JOHN MARSHALL DR HUNTINGTON WV 25755	55-0683361	(C)(3)	320,532				RESEARCH
(5)	MARY GREELEY MEDICAL CENTER 1111 DUFF AVE AMES IA 50010	23-7064009	(C)(3)	35,500				EQUIPMENT UPGRADE
(6)	MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON MA 02114	04-2697983	(C)(3)	4,406,431				RESEARCH
(7)	MASSACHUSETTS PUBLIC HEALTH ASSN 101 TREMENT ST #1011 BOSTON MA 02108	04-2326503	(C)(3)	120,739				COMMUNITY IMPACT
(8)	MAYO CLINIC, ROCHESTER 200 FIRST ST SW ROCHESTER MN 55905	41-6011702	(C)(3)	695,262				RESEARCH
(9)	MCKENZIE COUNTY HEALTHCARE SYSTEMS 516 NORTH MAIN ST WATFORD CITY ND 58854	77-0637498	(C)(3)	7,800				EQUIPMENT UPGRADE

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(1)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE WI 53226	39-0806261	(C)(3)	905,972				RESEARCH
(2)	MEDICAL UNIV. OF SOUTH CAROLINA 19 HAGOOD AVE #303 CHARLESTON SC 29425	57-6000722	GOV	407,376				RESEARCH
(3)	MEMORIAL HERMANN HOSPITAL 909 FROSTWOOD ST #2100 HOUSTON TX 77024	74-1152597	(C)(3)	33,380				EQUIPMENT UPGRADE
(4)	MEMORIAL SLOAN KETTERING CANCER CTR PO BOX 27106 NEW YORK NY 10087	13-1924236	(C)(3)	231,000				RESEARCH
(5)	MERCY HEALTH SERVICES IOWA CORP 1000 4TH ST SW MASON CITY IA 50401	31-1373080	(C)(3)	34,500				EQUIPMENT UPGRADE
(6)	MERCY HOSPITAL 570 CHAULAUQUA BLVD VALLEY CITY ND 58072	45-0226553	(C)(3)	7,800				EQUIPMENT UPGRADE
(7)	MERCY HOSPITAL & MEDICAL CENTER 2525 SOUTH MICHIGAN AVE CHICAGO IL 60616	36-2170152	(C)(3)	10,000				EQUIPMENT UPGRADE
(8)	MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE ND 58301	45-0227012	(C)(3)	7,800				EQUIPMENT UPGRADE
(9)	MERCY MEDICAL CENTER 130115TH AVE WEST WILLISTON ND 58801	45-0231183	(C)(3)	7,800				EQUIPMENT UPGRADE

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(1)	MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS IA 52403	42-0698295	(C)(3)	5,050				EQUIPMENT UPGRADE
(2)	MERCY MEDICAL CENTER - CLINTON 1410 NORTH 4TH ST CLINTON IA 52732	42-1336618	(C)(3)	11,500				EQUIPMENT UPGRADE
(3)	METRO BICYCLE COALITION 2100 ORETHA CASTLE HALEY BLVD NEW ORLEANS LA 70113	80-0100169	(C)(3)	58,997				CHILDHOOD OBESITY
(4)	METROCREST FAMILY MEDICAL CLINIC 1 MEDICAL PKWY PLAZA 1 #149 FARMERS BRANCH TX 75234	75-2616002	(C)(3)	70,000				RESEARCH
(5)	MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD #2 EAST LANSING MI 48824	38-6005984	GOV	353,688				RESEARCH
(6)	MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR HOUGHTON MI 49931	38-6005955	GOV	53,688				RESEARCH
(7)	MIDWEST AMBULANCE SERVICE OF IOWA 2535 106TH ST URBANDALE IA 50322	42-1234049		25,562				EQUIPMENT UPGRADE
(8)	MONTGOMERY CNTY MEMORIAL HOSPITAL 2301 EA#RN AVE RED OAK IA 51566	42-1222797	(C)(3)	5,050				EQUIPMENT UPGRADE
(9)	NAMI KANSAS INC. PO BOX 675 TOPEKA KS 66601	48-1061361	(C)(3)	15,000				COMMUNITY IMPACT

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

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Schedule I (Form 990) (2017)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2017**

**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
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**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NATIONWIDE CHILDREN'S HOSPITAL PO BOX 715245 COLUMBUS OH 43271	31-6056230	(C)(3)	678,988				RESEARCH
(2)	NCRPC 109 NORTH MILL ST BELOIT KS 67420	48-0808208	(C)(3)	35,000				COMMUNITY IMPACT
(3)	NEW MEXICO HIGHLANDS UNIVERSITY PO BOX 9000 LAS VEGAS NM 87701	85-6000406	GOV	154,000				RESEARCH
(4)	NEW ROOTS 1800 PORTLAND AVE LOUISVILLE KY 40205	27-0700459	(C)(3)	30,180				CHILDHOOD OBESITY
(5)	NEW YORK UNIVERSITY 700 WASHINGTON SQUARE S NEW YORK NY 10012	13-5562309	(C)(3)	300,000				RESEARCH
(6)	NEW YORK UNIVERSITY MEDICAL CENTER 700 WASHINGTON SQUARE S NEW YORK NY 10012	13-5562308	(C)(3)	1,383,284				RESEARCH
(7)	NORTH CAROLINA A&T STATE UNIVERSITY 1601 EAST MARKET ST GREENSBORO NC 27411	56-6000007	GOV	231,000				RESEARCH
(8)	NORTH CAROLINA ALLIANCE FOR HEALTH 3131 RDU CENTER DR #100 MORRISVILLE NC 27560	81-4271401	(C)(3)	220,046				CHILDHOOD OBESITY
(9)	NORTH CAROLINA PTA 3501 GLENWOOD AVE RALEIGH NC 27612	56-0340503	(C)(3)	79,907				CHILDHOOD OBESITY

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(1)	NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH NC 27695	56-6000756	GOV	653,150				RESEARCH
(2)	NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE BISMARCK ND 58505	45-0309764	GOV	97,964				EQUIPMENT UPGRADE
(3)	NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST WOLF POINT MT 59201	81-0226578	(C)(3)	25,000				EQUIPMENT UPGRADE
(4)	NORTHWEST IOWA HOSPITAL CORP 2720 STONE PARK BLVD SIOUX CITY IA 51104	42-1019872	(C)(3)	11,500				EQUIPMENT UPGRADE
(5)	NORTHWESTERN MEDICAL CENTER INC 133 FAIRFIELD ST SAINT ALBANS VT 05478	03-0266986	(C)(3)	29,526				EQUIPMENT UPGRADE
(6)	NORTHWESTERN MEMORIAL HEALTHCARE 251 E HURON ST CHICAGO IL 60611	36-3152959	(C)(3)	20,000				EQUIPMENT UPGRADE
(7)	NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON IL 60208	36-2167817	(C)(3)	9,717,845				RESEARCH
(8)	NORTHWOOD DEACONESS HEALTH CENTER PO BOX 190 NORTHWOOD ND 58267	45-0226472	(C)(3)	6,825				EQUIPMENT UPGRADE
(9)	OAKES COMMUNITY HOSPITAL 1200 NORTH 7TH ST OAKES ND 58474	45-0231675	(C)(3)	7,800				EQUIPMENT UPGRADE

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Schedule I (Form 990) (2017)

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(1)	OAKLAND UNIVERSITY 2200 N SQUIRREL RD ROCHESTER MI 48309	38-1714400	(C)(3)	161,942				RESEARCH
(2)	OHIO UNIVERSITY PO BOX 960 ATHENS OH 45701	31-6402113	GOV	154,000				RESEARCH
(3)	OKLAHOMA STATE UNIVERSITY 401 WHITEHURST HALL STILLWATER OK 74078	73-1383996	GOV	153,933				RESEARCH
(4)	OKLAHOMA MEDICAL RESEARCH FDN 825 NE 13TH ST OKLAHOMA CITY OK 73104	73-0580274	(C)(3)	231,000				RESEARCH
(5)	OREGON HEALTH & SCIENCE UNIVERSITY 690 SW BANCROFT ST PORTLAND OR 97239	93-1176109	GOV	343,280				RESEARCH
(6)	OREGON STATE UNIVERSITY 306 KERR ADMIN BLDG CORVALLIS OR 97333	61-1730890	GOV	150,000				RESEARCH
(7)	PALMETTO CYCLING COALITION 141F PELHAM DR #116 COLUMBIA SC 29209	57-1020701	(C)(3)	88,742				CHILDHOOD OBESITY
(8)	PARK NICOLLET HEALTH SERVICES 6500 EXCELSIOR BLVD SAINT LOUIS PARK MN 55426	41-0132080	(C)(3)	28,000				EQUIPMENT UPGRADE
(9)	PEMBINA COUNTY MEMORIAL HOSPITAL 301 MOUNTAIN ST EAST CAVALIER ND 58220	45-6013474	(C)(3)	7,800				EQUIPMENT UPGRADE

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(1)	PENNSYLVANIA STATE UNIVERSITY 227 WEST BEAVER ST #401 STATE COLLEGE PA 16801	24-6000376	GOV	440,316				RESEARCH
(2)	PINNACLE PREVENTION 3100 WEST RAY ROAD #201 CHANDLER AZ 85226	46-4574172	(C)(3)	124,994				COMMUNITY IMPACT
(3)	PRAIRIE CNTY HOSPITAL DISTRICT 312 S ADAMS AVE TERRY MT 59349	81-0258933	GOV	11,999				DEFIB/MONITORS
(4)	PRESENCE CHICAGO HOSPITALS NETWORK 7435 WEST TALCOTT AVE CHICAGO IL 60631	36-2235165	(C)(3)	10,000				EQUIPMENT UPGRADE
(5)	PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA ND 58367	45-0227391	(C)(3)	7,800				EQUIPMENT UPGRADE
(6)	PRESIDENT AND FELLOWS OF HARVARD 1033 MASSACHUSETTS AVE #3 CAMBRIDGE MA 02138	04-2103580	(C)(3)	873,397				RESEARCH
(7)	PRINCETON UNIVERSITY 701 CARNEGIE ST PRINCETON NJ 08540	21-0634501	(C)(3)	53,688				RESEARCH
(8)	PROVIDENCE MONTANA HEALTH FDN 500 WEST BROADWAY MISSOULA MT 59802	23-7056976	(C)(3)	11,500				EQUIPMENT UPGRADE
(9)	PURDUE UNIVERSITY, WEST LAFAYETTE 155 SOUTH GRANT ST WEST LAFAYETTE IN 47907	35-6002041	GOV	380,532				RESEARCH

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OMB No. 1545-0047

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Employer identification number

13-5613797

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(1)	REGIONS HOSPITAL 8170 33RD AVE S MINNEAPOLIS MN 55440	41-0956618	(C)(3)	28,000				EQUIPMENT UPGRADE
(2)	REHABILITATION INST. OF CHICAGO 345 EAST SUPERIOR ST CHICAGO IL 60611	36-2256036	(C)(3)	199,991				RESEARCH
(3)	REINVESTMENT PARTNERS 110 EAST GEER ST DURHAM NC 27701	31-1587628	(C)(3)	45,005				COMMUNITY IMPACT
(4)	RESEARCH AMERICA 241 18TH ST S #501 CHANTILLY VA 22202	52-1609875	(C)(3)	10,000				ADVOCACY
(5)	RESEARCH MEDICAL CENTER 2316 EAST MEYER BLVD KANSAS CITY MO 64132	46-1198401	(C)(3)	6,000				EQUIPMENT UPGRADE
(6)	RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE RI 02903	05-0258954	(C)(3)	403,328				RESEARCH
(7)	RHYTHM THERAPEUTICS INC 21 EAST HURON ST 807 CHICAGO IL 60611	47-2024034		20,000				INNOVATION GRANT
(8)	RICE UNIVERSITY 6100 MAIN ST HOUSTON TX 77005	74-1109620	(C)(3)	107,376				RESEARCH
(9)	RILEY COUNTY 110 COURTHOUSE PLAZA MANHATTAN KS 66502	48-6023850	GOV	10,000				DEFIB/MONITORS

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(1)	RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST #2 CHICAGO IL 60612	36-2174823	(C)(3)	10,000				EQUIPMENT UPGRADE
(2)	RUTGERS, THE STATE UNIV. OF NJ 65 DAVIDSON ROAD #306 PISCATAWAY NJ 08854	46-2354111	GOV	618,496				RESEARCH
(3)	SAFE ROUTES TO SCHOOL NATL PARTNERS 2323 BROADWAY AVE #109-B OAKLAND CA 94612	46-2694434	(C)(3)	299,500				COMMUNITY IMPACT
(4)	SALVATION ARMY 424 WESTFIELD ST GREENVILLE SC 29609	58-0660607	(C)(3)	100,000				COMMUNITY IMPACT
(5)	SAN DIEGO STATE UNIV. RESEARCH 5250 CAMPANILE DR SAN DIEGO CA 92182	95-6042721	GOV	53,688				RESEARCH
(6)	SAN JOSE STATE UNIV. RESEARCH 210 N FOURTH ST, 4TH FLOOR SAN JOSE CA 95112	94-6017638	(C)(3)	154,000				RESEARCH
(7)	SANFORD BISMARCK 300 N 7TH ST BISMARCK ND 58501	45-0226700	(C)(3)	43,000				EQUIPMENT UPGRADE
(8)	SANFORD HILLSBORO 12 3RD ST SE HILLSBORO ND 58045	45-0230400	(C)(3)	6,825				EQUIPMENT UPGRADE
(9)	SANFORD MEDICAL CENTER FARGO PO BOX 2010 FARGO ND 58122	45-0226909	(C)(3)	43,000				EQUIPMENT UPGRADE

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(1)	SANFORD MEDICAL CENTER MAYVILLE 42 6TH AVE SE MAYVILLE ND 58257	45-0228899	(C)(3)	7,800				EQUIPMENT UPGRADE
(2)	SANFORD-BURNHAM MEDICAL RESEARCH 10901 N TORREY PINES RD LA JOLLA CA 92037	51-0197108	(C)(3)	264,280				RESEARCH
(3)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA CA 92037	33-0435954	(C)(3)	217,696				RESEARCH
(4)	SETON HEALTHCARE 1345 PHILOMENA ST AUSTIN TX 78723	74-1109643	(C)(3)	24,000				EQUIPMENT UPGRADE
(5)	SISTERS OF CHARITY OF LEAVENWORTH 500 ELDORADO BLVD #4300 BROOMFIELD CO 80021	23-7379161	(C)(3)	23,000				EQUIPMENT UPGRADE
(6)	SOUTH CAROLINA ALLIANCE OF YMCAS 1612 MARION ST #100 COLUMBIA SC 29201	47-3049199	(C)(3)	130,084				COMMUNITY IMPACT
(7)	SOUTH CAROLINA EAT SMART MOVE MORE 2711 MIDDLEBURG DR #301 COLUMBIA SC 29204	57-1096619	(C)(3)	50,113				CHILDHOOD OBESITY
(8)	SOUTH KALISPELL RURAL FIRE DISTRICT 1255 WILLOW GLEN DR KALISPELL MT 59901	81-0416485	GOV	22,500				DEFIB/MONITORS
(9)	SOUTHERN INSTITUTE FOR PUBLIC LIFE 300 WASHINGTON ST #308 MONROE LA 71201	47-2933004	(C)(3)	49,810				CHILDHOOD OBESITY

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(1)	SOUTHWEST HEALTHCARE CORPORATION 802 2ND ST NW BOWMAN ND 58623	45-0458242	(C)(3)	7,800				EQUIPMENT UPGRADE
(2)	ST. ALEXIUS MEDICAL CENTER PO BOX 5510 BISMARCK ND 58506	45-0226711	(C)(3)	50,800				EQUIPMENT UPGRADE
(3)	ST. ALOISIUS HOSPITAL INC 325 BREWER ST EAST HARVEY ND 58341	45-0226729	(C)(3)	7,800				EQUIPMENT UPGRADE
(4)	ST. ANDREWS HOSPITAL 316 OHMER ST BOTTINEAU ND 58318	45-0226426	(C)(3)	7,800				EQUIPMENT UPGRADE
(5)	ST. DAVIDS CMMTY HEALTH FOUNDATION 919 EAST 32ND ST AUSTIN TX 78705	74-1356589	(C)(3)	24,000				EQUIPMENT UPGRADE
(6)	ST. JOHN HOSPITAL FOUNDATION 22101 MORROSS RD #102 DETROIT MI 48236	20-2961579	(C)(3)	7,027				EQUIPMENT UPGRADE
(7)	ST. JOSEPHS HOSPITAL AND HEALTH CTR 30 7TH ST W DICKINSON ND 58601	45-0226429	(C)(3)	7,800				EQUIPMENT UPGRADE
(8)	ST. LUKES METHODIST HOSPITAL 1026 A AVE NE CEDAR RAPIDS IA 52402	42-0504780	(C)(3)	6,000				EQUIPMENT UPGRADE
(9)	ST. MARGARETS HOSPITAL 600 EAST FIRST ST SPRING VALLEY IL 61362	36-2167884	(C)(3)	258,000				EQUIPMENT UPGRADE

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Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. MARY MEDICAL CENTER INC 1500 SOUTH LAKE PARK AVE HOBART IN 46342	35-2007327	(C)(3)	8,000				EQUIPMENT UPGRADE
(2)	ST. PETERS COMMUNITY HOSPITAL 2475 E BROADWAY ST HELENA MT 59601	81-0233121	(C)(3)	36,500				EQUIPMENT UPGRADE
(3)	ST. JOHN'S UNIVERSITY 8000 UTOPIA PKWY QUEENS NY 11345	11-1630830	(C)(3)	154,000				RESEARCH
(4)	ST. LOUIS PTP FOR A HEALTHY CMNTY 9648 OLIVE BLVD #350 OLIVETTE MO 63132	82-2929240	(C)(4)	728,200				ADVOCACY
(5)	STANFORD UNIV. SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO CA 94144	94-1156365	(C)(3)	9,363,805				RESEARCH
(6)	STAPELTON FOUNDATION 7350 E 29TH AVE #204 DENVER CO 80238	84-1497067	(C)(3)	90,000				COMMUNITY IMPACT
(7)	STARK COUNTY COMMUNITY UNIT SCHOOL 300 VAN BUREN ST WYOMING IL 61491	36-4416405	(C)(3)	20,071				CPR IN SCHOOLS
(8)	MONTANA DEPT PUBLIC HEALTH PO BOX 4210 HELENA MT 59604	81-0302402	GOV	135,400				HOSPITAL ACCRED
(9)	STATE UNIV. OF NEW YORK PO BOX 9 ALBANY NY 12201	14-1368361	GOV	375,220				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2017)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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(1)	TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA PA 19172	23-1365971	(C)(3)	2,064,180				RESEARCH
(2)	TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWY S COLLEGE STATION TX 77845	74-6000541	GOV	454,000				RESEARCH
(3)	TEXAS A&M UNIVERSITY HEALTH SCIENCE 400 HARVEY MITCHELL PKWY S COLLEGE STATION TX 77845	74-2907553	(C)(3)	757,844				RESEARCH
(4)	TEXAS HEART INSTITUTE 6700 BERTNER ST #C550 HOUSTON TX 77030	74-6053200	(C)(3)	414,368				RESEARCH
(5)	THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVE DUBUQUE IA 52001	42-0680354	(C)(3)	5,050				EQUIPMENT UPGRADE
(6)	THE FOOD PROJECT 10 LEWIS ST LINCOLN MA 01773	04-3262532	(C)(3)	10,000				COMMUNITY IMPACT
(7)	THE FOOD TRUST 1617 JFK BLVD #900 PHILADELPHIA PA 19103	23-2678383	(C)(3)	75,915				COMMUNITY IMPACT
(8)	THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS OH 43210	31-6025986	GOV	848,968				RESEARCH
(9)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK NY 10065	13-1624158	(C)(3)	110,456				RESEARCH

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Schedule I (Form 990) (2017)

DAA



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(1)	THE SALK INST. BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA CA 92037	95-2160097	(C)(3)	231,000				RESEARCH
(2)	THE WELLNESS COUNCIL OF AMERICA 17002 MARCY ST #140 OMAHA NE 68118	36-3444746	(C)(3)	8,000				COMMUNITY IMPACT
(3)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA PA 19107	23-1352651	(C)(3)	53,688				RESEARCH
(4)	THRIVE ALLEN COUNTY INC 9 SOUTH JEFFERSON AVE LOLA KS 66749	32-0198379	(C)(3)	10,000				COMMUNITY IMPACT
(5)	TIFT GENERAL HOSPITAL FOUNDATION PO BOX 747 TIFTON GA 31794	58-1705285	(C)(3)	5,881				EQUIPMENT UPGRADE
(6)	TIOGA MEDICAL CENTER PO BOX 159 TIOGA ND 58852	45-0308484	(C)(3)	7,800				EQUIPMENT UPGRADE
(7)	TOWNER COUNTY MEMORIAL HOSPITAL HIGHWAY 281 NORTH CANDO ND 58324	45-0425948	(C)(3)	7,800				EQUIPMENT UPGRADE
(8)	TRINITY HOSPITALS PO BOX 5020 MINOT ND 58701	41-2002771	(C)(3)	44,524				EQUIPMENT UPGRADE
(9)	TRINITY MEDICAL CENTER 2701 17TH ST ROCK ISLAND IL 61201	36-2739299	(C)(3)	16,550				EQUIPMENT UPGRADE

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(1)	TRINITY REGIONAL MEDICAL CENTER 802 KENYON RD FORT DODGE IA 50501	42-1009175	(C)(3)	16,550				EQUIPMENT UPGRADE
(2)	TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON MA 02111	04-3400617	(C)(3)	535,060				RESEARCH
(3)	TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE MA 02144	04-2103634	(C)(3)	107,376				RESEARCH
(4)	UNITY HEALTHCARE 1518 MULBERRY AVE MUSCATINE IA 52761	42-0680337	(C)(3)	12,000				EQUIPMENT UPGRADE
(5)	UNITYPOINT HEALTH-MARSHALLTOWN 3 SOUTH 4TH AVE MARSHALLTOWN IA 50158	81-5034179	(C)(3)	35,500				EQUIPMENT UPGRADE
(6)	UNIVERSITY HEALTH SYSTEM FOUNDATION 4502 MEDICAL DR MS #45-2 SAN ANTONIO TX 78229	74-2335396	(C)(3)	250,530				RESEARCH
(7)	UNIV. OF AKRON 302 BUCHTEL AVE AKRON OH 44325	34-6002924	GOV	154,000				RESEARCH
(8)	UNIV. OF ALABAMA, BIRMINGHAM 1720 2ND AVE S BIRMINGHAM AL 35294	63-6005396	GOV	2,551,494				RESEARCH
(9)	UNIV. OF ARIZONA PO BOX 3520 TUCSON AZ 85722	74-2652689	GOV	391,220				RESEARCH

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Schedule I (Form 990) (2017)

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(1)	UNIV. OF ARKANSAS PO BOX 1404 FAYETTEVILLE AR 72701	71-6003252	GOV	308,000				RESEARCH
(2)	UNIV. OF CALIFORNIA, BERKELEY 2195 HEARST AVE #130 BERKELEY CA 94720	94-6002123	GOV	818,712				RESEARCH
(3)	UNIV. OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO CA 95798	94-6036494	GOV	815,720				RESEARCH
(4)	UNIV. OF CALIFORNIA, IRVINE 260 ALDRICH HALL IRVINE CA 92697	95-2226406	GOV	53,688				RESEARCH
(5)	UNIV. OF CALIFORNIA, LOS ANGELES 405 HILGARD AVE LOS ANGELES CA 90095	95-6006143	GOV	2,885,894				RESEARCH
(6)	UNIV. OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR LA JOLLA CA 92093	95-6006144	GOV	1,458,224				RESEARCH
(7)	UNIV. OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST SAN FRANCISCO CA 94143	94-6036493	GOV	2,656,767				RESEARCH
(8)	UNIV. OF CENTRAL FLORIDA PO BOX 160118 ORLANDO FL 32816	59-2924021	GOV	300,000				RESEARCH
(9)	UNIV. OF CHICAGO 1427 EAST 60TH ST CHICAGO IL 60637	36-2177139	(C)(3)	321,892				RESEARCH

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<b>(1)</b>	UNIV. OF CINCINNATI PO BOX 691031 CINCINNATI OH 45269	31-6000989	GOV	1,149,812				RESEARCH
<b>(2)</b>	UNIV. OF COLORADO PO BOX 910238 DENVER CO 80291	84-6000555	GOV	2,072,171				RESEARCH
<b>(3)</b>	UNIV. OF CONNECTICUT 438 WHITNEY ROAD EXTENSION, UNIT STORRS CT 06269	1 06-0772160	GOV	114,368				RESEARCH
<b>(4)</b>	UNIV. OF CONNECTICUT, FARMINGTON 263 FARMINGTON AVE FARMINGTON CT 06030	52-1725543	GOV	284,688				RESEARCH
<b>(5)</b>	UNIV. OF DELAWARE 220 HULLIHEN HALL NEWARK DE 19716	51-6000297	(C)(3)	104,060				RESEARCH
<b>(6)</b>	UNIV. OF DENVER 2199 SOUTH UNIVERSITY BLVD DENVER CO 80210	84-0404231	(C)(3)	477,641				RESEARCH
<b>(7)</b>	UNIV. OF FLORIDA 219 GRINTER HALL GAINESVILLE FL 32611	59-6002052	GOV	1,079,983				RESEARCH
<b>(8)</b>	UNIV. OF GEORGIA 475 NORTH LUMPKIN ST ATHENS GA 30601	58-6001998	GOV	220,900				RESEARCH
<b>(9)</b>	UNIV. OF HAWAII 2600 CAMPUS ROAD HONOLULU HI 96822	99-6000354	GOV	341,456				RESEARCH

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(1)	UNIV. OF HOUSTON, HOUSTON 4800 CALHOUN ROAD HOUSTON TX 77004	74-6001399	GOV	354,000				RESEARCH
(2)	UNIV. OF ILLINOIS PO BOX 20787 SPRINGFIELD IL 62708	37-6000511	GOV	1,287,440				RESEARCH
(3)	UNIV. OF IOWA 125 NORTH MADISON ST IOWA CITY IA 52242	42-6004813	GOV	3,879,709				RESEARCH
(4)	UNIV. OF KANSAS 2385 IRVING HILL ROAD LAWRENCE KS 66045	48-0680117	(C)(3)	53,688				RESEARCH
(5)	UNIV. OF KENTUCKY UNIVERSITY OF KENTUCKY LEXINGTON KY 40506	61-6033693	GOV	3,147,108				RESEARCH
(6)	UNIV. OF MAINE 5703 ALUMNI HALL #101 ORONO ME 04469	01-6000769	GOV	749,999				RESEARCH
(7)	UNIV. OF MARYLAND ROUTE 1 COLLEGE PARK MD 20742	15-2071085	GOV	200,000				RESEARCH
(8)	UNIV. OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE MD 21203	52-6002033	GOV	587,140				RESEARCH
(9)	UNIV. OF MASSACHUSETTS 333 SOUTH ST #450 SHREWSBURY MA 01545	04-3167352	GOV	200,000				RESEARCH

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(1)	UNIV. OF MASSACHUSETTS MEDICAL CTR 55 LAKE AVE N WORCESTER MA 01655	04-3167352	GOV	230,900				RESEARCH
(2)	UNIV. OF MEMPHIS PO BOX 1000, DEPT 313 MEMPHIS TN 38148	62-0648618	GOV	154,000				RESEARCH
(3)	UNIV. OF MIAMI PO BOX 248106 CORAL GABLES FL 33124	59-0624458	(C)(3)	302,276				RESEARCH
(4)	UNIV. OF MICHIGAN 500 S STATE ST ANN ARBOR MI 48109	38-6006309	GOV	229,180				RESEARCH
(5)	UNIV. OF MICHIGAN MEDICAL CTR 3003 SOUTH STATE ST ANN ARBOR MI 48109	38-6006309	GOV	392,064				RESEARCH
(6)	UNIV. OF MINNESOTA 200 OAK ST SE MINNEAPOLIS MN 55455	41-6007513	GOV	984,688				RESEARCH
(7)	UNIV. OF MISSISSIPPI 113 FALKNER UNIVERSITY MS 38677	64-6001159	GOV	231,000				RESEARCH
(8)	UNIV. OF MISSISSIPPI MEDICAL CTR 2500 NORTH STATE ST JACKSON MS 39216	65-6008520	GOV	806,580				RESEARCH
(9)	UNIV. OF MISSOURI 310 JESSE HALL COLUMBIA MO 65211	43-6003859	GOV	310,456				RESEARCH

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(1)	UNIV. OF MONTANA 32 CAMPUS DR, 4104 MISSOULA MT 59812	81-6001713	GOV	53,688				RESEARCH
(2)	UNIV. OF NEBRASKA MEDICAL CTR 985100 NEBRASKA MEDICAL CENTER DR OMAHA NE 68198	47-0049123	GOV	622,056				RESEARCH
(3)	UNIV. OF NEVADA 1664 NORTH VIRGINIA ST RENO NV 89557	88-6000024	GOV	53,688				RESEARCH
(4)	UNIV. OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO DR ALBUQUERQUE NM 87131	85-6000642	GOV	754,000				RESEARCH
(5)	UNIV. OF NORTH CAROLINA 104 AIRPORT DR #2200 CHAPEL HILL NC 27599	56-6001393	GOV	1,041,396				RESEARCH
(6)	UNIV. OF NORTH TEXAS HEALTH SCIENCE 3500 CAMP BOWIE BLVD FORT WORTH TX 76107	75-6064033	GOV	265,124				RESEARCH
(7)	UNIV. OF OKLAHOMA HEALTH SCIENCE 1100 NORTH LINDSAY ST OKLAHOMA CITY OK 73104	73-6017987	(C)(3)	53,688				RESEARCH
(8)	UNIV. OF OREGON 5219 UNIVERSITY OF OREGON DR EUGENE OR 97403	46-4727800	GOV	53,688				RESEARCH
(9)	UNIV. OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA PA 19104	23-1352685	(C)(3)	954,133				RESEARCH

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

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Schedule I (Form 990) (2017)

DAA

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIV. OF PITTSBURGH PO BOX 371220 PITTSBURGH PA 15251	25-0965591	(C)(3)	3,249,066				RESEARCH
(2)	UNIV. OF ROCHESTER MEDICAL CTR 910 GENESEE ST ROCHESTER NY 14611	16-0743209	(C)(3)	1,858,496				RESEARCH
(3)	UNIV. OF SOUTH ALABAMA, MOBILE 307 UNIVERSITY BLVD MOBILE AL 36688	63-0477348	GOV	305,844				RESEARCH
(4)	UNIV. OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA SC 29208	57-6001153	GOV	284,688				RESEARCH
(5)	UNIV. OF SOUTH FLORIDA, TAMPA PO BOX 864568 ORLANDO FL 32886	59-3102112	GOV	344,688				RESEARCH
(6)	UNIV. OF SOUTHERN CALIFORNIA 900 WEST 34TH ST LOS ANGELES CA 90074	95-1642394	(C)(3)	472,316				RESEARCH
(7)	UNIV. OF SOUTHERN MISSISSIPPI 118 COLLEGE DR #5157 HATTIESBURG MS 39406	64-6000818	GOV	153,041				RESEARCH
(8)	UNIV. OF TENNESSEE HEALTH SCIENCE 62 SOUTH DUNLAP ST #300 MEMPHIS TN 38163	62-6001636	GOV	106,532				RESEARCH
(9)	UNIV. OF TEXAS 101 EAST 27TH ST AUSTIN TX 78713	74-6000203	GOV	672,704				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2017)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2017**

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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</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	UNIV. OF TEXAS HEALTH SCIENCE PO BOX 301418 DALLAS TX 75303	74-1761309	GOV	1,567,128				RESEARCH
<b>(2)</b>	UNIV. OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DR SAN ANTONIO TX 78229	74-1586031	GOV	53,688				RESEARCH
<b>(3)</b>	UNIV. OF TEXAS MEDICAL BRANCH PO BOX 660120 DALLAS TX 75266	74-6000949	GOV	104,060				RESEARCH
<b>(4)</b>	UNIV. OF TEXAS SOUTHWESTERN MED CTR PO BOX 841753 DALLAS TX 75284	75-6002868	GOV	1,940,792				RESEARCH
<b>(5)</b>	UNIV. OF TEXAS, ARLINGTON 219 WEST MAIN ST ARLINGTON TX 76019	75-6000121	GOV	545,220				RESEARCH
<b>(6)</b>	UNIV. OF TEXAS, DALLAS 800 WEST CAMPBELL ROAD, AD15 RICHARDSON TX 75080	75-1305566	GOV	623,325				RESEARCH
<b>(7)</b>	UNIV. OF TEXAS, EL PASO 500 W UNIVERSITY AVE EL PASO TX 79968	74-6000813	GOV	154,000				RESEARCH
<b>(8)</b>	UNIV. OF TEXAS, TYLER 3900 UNIVERSITY BLVD TYLER TX 75799	75-1396988	GOV	154,000				RESEARCH
<b>(9)</b>	UNIV. OF TOLEDO HEALTH SCIENCE PO BOX 72327 CLEVELAND OH 44192	34-6401483	GOV	106,532				RESEARCH

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Schedule I (Form 990) (2017)

DAA

**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.  
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OMB No. 1545-0047

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIV. OF UTAH 201 PRESIDENTS CIRCLE #408 SALT LAKE CITY UT 84112	87-6000525	GOV	5,524,070				RESEARCH
(2)	UNIV. OF VIRGINIA, CHARLOTTESVILLE PO BOX 400195 CHARLOTTESVILLE VA 22904	54-6001796	GOV	2,922,972				RESEARCH
(3)	UNIV. OF WASHINGTON 12455 COLLECTIONS DR CHICAGO IL 60693	91-6001537	GOV	2,031,451				RESEARCH
(4)	UNIV. OF WISCONSIN 21 NORTH PARK ST MADISON WI 53715	39-6006492	GOV	743,744				RESEARCH
(5)	UNIV. OF WYOMING 1000 EAST UNIVERSITY AVE LARAMIE WY 82071	83-6000331	GOV	404,060				RESEARCH
(6)	URBAN FOOD INITIATIVE (DAILY TABLE) 420 WASHINGTON ST WABAN MA 02468	46-0673197	(C)(3)	20,000				COMMUNITY IMPACT
(7)	UTAH STATE UNIVERSITY 1490 OLD MAIN HILL LOGAN UT 84322	87-6000528	GOV	53,688				RESEARCH
(8)	VALLEY-WIDE HEALTH SYSTEMS INC 128 MARKET ST ALAMOSA CO 81101	84-0706945	(C)(3)	10,000				EQUIPMENT UPGRADE
(9)	VANDERBILT UNIVERSITY 1400 18TH AVE S NASHVILLE TN 37235	62-0476822	(C)(3)	10,047,503				RESEARCH

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Schedule I (Form 990) (2017)

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Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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Employer identification number

13-5613797

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(1)	VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND VA 23284	54-6001758	GOV	284,688				RESEARCH
(2)	VIRGINIA POLYTECHNIC INSTITUTE 300 TURNER ST NW BLACKSBURG VA 24061	54-6001805	GOV	353,437				RESEARCH
(3)	VOICES FOR ALABAMA'S CHILDREN PO BOX 4576 MONTGOMERY AL 36103	58-2020321	(C)(3)	95,983				COMMUNITY IMPACT
(4)	WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON-SALEM NC 27157	22-3849199	(C)(3)	300,000				RESEARCH
(5)	WASHINGTON STATE UNIVERSITY PO BOX 641025 PULLMAN WA 99164	91-6001108	GOV	200,000				RESEARCH
(6)	WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS MO 63112	43-0653611	(C)(3)	1,152,324				RESEARCH
(7)	WAYNE STATE UNIVERSITY 5057 WOODWARD ST, 13TH FLOOR DETROIT MI 48202	38-6028429	GOV	300,000				RESEARCH
(8)	WISHEK HOSPITAL CLINIC ASSN 1007 4TH AVE S WISHEK ND 58495	45-0358986	(C)(3)	7,800				EQUIPMENT UPGRADE
(9)	WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON OH 45435	31-0732831	(C)(3)	110,456				RESEARCH

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Schedule I (Form 990) (2017)

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Department of the Treasury  
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OMB No. 1545-0047

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WYANDOTTE COUNTY 701 N 7TH ST KANSAS CITY KS 66101	48-1194075	GOV	15,000				COMMUNITY IMPACT
(2)	YALE UNIVERSITY 309 EDWARDS ST NEW HAVEN CT 06511	06-0646973	(C)(3)	2,715,418				RESEARCH
(3)	YES ON PROP E SAN FRANCISCO 1 SUTTER ST #225 SAN FRANCISCO CA 94104	82-2716962	(C)(4)	370,000				ADVOCACY
(4)	YMCAS OF MASSACHUSETTS INC 14 BEACON ST BOSTON MA 02108	47-1614111	(C)(3)	150,000				COMMUNITY IMPACT
(5)	YOUTH UNITED FOR CHANGE 1910 NORTH FRONT ST PHILADELPHIA PA 19122	23-2878099	(C)(3)	45,000				CHILDHOOD OBESITY
(6)	REFUNDS/CANCELLATIONS OF PY GRANTS 7272 GREENVILLE AVENUE DALLAS TX 75231	13-5613797	(C)(3)	-12,838,683				RESEARCH
(7)								
(8)								
(9)								

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

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

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Schedule I (Form 990) (2017)

DAA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 LECTURE HONORARIA	4	5,000			
2 TRAVEL TO CONFERENCES	50	43,155			
3 INVESTIGATOR AWARDS/PRIZE	384	258,622			
4 SCHOLARSHIP	35	34,450			
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

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<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
	For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18		
Name of the organization AMERICAN HEART ASSOCIATION, INC.			Employer identification number 13-5613797

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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 AHA.

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

<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
	For calendar year 2017, or tax year beginning <u>07/01/17</u> , and ending <u>06/30/18</u>		
Name of the organization <b>AMERICAN HEART ASSOCIATION, INC.</b>			Employer identification number <b>13-5613797</b>

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 RESEARCH PROGRAMS ARE GIVEN BELOW.

#### PREDOCTORAL FELLOWSHIPS

THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF PROMISING STUDENTS WHO ARE MATRICULATED IN PRE-DOCTORAL OR CLINICAL HEALTH PROFESSIONAL DEGREE TRAINING PROGRAMS.

POST BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH.D. OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE.

#### POSTDOCTORAL FELLOWSHIPS

THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE INTEGRATED RESEARCH AND CLINICAL TRAINING OF POSTDOCTORAL APPLICANTS WHO ARE NOT YET INDEPENDENT.

<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
	For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18		
Name of the organization AMERICAN HEART ASSOCIATION, INC.			Employer identification number 13-5613797

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).

CAREER DEVELOPMENT AWARDS

THIS PROGRAM SUPPORTS HIGHLY PROMISING HEALTHCARE AND ACADEMIC PROFESSIONALS, IN THE EARLY YEARS OF ONE'S FIRST PROFESSIONAL APPOINTMENT, TO EXPLORE INNOVATIVE QUESTIONS OR PILOT STUDIES.

AT THE TIME OF APPLICATION, THE APPLICANT MUST HOLD AN M.D., PH.D., D.O., D.V.M., D.D.S., OR EQUIVALENT POST-BACCALAUREATE DOCTORAL DEGREE. AT THE TIME OF AWARD ACTIVATION, THE APPLICANT MUST HOLD A FACULTY/STAFF POSITION UP TO AND INCLUDING THE RANK OF ASSISTANT PROFESSOR (OR EQUIVALENT). APPLICATIONS MAY BE SUBMITTED FOR REVIEW IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE FIRST FACULTY/STAFF APPOINTMENT. APPLICANTS MAY NOT BE A CURRENT OR PRIOR RECIPIENT OF AN AHA SCIENTIST DEVELOPMENT GRANT.

AT AWARD ACTIVATION, NO MORE THAN FOUR YEARS MAY HAVE ELAPSED SINCE THE



<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
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FIRST FACULTY/STAFF APPOINTMENT (AFTER RECEIPT OF DOCTORAL DEGREE) AT THE ASSISTANT PROFESSOR LEVEL OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, INSTRUCTOR, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.).

ESTABLISHED INVESTIGATOR AWARDS

MID-CAREER INVESTIGATORS WITH UNUSUAL PROMISE AND AN ESTABLISHED RECORD OF ACCOMPLISHMENTS AND DEMONSTRATED COMMITMENT TO CARDIOVASCULAR OR CEREBROVASCULAR SCIENCE. INDIVIDUALS MUST BE FACULTY/STAFF MEMBERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION.

AT THE TIME OF AWARD ACTIVATION, THE 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.).

APPLICANTS MUST HAVE CURRENT FUNDING AS PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E.G. VA MERIT AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO AN R01.

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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.
- TO BE ELIGIBLE TO APPLY FOR THIS AWARD, THE APPLICANT'S INSTITUTION  
 MAY NOT HAVE RECEIVED MORE THAN \$6 MILLION PER YEAR IN NIH SUPPORT IN EACH  
 OF FOUR OF THE LAST SEVEN YEARS.

INSTITUTIONS WITH HEALTH PROFESSIONAL SCHOOLS OR COLLEGES  
 FOR INSTITUTIONS COMPOSED OF MULTIPLE ACADEMIC COMPONENTS (I.E., SCHOOLS OR  
 COLLEGES), THE CRITERION OF FINANCIAL ELIGIBILITY IS BASED ON THE AMOUNT OF  
 NIH RESEARCH GRANT MONIES RECEIVED, NOT BY THE INSTITUTION (UNIVERSITY) AS  
 A WHOLE, BUT BY THE INDIVIDUAL HEALTH PROFESSIONAL SCHOOL/COLLEGE OR BY THE  
 SUM OF "OTHER ACADEMIC COMPONENTS" (AS DEFINED IN THIS SECTION) WHERE THE  
 PD/PI HAS A PRIMARY APPOINTMENT (E.G., SCHOOL OF ARTS AND SCIENCE, SCHOOL  
 OF MEDICINE, COLLEGE OF NURSING, SCHOOL OF PHARMACY, ETC.).

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- HEALTH PROFESSIONAL SCHOOL OR COLLEGE: ACCREDITED PUBLIC OR NON-PROFIT PRIVATE SCHOOL/COLLEGE THAT GRANTS A TERMINAL HEALTH PROFESSIONAL DEGREE (E.G., MD, DDS, DO, PHARMD, BSN, DVM, DRPH, OD, DPT, DC, ND, DPM).
- ACCREDITATION MUST BE PROVIDED BY A BODY APPROVED FOR SUCH PURPOSE BY THE SECRETARY OF EDUCATION.
- 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.
- 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 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.

TRANSFORMATIONAL PROJECT AWARDS

THIS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT REPRESENT THE SECOND PHASE OF A SUCCESSFUL EXPLORATORY STUDY THAT IS ALREADY SHOWING A HIGH PROBABILITY OF REVEALING NEW AVENUES OF INVESTIGATION. THE PROGRAM ALSO AIMS TO PROVIDE PILOT OR SEED FUNDING THAT SHOULD LEAD TO SUCCESSFUL

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COMPETITION FOR ADDITIONAL FUNDING BEYOND THE PILOT PERIOD.

AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

INNOVATIVE PROJECT AWARDS

THIS PROGRAM IS INTENDED TO SUPPORT RESEARCH OF UNEXPLORED IDEAS. CONCEPTS DEEMED AS INNOVATIVE; THAT MAY INTRODUCE A NEW PARADIGM, CHALLENGE CURRENT PARADIGMS, LOOK AT EXISTING PROBLEMS FROM NEW PERSPECTIVES, OR EXHIBIT OTHER UNIQUELY CREATIVE QUALITIES.

AT THE TIME OF AWARD ACTIVATION, APPLICANTS MUST HOLD A POST-BACCALAUREATE PH.D. DEGREE OR EQUIVALENT, OR A DOCTORAL-LEVEL CLINICAL DEGREE, SUCH AS M.D., D.O., D.V.M., PHARM.D., OR PH.D. IN NURSING, PUBLIC HEALTH, OR OTHER CLINICAL HEALTH SCIENCE. THIS PROGRAM PLACES NO LIMIT ON ELIGIBILITY BASED ON CAREER STAGE, ACADEMIC RANK OR DISCIPLINE. IT REQUIRES ONLY EVIDENCE OF EMPLOYMENT AT A QUALIFIED INSTITUTION.

INSTITUTIONAL UNDERGRADUATE STUDENT FELLOWSHIPS

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THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO UNDERGRADUATE COLLEGE STUDENTS.

THE PROGRAM TARGETS UNDERGRADUATE STUDENTS CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION OR MAY COMPLETE THE FELLOWSHIP IMMEDIATELY FOLLOWING GRADUATION. INDIVIDUALS MUST BE ENROLLED FULL-TIME OR A RECENT GRADUATE OF AN UNDERGRADUATE DEGREE PROGRAM AT A FOUR-YEAR COLLEGE OR UNIVERSITY. A STUDENT MAY BE SUPPORTED BY AHA UNDERGRADUATE FELLOWSHIP TWICE.

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).

COLLABORATIVE SCIENCES AWARDS - THE PROPOSAL MUST FOCUS ON THE COLLABORATIVE RELATIONSHIP, SUCH THAT THE SCIENTIFIC OBJECTIVES COULD NOT BE ACHIEVED WITHOUT THE EFFORTS OF AT LEAST TWO CO-PRINCIPAL INVESTIGATORS AND THEIR RESPECTIVE DISCIPLINES. AN APPLICATION MUST BE SUBMITTED JOINTLY BY AT LEAST TWO CO-PRINCIPAL INVESTIGATORS. CO-PIS MUST EACH HOLD FACULTY/STAFF APPOINTMENTS OF ANY RANK (OR EQUIVALENT). CO-PIS MUST BE INDEPENDENT RESEARCHERS. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH TRAINING OR FELLOWSHIP POSITIONS. CO-PIS MUST HOLD A M.D., PH.D., D.O., D.V.M. OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE.

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MERIT AWARDS - THIS AWARD IS INTENDED FOR APPLICANTS WITH THE FOLLOWING OR EQUIVALENT CREDENTIALS:

- HAVE A PH.D. AND/OR M.D. (OR THE EQUIVALENT).
- HOLD A TENURED OR TENURE-TRACK POSITION AS ASSOCIATE PROFESSOR OR HIGHER ACADEMIC RANK AT AN ELIGIBLE NONPROFIT U.S. INSTITUTION OR, IF AT AN ELIGIBLE INSTITUTION THAT HAS NO TENURE TRACK, HOLD AN APPOINTMENT THAT REFLECTS A SIGNIFICANT INSTITUTIONAL COMMITMENT AT THE TIME OF THE APPLICATION DEADLINE. FEDERAL GOVERNMENT EMPLOYEES ARE NOT ELIGIBLE.
- IT IS ANTICIPATED THAT THIS NEW AWARD WILL BE GIVEN TO ESPECIALLY INNOVATIVE INDIVIDUALS WHOSE RESEARCH WILL HAVE IMPORTANT IMPACT, BUT FOR WHOM THE PROPOSED AREA OF RESEARCH WOULD NOT BE ABLE TO BEGIN IN A TIMELY FASHION WITHOUT THIS FUNDING.
- BE THE PRINCIPAL INVESTIGATOR ON ONE OR MORE ACTIVE, NATIONAL PEER-REVIEWED RESEARCH AWARDS OF AT LEAST THREE YEARS DURATION, SUCH AS AN NIH R01 GRANT, AT THE TIME OF THE APPLICATION DEADLINE. MENTORED AWARDS, CAREER DEVELOPMENT AND TRAINING GRANTS DO NOT QUALIFY.

STRATEGICALLY FOCUSED RESEARCH NETWORK - DIRECTORS AND PRINCIPAL INVESTIGATORS OF PROJECTS OF THE CENTERS MUST POSSESS AN M.D., PH.D., D.O., D.V.M., OR EQUIVALENT DOCTORAL DEGREE AT TIME OF APPLICATION. THEY SHOULD BE FACULTY OR STAFF MEMBERS OF THE NON-PROFIT APPLICANT ORGANIZATION AT APPLICATION. PROGRAMS OFFERED ONLY TO SFN AWARD RECIPIENTS INCLUDE THE STRATEGIC COLLABORATIVE GRANT AND THE STRATEGIC RENEWAL GRANT.

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PART IV - ADDITIONAL INFORMATION

PART IV - CONTINUED

INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE

GRANT QUALIFICATIONS:

FACULTY/ STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR (PI) MUST HOLD AN M.D. , PH.D. , D.O. OR EQUIVALENT TERMINAL DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. OTHER THAN THE REQUIREMENT THAT THE PRINCIPAL INVESTIGATOR BE INDEPENDENT, ELIGIBILITY FOR THE AHA DATA GRANTS ARE IN NO WAY RESTRICTED UPON EXPERIENCE LEVEL OR SENIORITY.

FELLOWSHIP QUALIFICATIONS:

FELLOWS MUST HOLD A PH.D. , M.D. , D.O. , D.V.M. OR EQUIVALENT DOCTORAL DEGREE AND COMMIT AT LEAST 80% EFFORT TO RESEARCH TRAINING. A FELLOW MAY NOT HOLD ANOTHER FELLOWSHIP AWARD, ALTHOUGH THE INSTITUTION MAY PROVIDE SUPPLEMENTAL FUNDING. FELLOWS MAY NOT HOLD A FACULTY OR STAFF APPOINTMENT, WITH THE EXCEPTION OF M.D. OR M.D./PH.D. WITH CLINICAL RESPONSIBILITIES WHO NEEDS INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING. FELLOWS MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. FELLOWS WILL BE EXPECTED TO DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA APPLY.

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TRAINING GRANTS QUALIFICATIONS:  
APPLICANTS MAY BE STUDENTS WITH A BACHELOR'S, MASTER'S OR DOCTORAL DEGREE.  
IF THE APPLICANT IS A POSTDOCTORAL FELLOW, AT THE TIME OF AWARD  
ACTIVATION, THE CANDIDATE MAY HAVE NO MORE THAN FIVE YEARS OF POSTDOCTORAL  
RESEARCH TRAINING OR EXPERIENCE (EXCLUDING CLINICAL TRAINING). APPLICANTS  
MAY BE R.N./PH.D. WITH FACULTY APPOINTMENT. AWARDEES WILL BE EXPECTED TO  
DEVOTE HIS/HER TIME TO RESEARCH OR ACTIVITIES DIRECTLY RELATED TO THE  
DEVELOPMENT INTO AN INDEPENDENT RESEARCHER. ALL OTHER ELIGIBILITY CRITERIA  
APPLY.

PROGRAMS OFFERED THROUGH THE INSTITUTE FOR PRECISION CARDIOVASCULAR  
MEDICINE ARE:

- INSTITUTIONAL DATA FELLOWSHIP PROGRAM
- METHODS VALIDATION GRANT
- UNCOVERING NEW PATTERNS FELLOWSHIP
- UNCOVERING NEW PATTERNS GRANT
- AI AND ML (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
- AI AND ML TRAINING GRANTS
- DEMOCRATIZING DATA

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



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

ANOTHER MAJOR ELIGIBILITY REQUIREMENT FOR INDIVIDUALS IS CITIZENSHIP

AWARDS ARE MADE TO PRINCIPAL INVESTIGATORS AND TRAINEES WHO ARE: (A) UNITED STATES CITIZENS OR (B) FOREIGN NATIONALS HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN NATIONALS WHO HAVE APPLIED FOR PERMANENT RESIDENCY (FORM I-485 ON FILE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED AUTHORIZATION TO LEGALLY REMAIN IN THE U.S. (HAVING FILED AN APPLICATION FOR EMPLOYMENT FORM I-765).

AWARDEE MUST MEET 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.

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

Name of the organization

**Compensation Information**

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number

13-5613797

AMERICAN HEART ASSOCIATION, INC.

**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.

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

**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 .....

**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 in line 1a? .....

**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.

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

**4** During the year, did any person listed 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

**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				
NANCY BROWN	(i) 774,771	802,060	21,860	108,893	26,379	1,733,963	0
1 CHIEF EXEC OFFICER	(ii) 0	0	0	0	0	0	0
CYNTHIA ROBERTS	(i) 297,036	18,000	244	36,277	17,753	369,310	0
2 CHIEF FIN OFFICER	(ii) 0	0	0	0	0	0	0
LARRY CANNON	(i) 257,903	50,000	0	0	3,374	311,277	0
3 CHIEF ADMIN/CORP SEC	(ii) 0	0	0	0	0	0	0
LYNNE DARROUZET	(i) 263,108	16,068	0	36,218	17,632	333,026	0
4 CORP SEC THRU 10/17	(ii) 0	0	0	0	0	0	0
ROSE MARIE ROBERTSON	(i) 466,502	92,000	26,815	64,723	10,762	660,802	26,815
5 CHIEF SCIEN/MEDICAL	(ii) 0	0	0	0	0	0	0
LESLIE UPTON	(i) 462,066	92,000	2,369	64,885	7,507	628,827	0
6 CHIEF OPER OFFICER	(ii) 0	0	0	0	0	0	0
JOHN J MEINERS	(i) 396,316	24,000	130,763	56,323	13,705	621,107	129,522
7 CHIEF - MISSION-ALIG	(ii) 0	0	0	0	0	0	0
DAVID MARKIEWICZ	(i) 422,828	84,555	8,000	59,293	7,507	582,183	0
8 EVP SOUTHEAST	(ii) 0	0	0	0	0	0	0
MEIGHAN GIRGUS	(i) 404,198	73,440	7,822	57,346	12,356	555,162	0
9 CHIEF MKTG/PROGRAMS	(ii) 0	0	0	0	0	0	0
MIDGE EPSTEIN	(i) 423,785	25,743	32,477	60,251	19,497	561,753	22,451
10 EVP SOUTHWEST	(ii) 0	0	0	0	0	0	0
KATHLEEN ROGERS	(i) 433,842	26,472	8,000	61,768	18,109	548,191	0
11 EVP WESTERN STATES	(ii) 0	0	0	0	0	0	0
KEVIN HARKER	(i) 409,611	0	798	58,100	19,497	488,006	0
12 EVP MIDWEST	(ii) 0	0	0	0	0	0	0
SUNDER JOSHI	(i) 11,024	58,100	253,475	3,160	950	326,709	190,554
13 RETIRED CHIEF ADMIN	(ii) 0	0	0	0	0	0	0
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

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

## PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

- 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 2017, 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, JOHN MEINERS, MEIGHAN GIRGUS, AND LESLIE UPTON. THESE BENEFITS ARE TREATED AS TAXABLE INCOME.

## PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION

THE SENIOR MANAGEMENT OF AHA PARTICIPATES IN AN INCENTIVE PLAN DESIGNED TO MOTIVATE AND REWARD SIGNIFICANT GROWTH AND PERFORMANCE OF THE ASSOCIATION

**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.

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 REVENUE GOALS. AWARD OPPORTUNITIES FOR SENIOR MANAGEMENT, EXECUTIVE MANAGEMENT, AND THE CEO RANGE FROM 0% - 30%, 0% - 40%, AND 0% - 100% RESPECTIVELY.

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

**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.

BASE SALARY FOR THE SENIOR EXECUTIVE TEAM AND 0%-70% (TARGET OF 50%) FOR  
THE CEO.

**PART III - OTHER ADDITIONAL INFORMATION****PART I, LINE 4B - NONQUALIFIED RETIREMENT PLAN**

AHA PROVIDES A 457(F) RETIREMENT RESTORATION PLAN TO CERTAIN MEMBERS OF  
SENIOR MANAGEMENT. WHILE AHA EMPLOYEES ARE GENERALLY ELIGIBLE TO  
PARTICIPATE IN THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN,  
CONTRIBUTIONS BY AHA TO THE QUALIFIED RETIREMENT PLAN AND THE 403(B) PLAN  
ARE CAPPED PURSUANT TO IRS REGULATIONS. UNDER THE RETIREMENT RESTORATION  
PLAN, AHA IS ALLOWED TO MAKE CONTRIBUTIONS BASED ON THE AMOUNT A  
PARTICIPANT WOULD HAVE BEEN ALLOWED TO RECEIVE IF THE RETIREMENT  
CONTRIBUTIONS BY AHA WERE NOT CAPPED. THE RETIREMENT RESTORATION PLAN  
SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS  
WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT  
CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS  
VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND  
INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A

**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.

LUMP SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE ON A MONTHLY BASIS. THE PAYMENTS ARE CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN REACHED THEIR VESTING DATE OR HAD PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM PAYMENTS FROM THE PLAN. PREVIOUSLY VESTED, MIDGE EPSTEIN RECEIVED \$22,451, ROSE MARIE ROBERTSON RECEIVED \$26,815, SUNDER JOSHI RECEIVED \$190,554, AND JOHN MEINERS RECEIVED \$129,522.

**SCHEDULE J SUPPLEMENTAL INFORMATION**

LYNNE DARROUZET TRANSITIONED OUT OF THE ROLE OF CORPORATE SECRETARY IN OCTOBER 2017, BUT REMAINS EMPLOYED WITH THE ORGANIZATION. LARRY CANNON HAS SINCE ASSUMED THE ROLE OF CORPORATE SECRETARY, IN ADDITION TO HIS ROLE AS CHIEF ADMINISTRATIVE OFFICER.

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.

SUNDER JOSHI RETIRED FROM THE AMERICAN HEART ASSOCIATION IN JANUARY 2017 AS  
THE CHIEF ADMINISTRATIVE OFFICER. HIS 2017 COMPENSATION INCLUDES PAYMENTS  
FROM THE RETIREMENT RESTORATION PLAN AND FOR ACCRUED PAID TIME OFF.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

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	754	299,050	FAIR MARKET VALUE
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....	X		2,878	FAIR MARKET VALUE
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	597	482,707	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded .....	X	465	10,168,943	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 .....	X	1	221,077	FAIR MARKET VALUE
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....	X	1919	642,158	FAIR MARKET VALUE
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other <b>u</b> ( AD COUNCIL AD ) .....	X	1	19,489,584	FAIR MARKET VALUE
26 Other <b>u</b> ( AD MATERIALS ) .....	X	12	6,647,115	FAIR MARKET VALUE
27 Other <b>u</b> ( TRAVEL ) .....	X	1981	3,353,157	FAIR MARKET VALUE
28 Other <b>u</b> ( OTHER PROPERTY ) .....	X	24055	6,732,008	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 1

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		

**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, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES  
THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS.

SCHEDULE M - SUPPLEMENTAL INFORMATION

PART I, LINE 28

OTHER PROPERTY INCLUDES RECREATION, FOOD AND DRINK, TANGIBLE  
PERSONAL PROPERTY, AND PERSONAL SERVICES GIFT CARDS.

RECREATION

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTORS = 5,647

C) REVENUE REPORTED ON FORM 990, PART VIII \$2,220,946

D) METHOD OF DETERMING VALUE: FAIR MARKET VALUE

FOOD & DRINK

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTORS = 6,050

C) REVENUE REPORTED ON FORM 990, PART VIII \$2,026,762

D) METHOD OF DETERMING VALUE: FAIR MARKET VALUE

TANGIBLE PERSONAL PROPERTY

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTORS = 7,930

C) REVENUE REPORTED ON FORM 990, PART VIII \$1,386,999

D) METHOD OF DETERMING VALUE: 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.

## PERSONAL/PROFESSIONAL SERVICES GIFT CARDS

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTORS = 2,911

C) REVENUE REPORTED ON FORM 990, PART VIII \$623,089

D) METHOD OF DETERMING VALUE: FAIR MARKET VALUE

## MISCELLANEOUS

A) CHECK IF APPLICABLE = X

B) NUMBER OF CONTRIBUTORS = 1,517

C) REVENUE REPORTED ON FORM 990, PART VIII \$474,212

D) METHOD OF DETERMING VALUE: FAIR MARKET VALUE

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

FORM 990 - ORGANIZATION'S MISSION

THE AMERICAN HEART ASSOCIATION IS A NATIONAL VOLUNTARY HEALTH AGENCY  
FOCUSED ON ACTIVITIES RELATED TO THE CAUSES, DIAGNOSIS, PREVENTION, AND  
TREATMENT OF CARDIOVASCULAR DISEASE, STROKE AND OTHER RELATED DISEASES.  
OUR MISSION STATEMENT IS TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER,  
HEALTHIER LIVES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

FROM PIONEERING FRONTIERS IN PRECISION MEDICINE TO ACCELERATING DRUG  
DISCOVERY, THE AMERICAN HEART ASSOCIATION IS FULFILLING ITS MISSION: TO BE  
A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES. OUR SUCCESS IS  
MEASURED IN LIVES SAVED, LAWS CHANGED, DISCOVERIES MADE, AND COMMUNITIES  
TRANSFORMED. THAT'S BEEN OUR LEGACY FOR ALMOST A CENTURY.

SCIENCE AND RESEARCH

SINCE 1949, THE AMERICAN HEART ASSOCIATION HAS FUNDED MORE THAN \$4.3  
BILLION IN RESEARCH PROJECTS THAT EXPLORE THE PREVENTION, DETECTION AND  
TREATMENT OF CARDIOVASCULAR DISEASES AND STROKE. IN 2017-18:

- THE AHA ANNOUNCED FOUR NEW CENTERS WITHIN ITS VASCULAR DISEASE RESEARCH  
NETWORK, AND SIX CENTERS IN ITS ATRIAL FIBRILLATION RESEARCH NETWORK,  
INCLUDING TWO CENTERS FOCUSED ON CREATING, ADAPTING AND EVALUATING  
SHARED DECISION-MAKING TOOLS FOR PATIENTS AND CLINICIANS.

- IN TRACKING PROGRESS TOWARD OUR 2020 STRATEGIC IMPACT GOALS, RECENT  
ESTIMATES INDICATE THAT WE HAVE ACHIEVED 3.95% IMPROVEMENT IN  
CARDIOVASCULAR HEALTH AND A 15.0% REDUCTION IN DEATHS FROM CARDIOVASCULAR

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DISEASES. IN ADDITION, WE HAVE CONTRIBUTED TO A 14.3% REDUCTION IN STROKE-RELATED DEATHS.

- WE PARTNERED WITH LAWRENCE LIVERMORE NATIONAL LABORATORY AND BRIGHAM AND WOMEN'S HOSPITAL TO WORK TOWARD REDUCING DRUG DEVELOPMENT TIME BY UP TO 50% USING SUPERCOMPUTERS THAT ANALYZE HOW DRUGS BIND TO THEIR TARGETS.

- TOGETHER WITH THE PAUL G. ALLEN FRONTIERS GROUP, WE ANNOUNCED WE ARE COMMITTING \$43 MILLION TO CO-FUND RESEARCH ON HOW TO BETTER PREVENT, DETECT AND TREAT AGE-RELATED COGNITIVE IMPAIRMENT, INCLUDING ALZHEIMER'S DISEASE.

- WE'RE ALSO CO-INVESTING IN EMERGING HEALTHCARE PRODUCTS THROUGH CARDEATION CAPITAL, A \$30 MILLION VENTURE CAPITAL FUND WE ESTABLISHED WITH PHILIPS AND UNIVERSITY OF PITTSBURGH MEDICAL CENTER ENTERPRISES AND MANAGED BY APHELION CAPITAL.

- IN ALLIANCE WITH DUKE CLINICAL RESEARCH INSTITUTE, THE AHA IS UNLOCKING THE POTENTIAL OF ARTIFICIAL INTELLIGENCE TO BETTER PREVENT AND TREAT CARDIOVASCULAR DISEASES.

- WE GAINED SCIENTIFIC MOMENTUM VIA THE AHA INSTITUTE FOR PRECISION CARDIOVASCULAR MEDICINE BY INCREASING DATA POINTS ON OUR PRECISION MEDICINE PLATFORM 700-FOLD, FROM 35 MILLION TO 27.3 BILLION, AND BY ENROLLING 1,450 TOTAL PARTICIPANTS IN MY RESEARCH LEGACY AND THE PILOT STUDY.

- THE AHA INSTITUTE OF PRECISION CARDIOVASCULAR MEDICINE ANNOUNCED THE FOLLOWING:

- AWARDEES OF UNCOVERING PATTERNS GRANTS

- SECOND ROUND OF DATA GRANTS WITH AMAZON WEB SERVICES (AWS) FOR TESTING AND REFINING ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING

- WINNERS OF THE INAUGURAL AHA, AWS COMPETITION FOR DATA GRANT PORTFOLIO 1.0 RECIPIENTS

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- THE ONE BRAVE IDEA SCIENCE INNOVATION CENTER OPENED IN BOSTON TO REVOLUTIONIZE CORONARY HEART DISEASE DETECTION.
- THE AHA NAMED SEVEN RECIPIENTS OF ITS COFOUNDED CONGENITAL HEART DEFECT RESEARCH AWARDS, AN \$826,600 INVESTMENT THAT WILL ULTIMATELY FUND MORE THAN \$22 MILLION IN CONGENITAL HEART DISEASE RESEARCH THROUGH 2021.
- THE AHA ISSUED TWO \$1 MILLION MERIT AWARDS, TO BE DISTRIBUTED OVER FIVE YEARS, TO RESEARCHERS STUDYING HOW STRESS AFFECTS THE BRAIN AND HOW THESE CHANGES MAY AFFECT THE HEART AND MOLECULAR SIGNALING BY THE HEART.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT  
PUBLIC/CONSUMER EDUCATION

- MORE THAN 100,000 PEOPLE HAVE BEEN TRAINED TO SAVE LIVES SINCE THE AMERICAN HEART ASSOCIATION LAUNCHED ITS HANDS-ONLY CPR TRAINING KIOSK PROGRAM IN 2016 FOLLOWING A PILOT RUN AT DALLAS-FORT WORTH INTERNATIONAL AIRPORT THREE YEARS EARLIER.
- THE AHA AND GOOGLE DEVELOPED AN AUGMENTED REALITY VERSION OF HANDS-ONLY CPR TRAINING AVAILABLE ONLY ON ANDROID DEVICES THROUGH OUR MY CARDIAC COACH MOBILE APP.
- THE AHA ANNOUNCED HEALTH SCREENING SERVICES, A BUSINESS LINE DESIGNED TO HELP CONSUMERS ACHIEVE IDEAL HEART HEALTH. CONDUCTED IN THE WORKPLACE AND AT COMMUNITY HEALTH EVENTS, SERVICES HELP CONSUMERS KNOW THEIR RISKS, MAKE BEHAVIOR CHANGES, AND SEEK SUPPORT AND FOLLOW-UP MEDICAL CARE.
- IN OUR CONTINUING QUEST TO REDUCE HEALTH DISPARITIES, WE DEBUTED THE EMPOWERED TO SERVE URBAN BUSINESS STORYTELLING COMPETITION AND AWARDED \$60,000 IN PRIZE MONEY TO THE 10 FINALISTS CHOSEN FROM AMONG MORE THAN 130 CONTESTANTS.
- WITH A \$500,000 GIFT FROM JOHN HOUSTON, RETIRED CEO OF HOUSTON ASSOCIATES

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IN STERLING, VA., THE AHA ANNOUNCED THE MID-ATLANTIC HBCU HEALTHY CHALLENGE COMPETITION. HBCU COEDS AT 30-PLUS CAMPUSES ARE PARTICIPATING IN THE 8-MONTH CONTEST TO DEVELOP INNOVATIVE, EFFECTIVE, SCALABLE SOLUTIONS TO REDUCE MINORITY HEALTH BARRIERS.

- OUR YOUTH MARKET TEAM ARTFULLY APPLIED THE LATEST TECHNOLOGIES, INCLUDING 3D VIDEO AND AUGMENTED REALITY, TO ENGAGE CHILDREN IN OUR LIFESAVING MISSION. JUMP ROPE FOR HEART RAISED \$61.7 MILLION IN ONLINE REVENUE THIS YEAR, UP 42 PERCENT FROM THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

PROFESSIONAL EDUCATION

- WE HOSTED MORE THAN A DOZEN 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 SCIENTIFIC STATEMENTS AND CLINICAL TREATMENT GUIDELINES FOR MEDICAL PROFESSIONALS, ADDRESSING A WIDE RANGE OF SPECIALTY AREAS INCLUDING HEART FAILURE, STROKE AND HYPERTENSION.

- ESTABLISHED IN 2003 TO AID HOSPITAL ADHERENCE TO EVIDENCE-BASED TREATMENT GUIDELINES AND IMPROVE QUALITY OF LIFE FOR STROKE PATIENTS, GET WITH THE GUIDELINES-STROKE HAS GROWN FROM 24 PARTICIPATING HOSPITALS TO OVER 2,100 OF THE NATION'S 5,534 REGISTERED HOSPITALS. AS PARTICIPATION HAS INCREASED, THE PROGRAM DATABASE HAS EXPLODED TO MORE THAN 5 MILLION PATIENT RECORDS.

- THE GET WITH THE GUIDELINES HEART FAILURE CLINICAL WORK GROUP SURPASSED 100 PUBLICATIONS IN FEBRUARY 2018, A CROWNING ACHIEVEMENT IN QUALITY

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IMPROVEMENT FROM A SCHOLARLY PERSPECTIVE.

- THE AMERICAN HEART ASSOCIATION HAS ENROLLED A RECORD 34,241 MEMBERS, INCLUDING 28,696 IN 2017-18 ALONE, WELL ABOVE THE YEAR-END GOAL OF 27,000.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

COMMUNITY SERVICES

QUALITY OF CARE/SYSTEMS OF CARE

- SAVING 50,000 LIVES ANNUALLY IS THE AIM OF RQI PARTNERS, A JOINT VENTURE BETWEEN THE AMERICAN HEART ASSOCIATION AND LAERDAL MEDICAL TO INCREASE HOSPITAL ADOPTION OF OUR RESUSCITATION QUALITY IMPROVEMENT PROGRAM. SO FAR, APPROXIMATELY 300 U.S. HOSPITALS ARE ON BOARD WITH RQI, IMPROVING THE CPR COMPETENCY OF MORE THAN 300,000 HEALTHCARE PROVIDERS.

- THE AMERICAN HEART ASSOCIATION AND THE JOINT COMMISSION RE-TOOLED THEIR 15-YEAR RELATIONSHIP TO CREATE CO-BRANDED CARDIOVASCULAR HOSPITAL CERTIFICATION PROGRAMS THAT BRING THE LATEST EVIDENCE-BASED SCIENCE TO THE BEDSIDE QUICKLY AND EFFICIENTLY.

- THE AMERICAN HEART ASSOCIATION IS COLLABORATING WITH THE AMERICAN DIABETES ASSOCIATION (ADA) AND INAUGURAL SPONSORS BOEHRINGER INGELHEIM, ELI LILLY AND COMPANY AND NOVO NORDISK TO RAISE AWARENESS OF THE TYPE 2 DIABETES-CARDIOVASCULAR DISEASE LINK. TOGETHER WITH THE ADA, WE WILL EDUCATE PATIENTS, TRAIN HEALTHCARE PROVIDERS, AND IMPLEMENT QUALITY IMPROVEMENT MEASURES FOR DIABETES TREATMENT FACILITIES.

- THE NATIONAL GO RED FOR WOMEN™ TEAM INTRODUCED AN INITIATIVE TO FUND BLOOD PRESSURE KIOSKS POWERED BY THE AHA'S "CHECK. CHANGE. CONTROL." PROGRAM IN 10 COMMUNITIES ACROSS THE COUNTRY. THE TEAM EXCEEDED ITS GOAL WITH \$4.1 MILLION IN CONTRIBUTIONS FOR 11 KIOSKS AND \$4.1 MILLION IN



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MATCHING FUNDS FROM CVS HEALTH. THE KIOSKS ARE PROJECTED TO REACH OVER 3.5 MILLION WOMEN.

- BY REDEFINING HIGH-BLOOD PRESSURE AS 130 OVER 80 OR GREATER, AND INSTALLING SELF-CHECK KIOSKS NATIONWIDE, WE'RE MOTIVATING MILLIONS TO SEEK CARE BEFORE IT'S TOO LATE.

- WITH DINING OPERATIONS THAT SERVE 2 BILLION MEALS ANNUALLY IN 19 COUNTRIES, ARAMARK NOW OFFERS 14% LESS SODIUM, 15% LESS SATURATED FAT, 30% VEGAN OR VEGETARIAN OPTIONS, AND 10% WHOLE GRAINS AS A MAIN INGREDIENT AS PART OF OUR HEALTHY FOR LIFE® 20 BY 20 PARTNERSHIP.

- WITH A \$15 MILLION GIFT FROM THE MARCUS FOUNDATION, WE CO-FOUNDED THE MARCUS STROKE NETWORK TO REDUCE DISABILITY AND DEATH IN AN 11-STATE REGION OF THE SOUTHEAST CALLED THE "STROKE BELT."

- WE PARTNERED WITH THE CAMPAIGN TO TRANSFORM ADVANCED CARE (C-TAC) TO CHAMPION CAREGIVER POLICIES AND IMPROVE PATIENTS' END-OF-LIFE EXPERIENCE.

#### PUBLIC ADVOCACY

- THERE WERE 94 ADVOCACY WINS AT THE STATE LEVEL IN 2017-18. ON THE FEDERAL FRONT, CONGRESS VOTED "YES" ON A TWO-YEAR BUDGET DEAL THAT WE CHAMPIONED: 1) EXPANDING ACCESS TO TELESTROKE AND CARDIAC REHABILITATION SERVICES, 2) REMOVING MEDICARE CAPS FOR OUTPATIENT THERAPY, AND 3) ALLOCATING \$3 BILLION TO FEDERAL HEALTH PROGRAMS. THIS IS THE MOST SIGNIFICANT FUNDING INCREASE IN 15 YEARS.

- THANKS TO OUR ADVOCACY, LOCAL AND STATE LAWS ON SUGAR-SWEETENED BEVERAGES, SMOKING, AND CPR IN SCHOOLS ARE CHANGING IN FAVOR OF BETTER HEALTH FOR FUTURE GENERATIONS. BY THE END OF 2017-18, 8 CITIES TAXED SUGAR-SWEETENED BEVERAGES, 955 MUNICIPALITIES WERE SMOKE-FREE - INCLUDING 96 IN TEXAS - AND 39 STATES REQUIRED CPR TRAINING FOR PUBLIC HIGH SCHOOL

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GRADUATION.

- SAN FRANCISCO RESIDENTS VOTED 68% TO 32% IN SUPPORT OF PROPOSITION E - WHICH WE ADVOCATED - AND THE COUNTRY'S MOST RESTRICTIVE BAN ON THE SALE OF MENTHOL CIGARETTES AND FLAVORED TOBACCO PRODUCTS THAT APPEAL TO KIDS.

- WE FILED A LAWSUIT AGAINST THE FDA FOR ALLOWING E-CIGARETTES AND CIGARS - INCLUDING CANDY-FLAVORED PRODUCTS THAT APPEAL TO KIDS - TO REMAIN ON THE MARKET UNTIL 2021 OR LATER WITHOUT FILING SAFETY INFORMATION.

- VOICES FOR HEALTHY KIDS LANDED 134 POLICY WINS IN UNDER 5 YEARS, MAKING EACH DAY HEALTHIER FOR APPROXIMATELY 170 MILLION PEOPLE.

THIS IS JUST A SAMPLING OF OUR ACCOMPLISHMENTS. THE AMERICAN HEART ASSOCIATION'S SUCCESS IS ATTRIBUTABLE TO THE 40 MILLION DEDICATED VOLUNTEERS AND SUPPORTERS WHO GIVE VOICE TO OUR VISION, AS WELL AS OUR DEDICATED STAFF. TOGETHER, WE ARE INSPIRING BREAKTHROUGHS AND BLAZING PATHS TO BETTER HEALTH AND LONGER LIFE WORLDWIDE.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES  
CHINA, PEOPLES REPUB, UNITED ARAB EMIRATES

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS DURING FISCAL YEAR 2017-18, THE BOARD OF DIRECTORS APPROVED AMENDMENTS TO THE AHA BYLAWS. THE AMENDMENTS INCLUDED CHANGES TO THE COMPOSITION OF THE BOARD OF DIRECTORS, THE PROCESS FOR NOMINATING OFFICERS AND DIRECTORS, APPROVAL REQUIREMENTS FOR BYLAW AMENDMENTS AND LOCAL AFFILIATE RESPONSIBILITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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 TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR

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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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL AHA'S BOARD OF DIRECTORS AUTHORIZES A COMPENSATION, BENEFITS, AND HUMAN RESOURCES ADVISORY COMMITTEE TO PROVIDE RECOMMENDATIONS REGARDING COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND PROVIDING RECOMMENDATIONS REGARDING COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION, INCLUDING 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 COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO'S COMPENSATION AS COMPARED TO THE EXTERNAL BENCHMARKING, AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION. 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

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CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION AND REBUTTABLE PRESUMPTION POLICY. DECISIONS REGARDING THE EXECUTIVE COMPENSATION ARE DOCUMENTED IN THE MEETING MINUTES. FOR PURPOSES OF THE 2017-18 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO BY THE COMMITTEE WAS DISCUSSED IN SEPTEMBER AND OCTOBER OF 2017, AND FEBRUARY AND MAY OF 2018.

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 15B - COMPENSATION PROCESS FOR OFFICERS  
REFER TO EXPLANATION FOR 990 PART VI, LINE 15A

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED  
MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA,  
NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO,  
OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE,  
UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE AMERICAN HEART ASSOCIATION (AHA) MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM

Name of the organization

Employer identification number

AMERICAN HEART ASSOCIATION, INC.

13-5613797

990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE,  
WWW.HEART.ORG. FORM 990-T IS AVAILABLE UPON REQUEST. THE AHA DOES NOT MAKE  
ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

POST-RETIREMENT ADJUSTMENT (ASC 715) \$ 898,874

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMHAS, LLC 7272 GREENVILLE AVENUE 13-5613797 DALLAS TX 75231	INVESTMENT	DE	3,187,051	68,637,635	AHA
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**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) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) APHELION CARDEATION, LLC 100 TIBURON BOULEVARD MILL VALLEY CA 94941 82-1740310	INVESTMENT	CA	AHA	RELATED	-211,904	188,096		X	N/A		X	99.01
(2) RQI PARTNERS, LLC 7272 GREENVILLE AVENUE DALLAS TX 75231 83-0935798	TRAINING	DE	AHA	RELATED				X	N/A		X	51.00
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 47 VARIOUS PERPETUAL TRUSTS 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	AHA	T			100.000000	X	
(2) 10 VARIOUS CHARITABLE RMDR TRUSTS 7272 GREENVILLE AVENUE DALLAS TX 75231 99-9999999	FIDUCIARY	TX	AHA	T			100.000000	X	
(3)									
(4)									



**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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> 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

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) 47 PERPETUAL TRUSTS	C	2,123,279	CASH CONTRIBUTIONS RECEIV
(2) 10 CHARITABLE REMAINDER TRUSTS	C	1,240,376	CASH CONTRIBUTIONS RECEIV
(3) APHELION CARDEATION, LLC	B	400,000	CAPITAL CONTRIBUTION
(4)			
(5)			
(6)			

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

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

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

**Part VII Supplemental Information.**

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

## SCHEDULE R - ADDITIONAL INFORMATION

## 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 III

IN AUGUST OF 2017, THE AHA MADE AN INVESTMENT IN APHELION CARDEATION, LLC, AN INVESTMENT PARTNERSHIP THAT INVESTS IN START-UP AND EMERGING GROWTH COMPANIES IN HEALTHCARE SECTORS THAT FOCUS ON A BROAD SET OF CLINICAL AREAS DIRECTLY RELATED TO CARDIOVASCULAR AND STROKE HEALTH INCLUDING, AMONG OTHER THINGS, DIABETES, METABOLIC DISORDERS AND PREVENTION AND HEALTHY AGING.

IN JUNE OF 2018, THE AHA AND LAERDAL MEDICAL CORPORATION FORMED A JOINT VENTURE CALLED RQI PARTNERS, LLC. THE PURPOSE OF THE JOINT VENTURE IS DELIVERING INNOVATIVE RESUSCITATION SOLUTIONS THAT ELIMINATE PREVENTABLE AND UNEXPECTED CARDIAC ARREST DEATHS. AS OF JUNE 30, 2018, THE PARTNERSHIP HAD NOT BEGUN OPERATIONS.

## 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.