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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
AMERICAN HEART ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7272 GREENVILLE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75231

D Employer identification number
13-5613797

E Telephone number
(214) 373-6300

G Gross receipts $ 1,299,009,397

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW HEART ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	4,378
6	Total number of volunteers (estimate if necessary)	**6**	33,000,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,724
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-83,551

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	650,674,889	693,094,040
9	Program service revenue (Part VIII, line 2g)	28,554,015	29,573,090
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,016,546	19,712,482
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,029,692	87,999,811
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	780,275,142	830,379,423
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	148,520,852	170,177,451
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	306,715,428	337,725,056
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,073,343	3,449,683
b	Total fundraising expenses (Part IX, column (D), line 25) ▶95,811,767		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	285,746,776	300,108,703
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	744,056,399	811,460,893
19	Revenue less expenses Subtract line 18 from line 12	36,218,743	18,918,530

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,291,066,077	1,326,447,551
21	Total liabilities (Part X, line 26)	402,868,134	437,037,060
22	Net assets or fund balances Subtract line 21 from line 20	888,197,943	889,410,491

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2016-11-30

CYNDI ROBERTS CFO CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE L STEWART	Preparer's signature: STEPHANIE L STEWART	Date: 2016-11-30	Check ☐ if self-employed — PTIN: P01646944
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207
Firm's address ▶ 210 PARK AVE SUITE 2850 OKLAHOMA CITY, OK 73102			Phone no (405) 239-6411

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

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

BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 168,592,286 including grants of $ 152,900,523) (Revenue $)

SEE SCHEDULE OSCIENCE AND RESEARCH SINCE 1949, THE AMERICAN HEART ASSOCIATION HAS FUNDED MORE THAN $3 8 BILLION IN RESEARCH PROJECTS THAT EXPLORE THE PREVENTION, DETECTION AND TREATMENT OF CARDIOVASCULAR DISEASES AND STROKE IN 2015-16 - WE PROVIDED MORE THAN $163 MILLION IN FUNDING FOR 980 NEW RESEARCH AWARDS - WE ANNOUNCED TWO NEW NETWORKS FOR OUR STRATEGICALLY FOCUSED RESEARCH PLATFORM, FOCUSED ON OBESITY AND CHILDREN'S CARDIOVASCULAR HEALTH THESE TWO NETWORKS JOIN PREVIOUSLY ANNOUNCED NETWORKS FOR PREVENTION, DISPARITIES, HYPERTENSION, WOMEN'S HEALTH AND HEART FAILURE - WE ANNOUNCED ONE BRAVE IDEA, A COLLABORATIVE WITH VERILY AND ASTRAZENECA WHICH WILL AWARD $75 MILLION TO A SINGLE RESEARCH TEAM OVER FIVE YEARS TO CONDUCT INVESTIGATIONS WITH THE GOAL OF DEVELOPING NOVEL STRATEGIES TO PREVENT OR REVERSE THE CAUSES AND DRIVERS OF CORONARY HEART DISEASE - OUR INSTITUTE OF PRECISION CARDIOVASCULAR MEDICINE PRESENTED 10 DISCOVERY AWARDS, EACH FOR $160,000 COVERING 12 MONTHS THE AREAS OF INQUIRY INCLUDE USING PHENOTYPIC AND POTENTIAL GENETIC AND BIOMARKER DATABASES TO BETTER DEFINE PREDICTORS FOR A CARDIOVASCULAR EVENT, IDENTIFYING NOVEL ASSOCIATIONS BETWEEN BIOMARKERS OF HDL FUNCTIONALITY AND CARDIOVASCULAR RISK AND DETERMINING IF THERE ARE GENOTYPE / PHENOTYPE ASSOCIATIONS DRIVING DISEASE ONSET AND PROGRESSION AND PROGNOSIS OF OUTCOMES IN PATIENTS WITH HFPEF THE AWARDEES WERE INTRODUCED IN NOVEMBER DURING THE OPENING SESSION OF SCIENTIFIC SESSIONS 2015 - IN COLLABORATION WITH THE JOINT COMMISSION, WE ANNOUNCED THE LAUNCH OF A NEW DISEASE-SPECIFIC CARE ADVANCED CERTIFICATION PROGRAM FOR ACUTE STROKE READY HOSPITALS THE CERTIFICATION APPLIES SPECIFICALLY TO HOSPITALS THAT ARE NOT CANDIDATES FOR PRIMARY STROKE CENTER OR COMPREHENSIVE STROKE CENTER CERTIFICATION, BUT HAVE THE CAPABILITY AND RESOURCES TO PROVIDE INITIAL DIAGNOSTIC SERVICES AND BASIC CARE TO PATIENTS BEFORE THEY ARE TRANSFERRED TO A PRIMARY OR COMPREHENSIVE FACILITY - IN JANUARY 2016, THE AMERICAN HEART ASSOCIATION AND THE CHILDREN'S HEART FOUNDATION ANNOUNCED THE FIRST ROUND OF RECIPIENTS OF OUR CONGENITAL HEART DISEASE RESEARCH AWARDS A TOTAL OF $820,601 WAS AWARDED TO SEVEN DIFFERENT RESEARCH PROJECTS FROM SIX DIFFERENT STATES - THE AMERICAN HEART ASSOCIATION AND THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE ANNOUNCED A NEW JOINT INITIATIVE TO USE THE POWER OF CROWDSOURCING TO ACCELERATE RESEARCH NEEDED TO IMPROVE CARDIOVASCULAR DISEASE CARE THE AMERICAN HEART ASSOCIATION AND THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE ARE ASKING HEART, VASCULAR AND STROKE DISEASE SURVIVORS AND THEIR CAREGIVERS TO SHARE THEIR STORIES AND DISCUSS THEIR PROCESS FOR MAKING DECISIONS ABOUT THE CARE THEY RECEIVE AND THE "DECISIONAL DILEMMAS" THEY FACE IN THE PROCESS BASED ON THEIR VALUABLE INPUT, WE WILL IDENTIFY IMPORTANT CONCERNS TO TARGET RESEARCH THAT WILL LEAD TO BETTER CARE TAILORED TO THE SPECIFIC NEEDS OF PATIENTS

4b (Code) (Expenses $ 313,440,838 including grants of $ 5,633,300) (Revenue $ 4,731,536)

SEE SCHEDULE OPUBLIC/CONSUMER EDUCATIONIN 2015-16, OUR EMERGENCY CARDIOVASCULAR CARE (ECC) PROGRAM TRAINED MORE THAN 18 MILLION PEOPLE ACROSS THE WORLD IN CARDIOPULMONARY RESUSCITATION, THE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS, AND OTHER LIFESAVING TECHNIQUES - THE AMERICAN HEART ASSOCIATION INTRODUCED ITS FIRST-EVER PATIENT AMBASSADOR TEAM ALL EIGHT VOLUNTEER TEAM MEMBERS WILL OFFER HELP AND SUPPORT TO HEART VALVE DISEASE PATIENTS AND HELP EDUCATE THE PUBLIC ABOUT HEART VALVE DISEASE SEVEN OF OUR AMBASSADORS ARE HEART VALVE DISEASE SURVIVORS, AND ONE IS A CAREGIVER ALL ARE COMMITTED TO SHARING THEIR PERSONAL EXPERIENCES AND DIRECTING PEOPLE TO HELPFUL AMERICAN HEART ASSOCIATION INFORMATIONAL RESOURCES - THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN MOVEMENT LAUNCHED GO RED GET FIT, A FREE ONLINE FITNESS CHALLENGE TO HELP WOMEN GET FIT FOR LIFE AND REDUCE THEIR RISK OF HEART DISEASE THE CHALLENGE IS BASED ON A SERIES OF HEALTHY LIFESTYLE CHALLENGES FOCUSED ON HEALTHY EATING CHOICES AND PHYSICAL ACTIVITY EACH CHALLENGE WILL LAST 12 WEEKS, THE AMOUNT OF TIME IT TAKES FOR A BEHAVIOR TO BECOME A HABIT WOMEN CAN PARTICIPATE BY JOINING THE PROGRAM'S ONLINE COMMUNITY, WHICH INCLUDES ADVICE AND ENCOURAGEMENT FROM CELEBRITY TRAINERS - A NEW AMERICAN HEART ASSOCIATION CAMPAIGN CALLED RISE ABOVE HEART FAILURE WAS LAUNCHED TO RAISE AWARENESS AND SHARE KEY RESOURCES TO HELP PEOPLE LEARN MORE ABOUT THE WARNING SIGNS, RISK FACTORS, PREVENTION AND TREATMENT OF HEART FAILURE, WHICH IMPACTS 6 MILLION AMERICANS - THE AMERICAN HEART ASSOCIATION UPDATED ITS HEART-CHECK MARK STANDARDS FOOD COMPANIES MUST NOW MEET MORE STRINGENT CRITERIA LIMITING ADDED SUGAR, SODIUM, TOTAL CALORIES AND RAISING MINIMUM DIETARY FIBER REQUIREMENTS FOR FOODS BEARING THE AMERICAN HEART ASSOCIATION'S HEART-CHECK MARK THE AMERICAN HEART ASSOCIATION FORMULATES AND PERIODICALLY REVISES ITS OWN HEART-CHECK CRITERIA FOR DIFFERENT FOOD CATEGORIES BASED ON SOUND SCIENCE REGARDING HEALTHY DIET, PRODUCT INGREDIENTS AND NUTRIENT VALUES - THE AMERICAN HEART ASSOCIATION INSTALLED HANDS-ONLY CPR TRAINING KIOSKS AT SEVERAL U S AIRPORTS, INCLUDING ATLANTA, BALTIMORE, CHICAGO, CLEVELAND, AND INDIANAPOLIS WITH VIDEO TOUCH-SCREENS AND A CPR MANNEQUIN, THE KIOSKS ALLOW TRAVELERS TO LEARN THE SKILLS OF HANDS-ONLY CPR IN JUST A FEW MINUTES

4c (Code) (Expenses $ 112,043,761 including grants of $ 6,187,321) (Revenue $ 140,780,590)

SEE SCHEDULE OPROFESSIONAL EDUCATION- IN OCTOBER 2015, WE PUBLISHED OUR 2015 GUIDELINES UPDATE FOR CARDIOPULMONARY RESUSCITATION (CPR) AND EMERGENCY CARDIOVASCULAR CARE (ECC) - WE HAVE MORE THAN 33,000 PROFESSIONAL SCIENTIFIC MEMBERS REPRESENTING 74 SPECIALTIES AND 114 COUNTRIES - WE HOSTED MORE THAN A DOZEN INTERNATIONAL SCIENTIFIC CONFERENCES, INCLUDING SCIENTIFIC SESSIONS AND THE INTERNATIONAL STROKE CONFERENCE, AS WELL AS MEETINGS FOCUSED ON SPECIALTY AREAS INCLUDING HYPERTENSION, PREVENTION, AND QUALITY OF CARE ATTENDEES AT ALL MEETINGS ARE ELIGIBLE FOR CONTINUING MEDICAL EDUCATION (CME) CREDITS WE ALSO HOSTED A SUITE OF ONLINE LEARNING PROGRAMS WHICH OFFERED CME CREDITS - THE AMERICAN HEART ASSOCIATION WAS GRANTED JOINT ACCREDITATION JOINT ACCREDITATION PROMOTES INTERPROFESSIONAL EDUCATION (IPE) ACTIVITIES SPECIFICALLY DESIGNED TO IMPROVE INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) IN HEALTH CARE DELIVERY A LEADING MODEL FOR IPCP ITSELF, JOINT ACCREDITATION ESTABLISHES THE STANDARDS FOR EDUCATION PROVIDERS TO DELIVER CONTINUING EDUCATION PLANNED BY THE HEALTHCARE TEAM FOR THE HEALTHCARE TEAM THIS DISTINCTION IS AWARDED FROM THREE GLOBAL LEADERS IN THE FIELD OF ACCREDITATION ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME), ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE), AND AMERICAN NURSES CREDENTIALING CENTER (ANCC) - IN AUGUST 2015, IN BOSTON, THE AMERICAN HEART ASSOCIATION HOSTED ITS FIRST-EVER VASCULAR DISEASE THOUGHT LEADERS' SUMMIT MORE THAN 40 LEADING SPECIALISTS CAME TOGETHER TO IDENTIFY OPPORTUNITIES FOR PROGRESS IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF VASCULAR DISEASE PARTICIPANTS INCLUDED SCIENTISTS, CLINICIANS, AND PATIENTS AND CAREGIVERS, AS WELL AS REPRESENTATIVES FROM FEDERAL HEALTH AGENCIES AND INDUSTRY THE SUMMIT WAS CHAIRED BY AMERICAN HEART ASSOCIATION PRESIDENT MARK CREAGER, MD A FINAL PROCEEDINGS REPORT WAS RELEASED IN NOVEMBER 2015 WITH SPECIFIC RECOMMENDATIONS TO IMPROVE VASCULAR DISEASE AWARENESS, PREVENTION, DETECTION AND TREATMENT - THE AMERICAN HEART ASSOCIATION CREATED A NEW GUIDE TO HELP HEALTHCARE PROFESSIONALS BETTER UNDERSTAND AND DIAGNOSE STROKES OF UNKNOWN CAUSE THE MOST COMMON TYPE OF STROKE, CALLED "ISCHEMIC," OCCURS WHEN BLOOD VESSELS CARRYING OXYGEN AND NUTRIENTS TO THE BRAIN ARE BLOCKED BY A CLOT, CAUSING BRAIN CELLS TO DIE THIRTY PERCENT OF ISCHEMIC STROKES HAVE NO KNOWN CAUSE, EVEN AFTER THOROUGH DIAGNOSTIC TESTS ARE PERFORMED THESE STROKES OF UNCERTAIN ORIGIN ARE DEEMED "CRYPTOGENIC " THE CRYPTOGENIC STROKE GUIDE FOR HEALTHCARE PROFESSIONALS INCLUDES INFORMATION ON DIAGNOSTIC EVALUATION AND DETAILS THE MANY POTENTIAL CAUSES OF CRYPTOGENIC STROKE, LIKE ATRIAL FIBRILLATION

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 59,317,842 including grants of $ 5,456,307) (Revenue $ 36,644,468)

4e **Total program service expenses ▶** 653,394,727

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	3,479		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,378		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV, AK, AL, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CYNTHIA ROBERTS CFO 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								7,579,954	0	863,420

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 ▶ 445

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN EXPOSITIONS INC 1600 VICEROY DRIVE SUITE 100 DALLAS, TX 75235	AUDIO-VIDEO SERVICES	5,646,339
SLINGSHOT LLC 208 NORTH MARKET STREET SUITE 500 DALLAS, TX 75202	DIGITAL MEDIA	4,911,296
DANIEL J EDELMAN 21992 NETWORK PLACE CHICAGO, IL 60673	PUBLIC RELATIONS	2,804,350
INFOCISION MANAGEMENT 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEPHONE MARKETING	2,611,675
BRIGHAM & WOMENS PHYSICIANS ORG PO BOX 3684 BOSTON, MA 02441	EDITORIAL SERVICES	2,145,603

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 ▶ 159

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 4,268,947				
	b	Membership dues	1b				
	c	Fundraising events	1c 357,127,751				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 9,922,373				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 321,774,969				
	g	Noncash contributions included in lines 1a-1f $	73,125,201				
	h	**Total.** Add lines 1a-1f	▶	693,094,040			
Program Service Revenue			Business Code				
	2a	CONFERENCES & SEMINARS	900099	26,008,445	26,008,445		
	b	MEMBERSHIP DUES	900099	3,564,645	3,564,645		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	29,573,090			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	18,709,503		-40,012	18,749,515
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	17,991,670			17,991,670
			(i) Real	(ii) Personal			
	6a	Gross rents	1,232,546				
	b	Less rental expenses	136,133				
	c	Rental income or (loss)	1,096,413				
	d	Net rental income or (loss)	▶	1,096,413			1,096,413
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	384,525,503	500			
	b	Less cost or other basis and sales expenses	383,515,406	7,618			
	c	Gain or (loss)	1,010,097	-7,118			
	d	Net gain or (loss)	▶	1,002,979			1,002,979
	8a	Gross income from fundraising events (not including $ 357,127,751 of contributions reported on line 1c) See Part IV, line 18	a 19,438,018				
	b	Less direct expenses	b 42,890,708				
	c	Net income or (loss) from fundraising events	▶	-23,452,690			-23,452,690
	9a	Gross income from gaming activities See Part IV, line 19	a 157,615				
	b	Less direct expenses	b 1,488				
	c	Net income or (loss) from gaming activities	▶	156,127		22,926	133,201
	10a	Gross sales of inventory, less returns and allowances	a 136,024,672				
	b	Less cost of goods sold	b 42,078,621				
	c	Net income or (loss) from sales of inventory	▶	93,946,051	93,946,051		
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	4,738,557	4,702,747	35,810	
	b	CHANGE IN VALUE OF SPL	900099	-3,009,127	-3,009,127		
	c	LOSS ON UNCOLLECTIBLE	900099	-3,467,190	-3,467,190		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	-1,737,760			
	12	**Total revenue.** See Instructions	▶	830,379,423	121,745,571	18,724	15,521,088

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	169,745,708	169,745,708		
2 Grants and other assistance to domestic individuals See Part IV, line 22	349,561	349,561		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	82,182	82,182		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,829,858		5,829,858	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	263,631,319	189,743,245	28,237,317	45,650,757
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,554,506	14,590,889	2,334,219	3,629,398
9 Other employee benefits	27,855,895	19,882,453	3,156,286	4,817,156
10 Payroll taxes	19,853,478	14,140,201	2,433,017	3,280,260
11 Fees for services (non-employees)				
a Management				
b Legal	1,066,450	518,730	384,997	162,723
c Accounting	1,031,897		1,031,897	
d Lobbying	6,071,589	6,071,589		
e Professional fundraising services See Part IV, line 17	3,449,683			3,449,683
f Investment management fees	1,726,093		1,726,093	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,413,465	51,406,666	618,912	387,887
12 Advertising and promotion	7,310,484	7,310,484		
13 Office expenses	115,340,759	96,514,692	3,747,668	15,078,399
14 Information technology	18,268,039	15,450,900	1,042,394	1,774,745
15 Royalties				
16 Occupancy	16,543,294	12,360,011	1,676,447	2,506,836
17 Travel	26,786,278	17,320,836	3,537,947	5,927,495
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,509,816	21,573,576	1,411,943	2,524,297
20 Interest	54,760		54,760	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,372,978	8,692,634	1,313,688	1,366,656
23 Insurance	1,456,228	580,773	825,626	49,829
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	15,153,860	7,059,597	2,888,617	5,205,646
b UBI TAX	2,713		2,713	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	811,460,893	653,394,727	62,254,399	95,811,767
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 ▶ ☑ if following SOP 98-2 (ASC 958-720)	217,375,804	139,457,872	26,266,919	51,651,013

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		21,163,825	1	73,676,253
	2	Savings and temporary cash investments		2,210,133	2	7,934,013
	3	Pledges and grants receivable, net		177,438,732	3	220,404,964
	4	Accounts receivable, net		16,143,788	4	36,324,860
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,250,605	8	6,604,546
	9	Prepaid expenses and deferred charges		12,660,866	9	15,316,026
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 210,747,692			
	b	Less accumulated depreciation	10b 141,322,445	70,044,496	10c	69,425,247
	11	Investments—publicly traded securities		764,668,930	11	689,416,416
	12	Investments—other securities See Part IV, line 11		3,357,524	12	3,348,535
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		219,127,178	15	203,996,691
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,291,066,077	16	1,326,447,551
Liabilities	17	Accounts payable and accrued expenses		71,261,297	17	77,380,164
	18	Grants payable		288,044,259	18	315,572,722
	19	Deferred revenue		6,827,249	19	9,085,392
	20	Tax-exempt bond liabilities		835,000	20	640,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		35,900,329	25	34,358,782
	26	**Total liabilities.** Add lines 17 through 25		402,868,134	26	437,037,060
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		405,837,459	27	381,637,135
	28	Temporarily restricted net assets		291,510,194	28	325,573,049
	29	Permanently restricted net assets		190,850,290	29	182,200,307
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		888,197,943	33	889,410,491
	34	Total liabilities and net assets/fund balances		1,291,066,077	34	1,326,447,551

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	830,379,423
2	Total expenses (must equal Part IX, column (A), line 25)	2	811,460,893
3	Revenue less expenses Subtract line 2 from line 1	3	18,918,530
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	888,197,943
5	Net unrealized gains (losses) on investments	5	-17,466,019
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-239,963
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	889,410,491

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

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

(Code) (Expenses $ 59,317,842 including grants of $ 5,456,307) (Revenue $ 36,644,468)

COMMUNITY SERVICESQUALITY OF CARE/SYSTEMS OF CARETHE AMERICAN HEART ASSOCIATION IS CONSTANTLY WORKING TO PUT SYSTEMS IN PLACE TO GUARANTEE THE BEST POSSIBLE CARE FOR EVERY PATIENT IN EVERY COMMUNITY - OUR GET WITH THE GUIDELINES INITIATIVE, WHICH ENSURES THAT HOSPITALS FOLLOW THE LATEST EVIDENCE-BASED TREATMENT PROTOCOLS, CONTINUED TO GROW, AND HAS NOW BEEN IMPLEMENTED IN MORE THAN 2,269 HOSPITALS, WITH MODULES FOCUSED ON ATRIAL FIBRILLATION, HEART FAILURE, STROKE, RESUSCITATION AND ACUTE MYOCARDIAL INFARCTION - MISSION LIFELINE IS THE AMERICAN HEART ASSOCIATION'S INITIATIVE TO IMPROVE SYSTEMS OF CARE FOR PATIENTS WITH TIME-SENSITIVE CONDITIONS THESE PATIENTS INCLUDE VICTIMS OF HEART ATTACK, STROKE, AND CARDIAC ARREST MISSION LIFELINE IMPROVES COORDINATION BETWEEN HOSPITALS AND EMS SYSTEMS WITH THE GOAL OF REDUCING TREATMENT TIMES FOR THESE PATIENTS IN 2015-16, MORE THAN 800 EMS AGENCIES WERE REPRESENTED IN THE MISSION LIFELINE EMS RECOGNITION PROGRAM, AND MORE THAN 800 LOCAL STEMI SYSTEMS OF CARE WERE REGISTERED REACHING 83% OF THE U S POPULATION PUBLIC ADVOCACYOUR OFFICE OF ADVOCACY WORKS AT THE LOCAL, STATE AND FEDERAL LEVELS TO DRIVE PUBLIC POLICY DESIGNED TO IMPROVE CARDIOVASCULAR HEALTH IN 2015-16, OUR EFFORTS CONTRIBUTED TO PROGRESS IN KEY AREAS INCLUDING - THE ADOPTION IN 10 STATES OF LEGISLATION REQUIRING CPR TRAINING AS A PREREQUISITE FOR HIGH SCHOOL GRADUATION, BRINGING THE TOTAL NUMBER OF STATES WITH THIS LEGISLATION TO 35 - THE NATIONAL INSTITUTES OF HEALTH (NIH) RECEIVED A $2 BILLION INCREASE FOR FY 2016-A 7% INCREASE-THE LARGEST INCREASE SINCE 2003 WITHIN THIS INCREASE, THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE RECEIVED A 6% INCREASE-THE 6TH LARGEST DOLLAR INCREASE OF NIH'S INSTITUTES, CENTERS AND DIVISIONS THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE RECEIVED A 4% INCREASE-THE 5TH LARGEST DOLLAR INCREASE OF NIH'S CENTERS AND DIVISIONS - THE FOOD AND DRUG ADMINISTRATION WAS GIVEN REGULATORY AUTHORITY OVER ALL TOBACCO PRODUCTS, INCLUDING ELECTRONIC CIGARETTES, CIGARS, CIGARILLOS, PIPE TOBACCO AND HOOKAH TOBACCO - VOICES FOR HEALTHY KIDS, THE AMERICAN HEART ASSOCIATION'S INITIATIVE WITH THE ROBERT WOOD JOHNSON FOUNDATION, COMPLETED ITS THIRD FULL YEAR OF WORK TO FIGHT CHILDHOOD OBESITY THROUGH ITS FIRST THREE YEARS, VOICES FOR HEALTHY KIDS HAS FUNDED MORE THAN 50 COALITIONS WORKING TO OPEN MORE GROCERY STORES IN LOW-INCOME COMMUNITIES, UNLOCK SCHOOLYARD GATES SO FAMILIES COULD HAVE A SAFE PLACE TO PLAY, ENSURE SUGARY DRINKS WERE NO LONGER SERVED IN CHILDCARE CENTERS, AND SECURE FUNDING FOR SIDEWALKS AND BIKE PATHS IN COMMUNITIES OF NEED - THE AMERICAN HEART ASSOCIATION HAS DEVELOPED A METRICS-BASED FRAMEWORK FOR DEFINING HEALTHY COMMUNITIES, AND ITS VOLUNTEERS AND STAFF IN LOCAL MARKETS WORKED TO DRIVE LOCAL PUBLIC POLICY AND QUALITY AND SYSTEMS IMPROVEMENT INITIATIVES IN MARKETS NATIONWIDE THE AMERICAN HEART ASSOCIATION IS WORKING VIA COLLECTIVE IMPACT WITH OTHER ORGANIZATIONS TO MAKE COMMUNITIES HEALTHIER THROUGHOUT THE COUNTRY MULTICULTURAL HEALTH- THE ASSOCIATION OF BLACK CARDIOLOGISTS ANNOUNCED IN APRIL 2016 THAT IT WILL DEVELOP A CARDIOVASCULAR DISEASE REGISTRY FOR UNDERSERVED POPULATIONS IN COLLABORATION WITH THE MOREHOUSE SCHOOL OF MEDICINE AND THE AMERICAN HEART ASSOCIATION THE REGISTRY WILL IMPORT DATA DIRECTLY FROM ELECTRONIC HEALTH RECORDS AND OTHER HEALTHCARE TECHNOLOGY PLATFORMS AND WILL BE POWERED BY TECHNOLOGY FROM THE COLLABORATIVE PARTNERS THE DATA AND KEY MEASUREMENTS COLLECTED AND TRACKED WILL BE USED IN NEW QUALITY IMPROVEMENT INITIATIVES SUPPORTING UNDERSERVED POPULATIONS AND WILL REPORT ON ADHERENCE TO EVIDENCE-BASED GUIDELINES - THE AMERICAN HEART ASSOCIATION AND THE AFRICAN METHODIST EPISCOPAL CHURCH (AMEC) ANNOUNCED A NEW PARTNERSHIP TO PROMOTE A CULTURE OF HEALTH IN AFRICAN-AMERICAN FAITH-BASED COMMUNITIES, INCLUDING AMEC'S 2 5 MILLION MEMBERS AT MORE THAN 4,000 CHURCHES ACROSS THE WORLD THE AMERICAN HEART ASSOCIATION WILL WORK WITH AMEC LEADERSHIP TO PROVIDE HEALTH RESOURCES AND INFORMATION FOCUSED ON SMOKING CESSATION, HEALTHY FOODS AND BEVERAGES, FIRST AID/CPR TRAINING, AND RISK FACTOR CONTROL ACTIVITIES OFFICIALLY KICKED OFF IN JULY 2016 AT AMEC'S 200TH GENERAL CONFERENCE - IN COLLABORATION WITH THE SHAKOPEE MDEWAKANTON SIOUX COMMUNITY, THE AMERICAN HEART ASSOCIATION HOSTED THE FERTILE GROUND INDIAN COUNTRY FUNDERS ROUNDTABLE I AND II, IN OCTOBER 2015 AND MAY 2016 ATTENDEES DISCUSSED APPROACHES TO IMPROVING FOOD ACCESS AND REDUCING HEALTH DISPARITIES AMONG NATIVE AMERICAN COMMUNITIES NUTRITION/HEALTHY LIVING - THE AMERICAN HEART ASSOCIATION JOINED WITH ARAMARK, THE LARGEST U S -BASED FOOD SERVICE PROVIDER, ON A FIVE-YEAR INITIATIVE TO MAKE THE MEALS IT SERVES HEALTHIER CHANGES WILL IMPACT MORE THAN 2 BILLION MEALS SERVED EACH YEAR AT SCHOOLS, BUSINESSES, SPORTS VENUES AND ELSEWHERE THE INITIATIVE, CALLED HEALTHY FOR LIFE 20 BY 20, WILL IMPLEMENT A 20 PERCENT REDUCTION IN CALORIES, SATURATED FAT AND SODIUM AND A 20 PERCENT INCREASE IN FRUITS, VEGETABLES AND WHOLE GRAINS TOGETHER, OUR GOAL IS TO IMPROVE THE HEALTH OF ALL AMERICANS BY 20 PERCENT BY 2020 - IN OCTOBER 2015, THE ALLIANCE FOR A HEALTHIER GENERATION RECOGNIZED AN ALL-TIME HIGH 376 SCHOOLS FOR THEIR OUTSTANDING PERFORMANCE AS PART OF THE ALLIANCE'S HEALTHY SCHOOLS PROGRAM PRESENTERS AT THE WASHINGTON, D C CEREMONY INCLUDED CHELSEA CLINTON, AMERICAN HEART ASSOCIATION PRESIDENT MARK CREAGER, MD AND CEO NANCY BROWN THIS YEAR MARKS THE 10TH ANNIVERSARY OF THE ALLIANCE FOR A HEALTHIER GENERATION, WHICH WAS CO-FOUNDED BY THE AMERICAN HEART ASSOCIATION AND THE WILLIAM J CLINTON FOUNDATION TO ADDRESS CHILDHOOD OBESITY - THE AMERICAN HEART ASSOCIATION CONTINUED ITS WORK AS A MEMBER ORGANIZATION WITH MILLION HEARTS, AN INITIATIVE LAUNCHED IN 2011 BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PREVENT 1 MILLION HEART ATTACKS AND STROKES BY 2017 THROUGH MILLION HEARTS, THE AMERICAN HEART ASSOCIATION PROVIDES TECHNICAL AND PLANNING ASSISTANCE, HELPS DEVELOP COMMUNICATIONS AND PROMOTIONAL CAMPAIGNS, AND SHARE SCIENTIFIC RESOURCES AND RECOMMENDATIONS FOR THE CONTROL OF KEY RISK FACTORS SUCH AS HYPERTENSION

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

(A) Name and Title	(B) Average hours per week (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			
ALVIN L ROYSE JD CPA CHAIRMAN OF THE BOARD	7 00	X		X				0	0	0
JAMES J POSTL CHAIRMAN-ELECT	5 00	X						0	0	0
BERNARD P DENNIS IMMEDIATE PAST CHAIRMAN	4 00	X						0	0	0
MARK A CREAGER MD FAHA PRESIDENT	8 00	X		X				0	0	0
ELLIOTT M ANTMAN MD FAHA IMMEDIATE PAST PRESIDENT	5 00	X						0	0	0
STEVEN R HOUSER PHD FAHA PRESIDENT-ELECT	5 00	X						0	0	0
RAYMOND P VARA JR TREASURER	6 00	X		X				0	0	0
MARY ANN BAUMAN MD BOARD MEMBER	3 00	X						0	0	0
IVOR BENJAMIN MD FAHA FACC BOARD MEMBER	3 00	X						0	0	0
MARY CUSHMAN MD MS FAHA BOARD MEMBER	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
MITCHELL SV ELKINDMD MS BOARD MEMBER	3 00	X						0	0	0
LINDA GOODEN BOARD MEMBER	3 00	X						0	0	0
RON W HADDOCK BOARD MEMBER	3 00	X						0	0	0
ROBERT A HARRINGTON MD FAHA BOARD MEMBER	3 00	X						0	0	0
MARSHA JONES BOARD MEMBER	3 00	X						0	0	0
WILLIE EDWARD LAWRENCE JR MD BOARD MEMBER	3 00	X						0	0	0
PEGUI MARIDUENA CMC MBA BOARD MEMBER	3 00	X						0	0	0
DAVID L SCHLOTTERBECK BOARD MEMBER	3 00	X						0	0	0
BERTRAM L SCOTT BOARD MEMBER	3 00	X						0	0	0
DAVID A SPINA BOARD MEMBER	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
BERNARD J TYSON BOARD MEMBER	3 00	X						0	0	0
JOHN J WARNER MD BOARD MEMBER	3 00	X						0	0	0
NANCY BROWN CHIEF EXECUTIVE OFFICER	38 00			X				1,782,091	0	130,451
SUNDER JOSHI CHIEF ADMINISTRATIVE OFFICER	38 00			X				548,953	0	69,479
LYNNE DARROUZET EVP - CORP SEC/GENERAL COUNSEL	38 00			X				311,083	0	51,726
CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	38 00			X				282,702	0	44,753
ROSE MARIE ROBERTSON CHIEF SCIENCE & MEDICAL OFFICER	38 00				X			621,812	0	47,534
MEIGHAN GIRGUS CHIEF MARKETING & PROGRAMS OFFICER	38 00				X			544,604	0	57,968
LESLIE UPTON CHIEF OPERATING OFFICER	38 00				X			533,324	0	63,656
JOHN J MEINERS CHIEF OF MISSION ALIGNED BUSINESSES	38 00				X			438,044	0	63,210

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

(A) Name and Title	(B) Average hours per week (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			
KATHLEEN ROGERS AFFILIATE EVP	38 00					X		541,995	0	75,897
MIDGE EPSTEIN AFFILIATE EVP	38 00					X		554,466	0	55,764
DAVID MARKIEWICZ AFFILIATE EVP	38 00					X		517,826	0	68,859
KEVIN HARKER AFFILIATE EVP	38 00					X		490,249	0	74,393
NICOLE SAPIO AFFILIATE EVP	38 00					X		412,805	0	59,730

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

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 11, 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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	532,997,854	523,882,707	569,646,207	653,927,887	696,658,685	2,977,113,340
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	532,997,854	523,882,707	569,646,207	653,927,887	696,658,685	2,977,113,340
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						169,841,657
6 **Public support.** Subtract line 5 from line 4						2,807,271,683

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	532,997,854	523,882,707	569,646,207	653,927,887	696,658,685	2,977,113,340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,572,085	43,394,143	46,072,477	41,116,248	37,973,731	210,128,684
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		1,571,360	6,940,615	447,664		8,959,639
11 **Total support.** Add lines 7 through 10						3,196,201,663

12	Gross receipts from related activities, etc (see instructions)	12	568,055,031

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87 830 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	87 240 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in 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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
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)*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ 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).

			Yes	No
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*	2a		
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*	2b		
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*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
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	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, SECTION B, LINE 10 - OTHER INCOME	OTHER INCOME IS GENERALLY COMPRISED OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 the organization	Employer identification number
AMERICAN HEART ASSOCIATION INC	13-5613797

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		630,265
d	Mailings to members, legislators, or the public?	Yes		87,636
e	Publications, or published or broadcast statements?	Yes		154,137
f	Grants to other organizations for lobbying purposes?	Yes		4,228,715
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		615,825
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		355,012
i	Other activities?		No	
j	Total Add lines 1c through 1i			6,071,590
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION INC

Employer identification number
13-5613797

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	58,787,778	59,247,803	51,925,992	46,999,292	48,857,976
b	Contributions	320,261	1,000,570	1,527,764	1,794,378	173,835
c	Net investment earnings, gains, and losses	416,395	724,008	7,416,550	4,714,826	-335,017
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,918,998	2,184,603	1,622,503	1,582,504	1,697,502
f	Administrative expenses					
g	End of year balance	57,605,436	58,787,778	59,247,803	51,925,992	46,999,292

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 78 090 %
- c Temporarily restricted endowment ▶ 21 910 %

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

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

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

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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		10,757,288		10,757,288
b Buildings		76,220,583	43,106,117	33,114,466
c Leasehold improvements		5,354,934	3,931,140	1,423,794
d Equipment		117,984,839	93,886,311	24,098,528
e Other		430,048	398,877	31,171
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				69,425,247

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	67,012,012
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	136,984,679
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	203,996,691

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
Federal income taxes	
CAPITAL LEASE OBLIGATIONS	917,440
POST-RETIREMENT BENEFITS	13,213,913
CHARITABLE GIFT ANNUITIES	12,876,529
RENT DEFERRALS/AMORTIZATION	2,357,075
SUPPLEMENTAL RETIREMENT PLAN	4,911,506
OTHER PAYABLES	82,319
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	34,358,782

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	863,355,262
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-17,466,019		
b	Donated services and use of facilities	2b	10,015,358		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-7,450,661
3	Subtract line **2e** from line **1**			3	870,805,923
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	1,726,093		
b	Other (Describe in Part XIII)	4b	-42,152,593		
c	Add lines **4a** and **4b**			4c	-40,426,500
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	830,379,423

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	862,142,714
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	10,015,358		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	239,963		
e	Add lines **2a** through **2d**			2e	10,255,321
3	Subtract line **2e** from line **1**			3	851,887,393
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	1,726,093		
b	Other (Describe in Part XIII)	4b	-42,152,593		
c	Add lines **4a** and **4b**			4c	-40,426,500
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	811,460,893

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE FUNDING FOR RESEARCH AND OTHER MISSION-RELATED PROGRAMS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -42,078,621 RENTAL EXPENSES -136,133 FUNDRAISING EXPENSES 62,161
PART XII, LINE 2D - OTHER ADJUSTMENTS	POST-RETIREMENT (ASC 715) ADJUSTMENT 239,963
PART XII, LINE 4B - OTHER ADJUSTMENTS	REFER TO SCHEDULE D, PART XI, LINE 4B EXPLANATION -42,152,593
SCHEDULE D, PART XII, LINE 2D	EFFECT OF ADOPTION OF FASB STATEMENT NO 158 (ASC 715) FASB STATEMENT 158 (ASC 715) REQUIRES EMPLOYERS TO FULLY RECOGNIZE THE OVERFUNDED OR UNDERFUNDED POSITIONS (THE DIFFERENCE BETWEEN THE FAIR VALUE OF PLAN ASSETS AND THE BENEFIT OBLIGATION) OF DEFINED BENEFIT PENSION, RETIREE HEALTHCARE AND OTHER POSTRETIREMENT PLANS IN THEIR BALANCE SHEETS THE EFFECT OF THIS CHANGE ON AHA IS -$239,963 FOR FISCAL YEAR ENDED JUNE 30, 2016

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
3a	Sub-total	3	4			5,174,740
b	Total from continuation sheets to Part I	0	0			146,016,182
c	**Totals** (add lines 3a and 3b)	3	4			151,190,922

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT SCHOLARSHIP	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	2	1,000	WIRE TRANSFER			
SCIENCE RESEARCH PRIZE AND HONORARIUM	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	21	18,550	WIRE TRANSFER			
STUDENT SCHOLARSHIP	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	1	1,000	WIRE TRANSFER			
SCIENCE RESEARCH PRIZE AND HONORARIUM	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	41	39,782	WIRE TRANSFER			
SCIENCE RESEARCH PRIZE AND HONORARIUM	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	24	21,350	WIRE TRANSFER			
SCIENCE RESEARCH PRIZE AND HONORARIUM	SOUTH ASIA	1	500	WIRE TRANSFER			

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	WITH RESPECT TO GRANTS MADE BY AMERICAN HEART ASSOCIATION TO FOREIGN INDIVIDUALS, THE RECI PIENT 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 REMI TS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT

990 Schedule F, Supplemental Information

Return Reference	Explanation
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 PA RT OF A DIVERSIFIED STRATEGY FOR THE ASSOCIATION'S INVESTMENTS THE INVESTMENT MANAGERS AR E GUIDED BY THE ASSOCIATION'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF TH E BOARD OF DIRECTORS

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, LINE 6	THE ASSOCIATION FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION A ND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE) ALTHOUGH UAE IS CONSIDERED A BOYC OTTING COUNTRY, THE ASSOCIATION DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	82,055
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	981,274
EUROPE (INCL ICELAND / GREENLAND)	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	834,553

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,075,613
NORTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	1,058,029
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	606,282

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	440,840
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	96,094
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	STUDENT SCHOLARSHIP	1,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	18,550
EUROPE (INCL ICELAND / GREENLAND)	0	0	GRANTMAKING	STUDENT SCHOLARSHIP	1,000
EUROPE (INCL ICELAND / GREENLAND)	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	39,782

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	21,350
SOUTH ASIA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	500
CENTRAL AMERICA AND THE CARIBEAN	0	0	INVESTMENTS		4,337,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		41,420,000
EUROPE	0	0	INVESTMENTS		76,507,000
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		350,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		18,124,000
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS		965,000
SOUTH AMERICA	0	0	INVESTMENTS		2,587,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	INVESTMENTS		732,000
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		912,000

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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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
INFOCISION MANAGEMENT CORPORATION 33 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SOLICITATIONS		No	5,407,059	3,387,522	2,019,437
INSURANCE AUTO AUCTIONS 13085 HAMILTON CROSSING SUITE 500 CARMEL, IN 46032	DONATED VEHICLE PROGRAM	Yes		273,505	62,161	211,344
Total		▶		5,680,564	3,449,683	2,230,781

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

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

Part II Fundraising Events.

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

		(a) Event #1 DALLAS HEARTWALK (event type)	(b) Event #2 DALLAS HEART BALL (event type)	(c) Other events 7,733 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,577,963	4,439,867	298,908,790	309,926,620
	2 Less Contributions	6,577,963	2,252,105	281,658,534	290,488,602
	3 Gross income (line 1 minus line 2)		2,187,762	17,250,256	19,438,018
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	113,243	10,557	11,049,038	11,172,838
	6 Rent/facility costs	322,856	346,756	11,140,680	11,810,292
	7 Food and beverages	87	2,764	5,391,891	5,394,742
	8 Entertainment	17,248	36,288	1,578,157	1,631,693
	9 Other direct expenses	3,952	80,134	2,217,548	2,301,634
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,311,199
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,873,181

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	22,926		134,689	157,615
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			1,488	1,488
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,488
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				156,127

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

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

b If "No," explain LICENSED WHERE REQUIRED SOME STATES DO NOT REQUIRE SPECIFIC LICENSURE OR THE ACTIVITY IS BELOW THE SPECIFIED THRESHOLD

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

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

Name ▶ CYNTHIA ROBERTS CFO

Address ▶ 7272 GREENVILLE AVENUE
DALLAS,TX 75231

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART III, LINE 16	THE ASSOCIATION DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES EACH GAMING EVENT IS MANAGED LOCALLY BY THE AFFILIATE OFFICE STAFF RESPONSIBLE FOR EVENTS IN THAT LOCATION

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	AL,AR,DE,FL,LA,MS,NY,SD,TN,TX

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493335002336

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION INC

Employer identification number
13-5613797

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 541

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 16

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) LECTURE HONORARIA	9	10,000			
(2) TRAVEL STIPENDS TO SCIENTIFIC CONFERENCES	124	110,700			
(3) INVESTIGATOR AND SCIENCE RESEARCH PRIZES	251	204,861			
(4) SCHOLARSHIP	26	24,000			

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

Return Reference	Explanation
PART I, LINE 2	RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION ANNUALLY AND PAID TO THE GRANTEE'S INSTITUTION QUARTERLY OVER THE MULTI-YEAR LIFE OF THE AWARD GRANTEES ARE REQUIRED TO SUBMIT REPORTS OF SCIENTIFIC PROGRESS ANNUALLY PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS THESE REPORTS MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND EXPERIENCED RESEARCHERS AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS FINANCIAL REPORTS ARE REQUIRED TO BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY AHA INSTITUTIONAL ELIGIBILITY FOR AWARDS AND LOCATION OF WORK FOR APPLICANTS/AWARDEES ASSOCIATION RESEARCH AWARDS MUST BE LIMITED TO NON-PROFIT INSTITUTIONS SUCH INSTITUTIONS INCLUDE MEDICAL, OSTEOPATHIC AND DENTAL SCHOOLS, VETERINARY SCHOOLS, SCHOOLS OF PUBLIC HEALTH, PHARMACY SCHOOLS, NURSING SCHOOLS, UNIVERSITIES AND COLLEGES, PUBLIC AND VOLUNTARY HOSPITALS AND OTHER NON-PROFIT INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION EMPLOYEES THE RESEARCH COMMITTEE SHOULD SCRUTINIZE THE AVAILABLE RESOURCES AS THEY RELATE TO LOCAL, STATE OR ASSOCIATION-WIDE NEEDS INDIVIDUAL ELIGIBILITY FOR AWARDS THE PRINCIPAL INVESTIGATOR MUST HOLD A DOCTORAL OR APPROPRIATE ADVANCED DEGREE AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS, AND FOR GRANTS, AT THE TIME OF APPLICATION EXCEPTIONS MUST BE DOCUMENTED IN WRITING BY THE RESEARCH COMMITTEE OF REFERENCE AND APPROVED BY THE AHA RESEARCH COMMITTEE THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS, ASSOCIATION-WIDE OR AFFILIATE ARE GIVEN BELOW PREDOCTORAL FELLOWSHIPS ELIGIBLE INDIVIDUALS INCLUDE POST-BACCALAUREATE, PREDOCTORAL STUDENTS SEEKING A PH D , M D , D O , OR EQUIVALENT DEGREE WHO SEEK RESEARCH TRAINING AND EXPERIENCE UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A POSTGRADUATE RESEARCH CAREER THIS AWARD IS NOT INTENDED FOR INDIVIDUALS WHO HAVE ALREADY ATTAINED A DOCTORAL DEGREE, UNLESS THE INDIVIDUAL IS PURSUING A SECOND DOCTORAL DEGREE (EXAMPLE M D WHO IS SEEKING A PH D) POSTDOCTORAL FELLOWSHIPS ELIGIBILITY IS LIMITED TO INDIVIDUALS WHO HAVE OBTAINED A PH D , M D , D O OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK EXCEPTION M D 'S OR M D /PHD'S WITH CLINICAL RESPONSIBILITIES WHO NEED AN INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING MENTORED CLINICAL & POPULATION RESEARCH AWARD ELIGIBLE INDIVIDUALS INCLUDE HEALTH CARE PROFESSIONALS WITH A MASTERS, M D , D O OR PH D DEGREE INDIVIDUALS ARE NOT ELIGIBLE TO BE THE PRINCIPAL INVESTIGATOR IF THEY CURRENTLY HOLD OR HAVE HELD, CERTAIN NIH AWARDS (SUCH AS RO1, R21, PO1), CERTAIN AHA AWARDS (BGIA, SDG, EIA, GIA), OR AN AWARD EQUIVALENT TO THE ABOVE (AN INDEPENDENT INVESTIGATOR AWARD) INTERDISCIPLINARY RESEARCH TEAMS ARE ALSO ELIGIBLE ALL PRINCIPAL INVESTIGATORS MUST ALSO IDENTIFY A MENTOR WITH AN EARNED DOCTORATE AND A TRACK RECORD OF HIGH QUALITY CLINICAL INVESTIGATION ASSOCIATION-WIDE FELLOW-TO-FACULTY TRANSITION AWARD ELIGIBLE INDIVIDUALS INCLUDE THE FOLLOWING - AT THE TIME OF APPLICATION SUBMISSION, PHYSICIANS WHO HOLD AN M D , M D /PHD , D O OR EQUIVALENT DOCTORAL DEGREE AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH - APPLICANTS MUST BE ENROLLED IN OR HAVE COMPLETED AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-APPROVED RESIDENCY OR A CLINICAL FELLOWSHIP PROGRAM ASSOCIATED WITH AN ACGME-APPROVED RESIDENCY - APPLICANTS MUST HAVE COMPLETED THE CLINICAL PORTION OF THEIR TRAINING PROGRAM BY THE TIME OF AWARD ACTIVATION THE APPLICANT IS RESPONSIBLE FOR IDENTIFYING AND WORKING WITH A SPONSOR/MENTOR TO DEVELOP THE APPLICATION - AT THE TIME OF APPLICATION, CANDIDATES MAY HAVE HAD NO MORE THAN FIVE YEARS OF POSTDOCTORAL RESEARCH TRAINING (BEYOND CLINICAL TRAINING) - THE AWARD IS NOT FOR INDIVIDUALS OF FACULTY/STAFF RANK - AT THE TIME OF AWARD ACTIVATION, APPLICANT MAY NOT HOLD A FACULTY/STAFF APPOINTMENT (EXCEPTIONS M D OR M D /PH D WITH CLINICAL RESPONSIBILITIES WHO HOLD A TITLE OF INSTRUCTOR OR SIMILAR DUE TO THEIR PATIENT CARE RESPONSIBILITIES BUT WHO DEVOTE AT LEAST 80 PERCENT FULL-TIME EFFORT TO RESEARCH TRAINING) THE MENTOR MAY HOLD AN M D , PHD , D O OR OTHER EQUIVALENT DEGREE BECAUSE OF THE STRONG MENTORING COMPONENT OF THIS AWARD AND THE IMPORTANCE OF DEVELOPING A MEANINGFUL RELATIONSHIP BETWEEN AWARDEE AND MENTOR, AN INDIVIDUAL MENTOR MAY SPONSOR ONLY ONE APPLICANT TO THE PROGRAM PER YEAR BEGINNING GRANT-IN-AID FACULTY/STAFF MEMBERS INITIATING INDEPENDENT RESEARCH CAREERS ARE ELIGIBLE FOR THIS AWARD AT APPLICATION, APPLICANTS MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION AT ACTIVATION, APPLICANTS MUST HOLD A FACULTY/STAFF RANK UP TO AND INCLUDING ASSISTANT PROFESSOR OR EQUIVALENT SCIENTIST DEVELOPMENT GRANT ELIGIBLE INDIVIDUALS ARE THOSE INITIATING INDEPENDENT RESEARCH CAREERS AT APPLICATION, APPLICANTS MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION AT ACTIVATION, APPLICANT MUST HOLD A FACULTY/STAFF POSITION APPLICANT'S FACULTY RANK SHALL BE UP TO AND INCLUDING ASSISTANT PROFESSOR OR EQUIVALENT AT APPLICATION APPLICATIONS MAY BE SUBMITTED IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE INDEPENDENT RESEARCH CAREER AT TIME OF AWARD ACTIVATION, NO MORE THAN FOUR YEARS WILL HAVE ELAPSED SINCE APPLICANT'S FIRST FULL-TIME FACULTY/STAFF APPOINTMENT AT THE LEVEL OF ASSISTANT PROFESSOR OR ITS EQUIVALENT A PIVOTAL REQUIREMENT IS THE DEMONSTRATION THAT THE AWARD WILL PROMOTE INDEPENDENT STATUS FOR THE APPLICANT APPLICANT SHALL HAVE RECEIVED NO PRIOR ASSOCIATION-WIDE-LEVEL GRANT AS OF TIME OF SCIENTIST DEVELOPMENT GRANT ACTIVATION ESTABLISHED INVESTIGATOR AWARD AT TIME OF APPLICATION, FACULTY/STAFF MEMBERS AT THE MID-LEVEL STAGES OF THEIR INDEPENDENT RESEARCH CAREERS AT APPLICATION, APPLICANTS MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION AT THE TIME OF AWARD ACTIVATION, THE INVESTIGATOR MUST BE AT LEAST FOUR (4) YEARS BUT NO MORE THAN NINE (9) YEARS (I E , EIGHT YEARS AND 12 MONTHS SINCE THE FIRST FACULTY/STAFF APPOINTMENT AT THE LEVEL OF ASSISTANT PROFESSOR OR EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, RESEARCH ASSISTANT PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC) INSTRUCTOR POSITIONS OR EQUIVALENT POSITIONS DO NOT COUNT TOWARD THE FOUR OR NINE YEARS OF ELIGIBILITY APPLICANTS MUST HAVE CURRENT ASSOCIATION-WIDE-LEVEL FUNDING AS PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E G VA MERIT AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH) NIH "K" SERIES AWARDS ARE NOT CONSIDERED EQUIVALENT TO AN R01 GRANT-IN-AID ELIGIBLE INDIVIDUALS INCLUDE FACULTY/STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION AT THE TIME OF APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION SPECIAL AWARDS/PILOT PROGRAMS ELIGIBILITY IS DETERMINED BY AN AFFILIATE OR THE NATIONAL CENTER BASED UPON SPECIAL LOCAL OR NATIONAL CIRCUMSTANCES THE FUNDING COMPONENT MUST REQUEST AND RECEIVE APPROVAL FROM THE AHA RESEARCH COMMITTEE TO DEVELOP AND IMPLEMENT A PILOT RESEARCH PROGRAM FOR A LIMITED PERIOD OF TIME AFFILIATE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP (INSTITUTIONAL AND INVESTIGATOR/STUDENT INITIATED) TO BE ELIGIBLE FOR THIS PROGRAM, UNDERGRADUATE STUDENTS SHOULD BE CURRENTLY CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION STUDENTS MUST BE ENROLLED FULL-TIME IN AN UNDERGRADUATE DEGREE PROGRAM, AT THE TIME OF APPLICATION, IN EITHER A FOUR-YEAR COLLEGE OR UNIVERSITY, OR A TWO-YEAR INSTITUTION WITH PLANS TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY BY THE FALL SEMESTER IMMEDIATELY FOLLOWING THE SUMMER PROGRAM STUDENTS MAY EITHER BE ATTENDING AN INSTITUTION WITHIN THE AFFILIATE, OR BE A RESIDENT OF ONE OF THESE STATES
PART IV - CONTINUED	AFFILIATE MEDICAL AND HEALTH SCIENCES STUDENT RESEARCH FELLOWSHIP - INSTITUTIONAL THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS WITHIN THE AFFILIATE'S GEOGRAPHIC BOUNDARIES THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO HEALTH SCIENCES STUDENTS FELLOWSHIP TARGETS POST-BACCALAUREATE, PRE-DOCTORAL M D , D O , D D S , PHARM D OR EQUIVALENT CLINICAL DEGREE HEALTH SCIENCE STUDENTS AFFILIATE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP (INSTITUTIONAL AND INVESTIGATOR/STUDENT INITIATED) TO BE ELIGIBLE FOR THIS PROGRAM, UNDERGRADUATE STUDENTS SHOULD BE CURRENTLY CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION STUDENTS MUST BE ENROLLED FULL-TIME IN AN UNDERGRADUATE DEGREE PROGRAM, AT THE TIME OF APPLICATION, IN EITHER A FOUR-YEAR COLLEGE OR UNIVERSITY, OR A TWO-YEAR INSTITUTION WITH PLANS TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY BY THE FALL SEMESTER IMMEDIATELY FOLLOWING THE SUMMER PROGRAM STUDENTS MAY EITHER BE ATTENDING AN INSTITUTION WITHIN THE AFFILIATE, OR BE A RESIDENT OF ONE OF THESE STATES AFFILIATE MEDICAL AND HEALTH SCIENCES STUDENT RESEARCH FELLOWSHIP - INSTITUTIONAL THIS IS AN INSTITUTIONAL AWARD TO QUALIFIED RESEARCH INSTITUTIONS WITHIN THE AFFILIATE'S GEOGRAPHIC BOUNDARIES THAT CAN OFFER A MEANINGFUL RESEARCH EXPERIENCE TO HEALTH SCIENCES STUDENTS FELLOWSHIP TARGETS POST-BACCALAUREATE, PRE-DOCTORAL M D , D O , D D S , PHARM D OR EQUIVALENT CLINICAL DEGREE HEALTH SCIENCE STUDENTS AFFILIATE MEDICAL STUDENT RESEARCH PROGRAM INVESTIGATOR INITIATED THIS PROGRAM IS INTENDED FOR FULL-TIME STUDENTS WITHIN THE AFFILIATE'S GEOGRAPHIC BOUNDARIES WHO HAVE NOT YET OBTAINED AN M D BUT ARE ENROLLED IN AN M D PROGRAM, HEALTHCARE PROFESSIONALS WITH DOCTORAL DEGREES, PH D , D O , D D S , PHARM D AND D V M OR EQUIVALENT IN AN M D PROGRAM WHO SEEK RESEARCH TRAINING WITH A SPONSOR/MENTOR PRIOR TO EMBARKING ON A RESEARCH CAREER ASSOCIATION-WIDE INNOVATIVE RESEARCH GRANT ELIGILIBITY INCLUDES ALL LEVELS OF FACULTY/STAFF MEMBERS CONDUCTING RESEARCH AT TIME OF APPLICATION AT APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION ELIGIBILITY FOR THE INNOVATIVE RESEARCH AWARD IS NOT RESTRICTED BASED UPON EXPERIENCE LEVEL OR SENIORITY SENIORITY WILL NOT BE USED AS A CRITERION IN EVALUATING AN APPLICANT'S MERIT ASSOCIATION-WIDE COLLABORATIVE SCIENCES AWARD 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-PRINCIPAL INVESTIGATORS MUST EACH HOLD FACULTY/STAFF APPOINTMENTS OF ANY RANK OR EQUIVALENT CO-PRINCIPAL INVESTIGATORS MUST BE INDEPENDENT RESEARCHERS THIS AWARD IS NOT INTENDED FOR INDIVIDUALS IN RESEARCH TRAINING OR FELLOWSHIP POSITIONS CO-PRINCIPAL INVESTIGATORS MUST HOLD A M D , PH D , D O , D V M OR EQUIVALENT POST-BACCALAUREATE TERMINAL DEGREE ASSOCIATION-WIDE MENTOR/AHA MENTEE AWARD AT TIME OF APPLICATION, INDEPENDENT INVESTIGATORS MUST HOLD A FACULTY/STAFF APPOINTMENT EQUIVALENT TO ASSOCIATE OR FULL PROFESSOR APPLICANTS MUST ALSO HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE APPLICANTS MUST HAVE CURRENT ASSOCIATION-WIDE-LEVEL FUNDING AS PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E G VA MERIT AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NATIONAL INSTITUTE OF HEALTH) ASSOCIATION-WIDE MERIT AWARD 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 - 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 ASSOCIATION-WIDE 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 AHA CARDIOVASCULAR GENOME PHENOME STUDY PATHWAY GRANT AND GRAND CHALLENGE AWARDS ELIGIBLE INDIVIDUALS INCLUDE FACULTY/ STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF APPLICATION AT APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M D , PH D , D O OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION 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 ASSOCIATION-WIDES HOLDING PERMANENT RESIDENCE OR CERTAIN OTHER VISA STATUSES OR (C) FOREIGN ASSOCIATION-WIDES 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 THE AHA RESEARCH COMMITTEE AND EACH AFFILIATE RESEARCH COMMITTEE HAVE THE AUTHORITY TO ADD MORE RESTRICTIVE ELIGIBILITY CRITERIA TO A RESEARCH AWARD PROGRAM FOR EXAMPLE, A LIMITATION MAY BE PLACED ON ANNUAL FUNDING DOLLARS FROM OTHER SOURCES

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTIVE TRANSPORTATION ALLIANCE 9 WEST HUBBARD STREET SUITE 402 CHICAGO,IL 60654	36-3385886	501(C)(3)	161,060				CHILDHOOD OBESITY INITIATIVE
ADAIR FIRE DEPARTMENT PO BOX 36 ADAIR,IA 50002	42-6163465	CITY OF ADAIR	24,500				DEFIBRILLATORS AND MONITORS
ADMETSYS 21 DRYDOCK AVENUE SIXTH FLOOR BOSTON,MA 02210	20-8631587		20,000				INNOVATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AFTERSCHOOL ALLIANCE 1616 H STREET NORTHWEST SUITE 820 WASHINGTON,DC 20006	52-2275123	501(C)(3)	292,500				CHILDHOOD OBESITY INITIATIVE
ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVENUE ALBANY,NY 12208	14-1338310	501(C)(3)	192,573				RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX,NY 10461	13-1624225	501(C)(3)	311,961				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLEGAN GENERAL HOSPITAL 555 LINN STREET ALLEGAN,MI 49010	38-1359180	501(C)(3)	15,000				EMERGENCY EQUIPMENT UPGRADE
ALLEGHENY-SINGER RESEARCH INSTITUTE PITTSBURGH 320 EAST NORTH AVENUE PITTSBURGH,PA 15212	25-1320493	501(C)(3)	16,835				RESEARCH
ALLEN MEMORIAL HOSPITAL CORPORATION 1825 LOGAN AVENUE WATERLOO,IA 50703	42-0698265	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FIRE DEPARTMENT 315 CHEYENNE AVENUE ALLIANCE,NE 69301	47-6091967	CITY OF ALLIANCE	25,087				DEFIBRILLATORS AND MONITORS
ALLIANCE FOR A HEALTHIER GENERATION 55 WEST 125TH STREET NEW YORK,NY 10027	27-2028308	501(C)(3)	2,292,500				CHILDHOOD OBESITY INITIATIVE
ALLISON BRISTOW AMBULANCE PO BOX 281 ALLISON,IA 50602	37-1781154	CITY OF ALLISON	20,980				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALMA FIRE DEPARTMENT PO BOX 468 ALMA,NE 68920	47-6006072	CITY OF ALMA	25,532				DEFIBRILLATORS AND MONITORS
AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES INC 5900 WILCOX PLACE DUBLIN,OH 43016	31-4379531	501(C)(3)	16,000				ANTI-TOBACCO ADVOCACY
AMERICAN MEDICAL RESPONSE AMBULANCE INC 6200 SOUTH SYRACUSE WAY SUITE 200 GREENWOOD VILLAGE,CO 80111	04-3147881		23,186				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANACONDA DEER LODGE COUNTY 800 MAIN STREET ANACONDA,MT 59711	81-6001354	ANACONDA COUNTY	23,133				DEFIBRILLATORS AND MONITORS
ANSLEY RURAL FIRE PROTECTION DISTRICT PO BOX 333 ANSLEY,NE 68814	47-6084438	CITY OF ANSLEY	25,532				DEFIBRILLATORS AND MONITORS
ANTELOPE MEMORIAL HOSPITAL PO BOX 229 NELIGH,NE 68756	47-0393176	501(C)(3)	37,169				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARAPAHOE AMBULANCE SERVICE 411 6TH STREET ARAPAHOE,NE 68922	47-6006075	CITY OF ARAPAHOE	22,555				DEFIBRILLATORS AND MONITORS
ATKINSON AMBULANCE SERVICE 512 EAST PEARL ATKINSON,NE 68713	47-0718654	CITY OF ATKINSON	25,170				DEFIBRILLATORS AND MONITORS
AUDUBON COUNTY HOSPITAL FOUNDATION 515 PACIFIC AVENUE AUDUBON,IA 50025	42-1422559	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AUDUBON FIRE DEPARTMENT 113 MARKET STREET AUDUBON,IA 50025	42-1211373	CITY OF AUDUBON	25,532				DEFIBRILLATORS AND MONITORS
AVERA HOLY FAMILY 826 NORTH 8TH STREET ESTHERVILLE,IA 51334	42-0680370	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
BATON ROUGE SPONSORING COMMITTEE 756 SOUTH ACADIAN THROUGHWAY APT 1 BATON ROUGE,LA 70806	80-0581861	501(C)(3)	44,824				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BATTLE CREEK FIRE AND RESCUE PO BOX 280 BATTLE CREEK,NE 68716	47-6006090	CITY OF BATTLE CREEK	34,506				DEFIBRILLATORS AND MONITORS
BAUM-HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR,IA 51245	42-1500277	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
BAYCARE HEALTH SYSTEM INC 2985 DREW STREET CLEARWATER,FL 33759	59-2796965	501(C)(3)	6,000				ACTION REGISTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS,TX 75303	74-1613878	501(C)(3)	2,002,977				RESEARCH
BEARTOOTH BILLINGS CLINIC PO BOX 590 RED LODGE,MT 59068	81-0224734	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
BELMOND COMMUNITY HOSPITAL PO BOX 31 BELMOND,IA 50421	42-1242314	501(C)(3)	24,500				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BELT VOLUNTEER AMBULANCE SERVICE PO BOX 74 BELT,MT 59412	56-2565946	501(C)(3)	25,000				EMERGENCY EQUIPMENT UPGRADE
BENEFIS HOSPITALS INC 500 15TH AVENUE SOUTH GREAT FALLS,MT 59405	81-0232122	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE
BENEFIS TETON MEDICAL CENTER 915 4TH STREET NORTHWEST CHOTEAU,MT 59422	47-3448483		11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(C)(3)	916,654				RESEARCH
BEYOND SOCCER INC 60 ISLAND STREET SUITE 508E LAWRENCE,MA 01840	45-0648718	501(C)(3)	15,750				COMMUNITY IMPACT GRANT
BICYCLE TRANSPORTATION 618 NORTHWEST GLISAN SUITE 401 PORTLAND,OR 97209	93-1057956	501(C)(3)	76,539				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG HORN HOSPITAL ASSOCIATION 17 NORTH MILES AVENUE HARDIN,MT 59034	81-0384618	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
BIG MOUNTAIN FIREFIGHTERS ASSOCIATION 3790 BIG MOUNTAIN ROAD WHITEFISH,MT 59937	82-0534620	501(C)(3)	25,000				EMERGENCY EQUIPMENT UPGRADE
BIG SANDY MEDICAL CENTER INC PO BOX 530 BIG SANDY,MT 59520	81-0291695	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG SPRINGS RURAL FIRE PROTECTION DISTRICT 100 EAST 3RD STREET BIG SPRINGS,NE 69122	26-2074916	CITY OF BIG SPRINGS	25,626				DEFIBRILLATORS AND MONITORS
BILLINGS CLINIC FOUNDATION 1020 NORTH 27TH STREET BILLINGS,MT 59101	81-0407289	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE
BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO 1501 SAN PEDRO SOUTHEAST ALBUQUERQUE,NM 87108	85-0374063	501(C)(3)	142,592				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BLAINE I INC PO BOX 1053 CHINOOK,MT 59523	81-0529293	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS
BLOOD CENTER OF WISCONSIN PO BOX 78961 MILWAUKEE,WI 53278	39-0807235	501(C)(3)	48,541				RESEARCH
BLOOMFIELD AMBULANCE PO BOX 261 BLOOMFIELD,NE 68718	26-2074916	CITY OF BLOOMFIELD	25,170				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOONE COUNTY HOSPITAL FOUNDATION 723 WEST FAIRVIEW ALBLON,NE 68620	42-1403291	501(C)(3)	23,999				EMERGENCY EQUIPMENT UPGRADE
BOSTON EMERGENCY MEDICAL SERVICES 1010 MASSACHUSETTS AVENUE BOSTON,MA 02118	04-3316655	CITY OF BOSTON	22,500				COMMUNITY IMPACT GRANT
BOSTON UNIVERSITY MEDICAL CAMPUS 85 EAST NEWTON STREET BOSTON,MA 02118	04-2103547	501(C)(3)	473,518				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BOULEAVRD SUITE 3200 BOZEMAN,MT 59715	84-1407943	501(C)(3)	64,399				EMERGENCY EQUIPMENT UPGRADE
BRIDGEPORT EMS DEPARTMENT PO BOX 280 BRIDGEPORT,NE 69336	47-6006114	CITY OF BRIDGEPORT	25,581				DEFIBRILLATORS AND MONITORS
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3887 BOSTON,MA 02241	04-2312909	501(C)(3)	1,577,476				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BROWN COUNTY HOSPITAL AUXILIARY INC PO BOX 325 AINSWORTH,NE 69210	23-7198974	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
BUHL FIRE AND AMBULANCE 300 JONES AVENUE BUHL,MN 55713	41-6005020	CITY OF BUHL	23,160				DEFIBRILLATORS AND MONITORS
CABINET PEAKS MEDICAL CENTER 209 HEALTH PARK DRIVE LIBBY,MT 59923	81-0241755	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY 1947 GALILEO COURT SUITE 101 DAVIS,CA 95618	95-4723901	501(C)(3)	250,000				CHILDHOOD OBESITY INITIATIVE
CALIFORNIA STATE UNIVERSITY FULLERTON 2600 NUTWOOD AVENUE SUITE 275 FULLERTON,CA 92831	95-2081258	501(C)(3)	144,026				RESEARCH
CALLAWAY DISTRICT HOSPITAL FOUNDATION PO BOX 100 CALLAWAY,NE 68825	47-0707798	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAMPAIGN FOR TOBACCO FREE KIDS ACTION 1400 I STREET NORTHWEST SUITE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	87,500				ANTI-TOBACCO ADVOCACY
CAPACITY BUILDERS INC 418 WEST BROADWAY SUITE C FARMINGTON,NM 87401	26-1077416	501(C)(3)	31,794				CHILDHOOD OBESITY INITIATIVE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	383,977				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BOULEVARD SUITE 1150 LOS ANGELES,CA 90048	95-1644600	501(C)(3)	727,036				RESEARCH
CENTRACARE HEALTH SYSTEM 1406 6TH AVENUE NORTH ST CLOUD,MN 56303	41-1813221	501(C)(3)	24,400				EMERGENCY EQUIPMENT UPGRADE
CENTRACARE HEALTH SYSTEM SAUK CENTRE 425 ELM STREET NORTH SAUK CENTRE,MN 56378	45-2438973	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

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CENTRAL IOWA HEALTHCARE 3 SOUTH 4TH AVENUE MARSHALLTOWN,IA 50158	42-0948420	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE
CENTRAL MONTANA SURGERY CENTER INC 1411 9TH STREET SOUTH GREAT FALLS,MT 59405	84-1396628		11,998				EMERGENCY EQUIPMENT UPGRADE
CHADRON VOLUNTEER FIRE DEPARTMENT PO BOX 829 CHADRON,NE 69337	80-0925181	CITY OF CHADRON	25,532				DEFIBRILLATORS AND MONITORS

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CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE ORANGE,CA 92866	95-1643992	501(C)(3)	216,048				RESEARCH
CHASE COUNTY COMMUNITY HOSPITAL FOUNDATION INC PO BOX 819 IMPERIAL,NE 69033	47-0839293	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
CHERRY COUNTY HOSPITAL FOUNDATION PO BOX 228 VALENTINE,NE 69201	47-0599096	501(C)(3)	13,440				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHI NEBRASKA 12809 WEST DODGE ROAD OMAHA,NE 68154	36-3233121	501(C)(3)	53,400				EMERGENCY EQUIPMENT UPGRADE
CHICKASAW AMBULANCE SERVICE PO BOX 295 NEW HAMPTON,IA 50659	26-4626913	TRIBAL	25,532				DEFIBRILLATORS AND MONITORS
CHILDREN AT RISK 2900 WESLAYAN STREET SUITE 400 HOUSTON,TX 77027	76-0360533	501(C)(3)	151,598				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	1,259,768				RESEARCH
CHILDREN'S HOSPITAL CINCINNATI 3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501(C)(3)	1,090,484				RESEARCH
CHOTEAU COUNTY DISTRICT HOSPITAL PO BOX 249 FORT BENTON,MT 59442	81-0348783		11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK,NY 10016	13-3170676	501(C)(3)	53,048				COMMUNITY IMPACT GRANT
CITY OF GREAT FALLS 109 9TH STREET SOUTH GREAT FALLS,MT 59401	81-6001269	CITY OF GREAT FALLS	24,973				DEFIBRILLATORS AND MONITORS
CITY OF OSCEOLA 451 NORTH MAIN STREET OSCEOLA,NE 68651	47-6006310	CITY OF OSCEOLA	33,455				DEFIBRILLATORS AND MONITORS

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CITY OF PRAIRIE CITY PO BOX 607 PRAIRIE CITY,IA 50228	42-6005132	CITY OF PRAIRIE CITY	24,500				DEFIBRILLATORS AND MONITORS
CITY OF SCRIBNER RESCUE SQUAD 508 3RD STREET SCRIBNER,NE 68057	47-6006352	CITY OF SCRIBNER	23,875				DEFIBRILLATORS AND MONITORS
CITY OF ST PAUL PO BOX 222 ST PAUL,NE 68873	47-6006345	CITY OF ST PAUL	25,170				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY UNIVERSITY OF NEW YORK CITY COLLEGE 230 WEST 41ST STREET 7TH FLOOR NEW YORK,NY 10036	13-1988190	501(C)(3)	144,032				RESEARCH
CLARENCE AMBULANCE SERVICE VOLUNTEERS ASSOCIATION INC 1202 LOMBARD STREET CLARENCE,IA 52216	20-0897024	501(C)(3)	24,450				DEFIBRILLATORS AND MONITORS
CLEMSON UNIVERSITY 321 BRACKETT HALL CLEMSON,SC 29634	57-6000254	STATE OF SC	234,286				RESEARCH

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CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714585	501(C)(3)	713,474				RESEARCH
COLO FIRE AND RESCUE 209 MAIN STREET COLO,IA 50056	42-6004410	CITY OF COLO	24,500				DEFIBRILLATORS AND MONITORS
COLSTRIP AMBULANCE SERVICE 303 WILLOW AVENUE COLSTRIP,MT 59325	81-6001424	CITY OF COLSTRIP	36,806				DEFIBRILLATORS AND MONITORS

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COLUMBIA UNIVERSITY NEW YORK PO BOX 29789 NEW YORK,NY 10087	13-5598093	501(C)(3)	4,298,336				RESEARCH
COLUMBUS COMMUNITY HOSPITAL INC 4600 38TH STREET COLUMBUS,NE 68601	47-0542043	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
COMMUNITY AMBULANCE OF PRESTON IOWA PO BOX 474 PRESTON,IA 52069	42-6269563	501(C)(3)	25,532				DEFIBRILLATORS AND MONITORS

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COMMUNITY CYCLING CENTER 1805 NORTHEAST 2ND AVENUE PORTLAND,OR 97211	93-1127186	501(C)(3)	5,021				CHILDHOOD OBESITY INITIATIVE
COMMUNITY HOSPITAL ASSOCIATION PO BOX 1328 MCCOOK,NE 69001	47-0533373	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
COMMUNITY MEDICAL CENTER INC PO BOX 399 FALLS CITY,NE 68355	47-0421272	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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COMMUNITY MEDICAL CENTER INC 2827 FORT MISSOULA ROAD MISSOULA,MT 59804	81-0247705	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE
COMMUNITY MEMORIAL HOSPITAL FOUNDATION 1579 MIDLAND STREET SYRACUSE,NE 68446	27-1247813	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
COMMUNITY PARTNERS 3655 SOUTH GRANDE AVENUE SUITE 240 LOS ANGELES,CA 90007	95-4302067	501(C)(3)	85,782				CHILDHOOD OBESITY INITIATIVE

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COMMUNITY ROWING INC HARRY PARKER BOATHOUSE 20 BRIGHTON,MA 02135	04-2863756	501(C)(3)	18,000				COMMUNITY IMPACT GRANT
CONNECTICUT COMMUNITY FOUNDATION INC 43 FIELD STREET WATERBURY,CT 06702	06-6038074	501(C)(3)	10,000				COMMUNITY IMPACT GRANT
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA,NY 14850	13-0532082	501(C)(3)	811,725				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORVALLIS RURAL FIRE DISTRICT PO BOX 13 CORVALLIS,MT 59828	81-0399189	CITY OF CORVALLIS	24,841				DEFIBRILLATORS AND MONITORS
COVENANT MEDICAL CENTER INC 1447 NORTH HARRISON STREET SAGINAW,MI 48602	38-3369438	501(C)(3)	76,800				EMERGENCY EQUIPMENT UPGRADE
COZAD FIRE AND RESCUE PO BOX 309 COZAD,NE 69130	47-6006147	CITY OF COZAD	25,597				DEFIBRILLATORS AND MONITORS

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COZAD HOSPITAL FOUNDATION PO BOX 108 COZAD,NE 69130	47-0634575	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
CRAWFORD VOLUNTEER FIRE DEPART PO BOX 184 CRAWFORD,NE 69339	47-0628532	CITY OF CRAWFORD	24,898				DEFIBRILLATORS AND MONITORS
CREIGHTON AMBULANCE SERVICE 809 MAIN STREET CREIGHTON,NE 68729	47-6006152	CITY OF CREIGHTON	25,532				DEFIBRILLATORS AND MONITORS

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CRESTON FIREFIGHTERS ASSOCIATION 4498 MONTANA HIGHWAY 35 KALISPELL,MT 59901	81-0457369	501(C)(3)	50,000				DEFIBRILLATORS AND MONITORS
CRETE AREA MEDICAL CENTER 2910 BETTEN DRIVE CRETE,NE 68333	47-0841285	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
CUMBERLAND FIRE AND RESCUE 207 MAIN STREET CUMBERLAND,IA 50843	42-6004452	CITY OF CUMBERLAND	24,500				DEFIBRILLATORS AND MONITORS

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DAHL MEMORIAL HEALTHCARE ASSOCIATION INC PO BOX 46 EKALATA,MT 59324	81-0264548	501(C)(3)	36,007				EMERGENCY EQUIPMENT UPGRADE
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER,NH 03755	02-0222111	501(C)(3)	185,184				RESEARCH
DAVID CITY VOLUNTEER FIRE DEPARTMENT RESCUE 552 D STREET DAVID CITY,NE 68632	47-0830921	CITY OF DAVID CITY	20,720				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DEER RIVER HEALTH CARE INC 115 10TH AVENUE NORTHEAST DEER RIVER,MN 56636	41-0844574	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
DESHLER VOLUNTEER FIRE DEPARTMENT PO BOX 116 DESHLER,NE 68340	84-1717621	CITY OF DESHLER	25,532				DEFIBRILLATORS AND MONITORS
DODGE VOLUNTEER FIRE DEPARTMENT PO BOX 13 DODGE,NE 68533	47-6033689	501(C)(3)	25,532				DEFIBRILLATORS AND MONITORS

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DOUGLAS COUNTY HOSPITAL AUXILIARY 111 17TH AVENUE EAST ALEXANDRIA,MN 56308	41-6039201	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
DOW CITY ARION COMMUNITY FIRE DEPARTMENT 107 WEST PEARL DOW CITY,IA 51528	42-6268071	CITY OF DOW CITY	25,533				DEFIBRILLATORS AND MONITORS
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA,PA 19104	23-1352630	501(C)(3)	720,162				RESEARCH

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DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE,IA 52001	26-2227941	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE
DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE,NC 28260	56-0532129	501(C)(3)	5,910,282				RESEARCH
DUNDY COUNTY AMBULANCE PO BOX 506 BENKELMAN,NE 69021	47-6006456	DUNDY COUNTY	24,450				DEFIBRILLATORS AND MONITORS

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DUNDY COUNTY HOSPITAL FOUNDATION INC 1313 NORTH CHEYENNE STREET BENKELMAN,NE 69021	47-0743261	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BOULEVARD GREENVILLE,NC 27858	56-6000403	STATE OF NC	92,545				RESEARCH
EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY,TN 37614	62-6021046	STATE OF TN	25,252				RESEARCH

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EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH 303 NORFOLK,VA 23507	54-6055378	501(C)(3)	144,032				RESEARCH
EAT SMART & MOVE MORE SOUTH CAROLINA 111 STONEMARK LANE SUITE 115 COLUMBIA FALLS,SC 29210	57-1099619	501(C)(3)	160,794				CHILDHOOD OBESITY INITIATIVE
EDWARD VIA VIRGINIA COLLEGE OF OSTEPATHIC MEDICINE 2265 KRAFT DRIVE BLACKSBURG,VA 24060	54-2052107	501(C)(3)	288,065				RESEARCH

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ELM CREEK VOLUNTEER FIRE AND RESCUE DEPARTMENT PO BOX 206 ELM CREEK,NE 68836	47-0691465	CITY OF ELM CREEK	25,532				DEFIBRILLATORS AND MONITORS
EMORY UNIVERSITY PO BOX 935084 ATLANTA,GA 31193	58-0566256	501(C)(3)	1,645,710				RESEARCH
ENNIS AMBULANCE SERVICE PO BOX 147 ENNIS,MT 59729	81-6006455	CITY OF ENNIS	17,229				DEFIBRILLATORS AND MONITORS

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ESTHERVILLE AMBULANCE SERVICE 15 NORTH FIRST STREET ESTHERVILLE,IA 51334	42-0984765	CITY OF ESTHERVILLE	25,532				DEFIBRILLATORS AND MONITORS
EUREKA VOLUNTEER AMBULANCE SERVICE PO BOX 736 EUREKA,MT 59917	84-1372287	501(C)(3)	25,026				DEFIBRILLATORS AND MONITORS
EVERGREEN FIRE DEPARTMENT 2236 HIGHWAY 2 EAST KALISPELL,MT 59901	26-1456302	CITY OF EVERGREEN	24,841				DEFIBRILLATORS AND MONITORS

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FAIRFIELD VOLUNTEER FIRE DEPARTMENT PO BOX 51 FAIRFIELD,MT 59436	81-0416383	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS
FAIRVIEW HEALTH SERVICES 2450 RIVERSIDE AVENUE SOUTH MINNEAPOLIS,MN 55454	41-0991680	501(C)(3)	12,734				DEFIBRILLATORS AND MONITORS
FAITH REGIONAL HEALTH SERVICES 2700 WEST NORFOLK AVENUE NORFOLK,NE 68701	47-0796875	501(C)(3)	28,900				EMERGENCY EQUIPMENT UPGRADE

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FALLS CITY VOLUNTEER AMBULANCE SQUAD PO BOX 551 FALLS CITY,NE 68635	47-6006075	CITY OF FALLS CITY	25,532				DEFIBRILLATORS AND MONITORS
FAYETTE AMBULANCE SERVICE INC PO BOX 626 FAYETTE,IA 52142	46-2660249	501(C)(3)	24,864				DEFIBRILLATORS AND MONITORS
FIRST CARE MEDICAL SERVICES 900 HILLIGOSS BOULEVARD SOUTHEAST FOSSTON,MN 56542	41-0706143	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

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FLORIDA INTERNATIONAL UNIVERSITY 11200 SOUTHWEST 8TH STREET MIAMI,FL 33199	65-0177616	STATE OF FL	144,032				RESEARCH
FLORIDA STATE UNIVERSITY 2000 LEVY AVENUE TALLAHASSEE,FL 32310	59-3211153	STATE OF FL	48,634				RESEARCH
FLOYD VALLEY HOSPITAL FOUNDATION 714 LINCOLN STREET NORTHEAST LE MARS,IA 51031	20-4095776	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

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FONDA AMBULANCE SERVICE 104 WEST 2ND STREET FONDA,IA 50540	42-6004666	CITY OF FONDA	24,500				DEFIBRILLATORS AND MONITORS
FOUNDATION FOR ANNIE JEFFREY PO BOX 428 OSCEOLA,NE 68651	20-8143443	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVENUE WEST SEATTLE,WA 98119	91-6186093	501(C)(3)	158,396				CHILDHOOD OBESITY INITIATIVE

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FRANCES MAHON DEACONESS HOSPITAL 621 3RD STREET SOUTH GLASGOW,MT 59230	81-0231786	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
FRANCISCAN CARE SERVICES INC 430 NORTH MONITOR STREET WEST POINT,NE 68788	47-0486026	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
FRANKLIN COUNTY MEMORIAL HOSPITAL PO BOX 315 FRANKLIN,NE 68939	47-6007436	FRANKLIN COUNTY	12,000				EMERGENCY EQUIPMENT UPGRADE

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FREMONT FIRE DEPARTMENT 415 EAST 16TH STREET FREMONT,NE 68025	47-6006192	CITY OF FREMONT	25,720				DEFIBRILLATORS AND MONITORS
FREMONT HEALTH CLINIC 450 EAST 23RD STREET FREMONT,NE 68025	47-0717207	501(C)(3)	28,800				EMERGENCY EQUIPMENT UPGRADE
FROEDTERT HEALTH INC 9200 WEST WISCONSIN AVENUE MILWAUKEE,WI 53226	39-2014409	501(C)(3)	25,000				EMERGENCY EQUIPMENT UPGRADE

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FUND FOR A HEALTHIER COLORADO 1536 WYNKOOP STREET SUITE 109 DENVER,CO 80202	47-4101801	501(C)(3)	39,680				CHILDHOOD OBESITY INITIATIVE
FUTURE GENERATIONS HEALTH CARE FOUNDATION 372 SOUTH 9TH STREET DAVID CITY,NE 68632	47-0761937	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
GENESIS HEALTH SYSTEM 1227 EAST RUSHOLME STREET DAVENPORT,IA 52803	42-1418847	501(C)(3)	76,800				EMERGENCY EQUIPMENT UPGRADE

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GENOA MEDICAL SERVICES FOUNDATION PO BOX 421 GENOA,NE 68640	47-0762829	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE SUITE 240V ASHBURN,VA 20147	53-0196584	501(C)(3)	216,048				RESEARCH
GEORGIA BIKES INC PO BOX 10045 SAVANNAH,GA 31412	20-0295376	501(C)(3)	173,048				CHILDHOOD OBESITY INITIATIVE

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GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA,GA 30394	58-1418202	STATE OF GA	2,184,026				RESEARCH
GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA,GA 30302	58-1845423	STATE OF GA	590,617				RESEARCH
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA,GA 30384	58-0603146	501(C)(3)	377,694				RESEARCH

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GLACIAL RIDGE HOSPITAL FOUNDATION INC 7 4TH AVENUE SOUTHEAST GLENWOOD,MN 56334	41-1553655	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
GLACIER COUNTY EMS 512 EAST MAIN CUT BANK,MT 59427		GLACIER COUNTY	25,000				DEFIBRILLATORS AND MONITORS
GLADSTONE INSTITUTE SAN FRANCISCO 1650 OWENS STREET SAN FRANCISCO,CA 94158	23-7203666	501(C)(3)	720,162				RESEARCH

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GLENDIVE AMBULANCE SERVICE 300 SOUTH MERRILL AVENUE GLENDIVE,MT 59330	81-6001268	CITY OF GLENDIVE	24,841				DEFIBRILLATORS AND MONITORS
GLENDIVE MEDICAL CENTER INC 202 PROSPECT DRIVE GLENDIVE,MT 59330	81-6016016	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
GOOD SAMARITAN HOSPITAL 10 EAST 31ST STREET KEARNEY,NE 68847	47-0379755	501(C)(3)	78,956				EMERGENCY EQUIPMENT UPGRADE

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GORDON MEMORIAL HOSPITAL FOUNDATION 300 E 8TH STREET GORDON,NE 69343	36-3602213	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
GORDON VOLUNTEER RESCUE SQUAD PO BOX 310 GORDON,NE 69343	47-6006203	CITY OF GORDON	25,581				DEFIBRILLATORS AND MONITORS
GOTHENBURG MEMORIAL HOSPITAL FOUNDATION 810 20TH STREET GOTHENBURG,NE 69138	47-0652141	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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GOTHENBURG VOLUNTEER FIRE DEPARTMENT 409 9TH STREET GOTHENBURG,NE 69138	47-6006204	CITY OF GOTHENBURG	24,836				DEFIBRILLATORS AND MONITORS
GRACEVILLE HEALTH CENTER 115 WEST 2ND STREET GRACEVILLE,MN 56240	41-0726173	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
GRANITE FALLS MUNICIPAL HOSPITAL AND MANOR 641 PRENTICE STREET GRANITE FALLS,MN 56241	41-6005203	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

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GREAT PLAINS HEALTHCARE FOUNDATION 601 WEST LEOTA STREET NORTH PLATTE,NE 69101	36-3954197	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
GREAT RIVER MEDICAL CENTER 1221 SOUTH GEAR AVENUE WEST BURLINGTON,IA 52655	42-0680407	501(C)(3)	76,800				EMERGENCY EQUIPMENT UPGRADE
GREENE COUNTY EMERGENCY MEDICAL SERVICES INC 204 NORTH GRIMMELL ROAD JEFFERSON,IA 50129	14-1277102		37,532				DEFIBRILLATORS AND MONITORS

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GROUNDWORK LAWRENCE INC 60 ISLAND STREET LAWRENCE,MA 01840	04-3546770	501(C)(3)	22,500				COMMUNITY IMPACT GRANT
HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING 3 BLACKFAN CIRCLE 3RD FLOOR BOSTON,MA 02115	30-0773387	501(C)(3)	322,670				RESEARCH
HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTE 1124 WEST CARSON STREET TORRANCE,CA 90502	95-2138184	501(C)(3)	311,961				RESEARCH

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HARLAN COUNTY HEALTH SYSTEM 717 NORTH BROWN STREET ALMA,NE 68920	47-0395787		11,999				DEFIBRILLATORS AND MONITORS
HARLEM VOLUNTEER FIRE DEPARTTMENT INC PO BOX 964 HARLEM,MT 59526	81-0404727	501(C)(3)	24,841				DEFIBRILLATORS AND MONITORS
HARTLEY EMERGENCY AMBULANCE RESCUE TEAM 11 SOUTH CENTRAL AVENUE HARTLEY,IA 51346	42-6004765	CITY OF HARTLEY	24,500				DEFIBRILLATORS AND MONITORS

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HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON,MA 02115	04-2103580	501(C)(3)	1,449,132				RESEARCH
HASTINGS FIRE AND RESCUE 1313 NORTH HASTINGS AVENUE HASTINGS,NE 68901	47-6006221	CITY OF HASTINGS	25,532				DEFIBRILLATORS AND MONITORS
HEALTHEAST CARE SYSTEM 559 CAPITOL BOULEVARD ST PAUL,MN 55103	36-3517697	501(C)(3)	50,000				EMERGENCY EQUIPMENT UPGRADE

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HEBGEN BASIN FIRE DISTRICT PO BOX 1508 WEST YELLOWSTONE,MT 59758	26-3962072	CITY OF WEST YELLOWS	49,000				DEFIBRILLATORS AND MONITORS
HEBRON VOLUNTEER FIRE DEPARTMENT 216 LINCOLN AVENUE HEBRON,NE 68370	47-6006224	CITY OF HEBRON	25,170				DEFIBRILLATORS AND MONITORS
HEGG MEMORIAL HOSPITAL 1202 21ST AVENUE ROCK VALLEY,IA 51247	42-0932564	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELENA FIRE DEPARTMENT 316 NORTH PARK HELENA,MT 59601	81-6001276	CITY OF HELENA	17,107				DEFIBRILLATORS AND MONITORS
HELMVILLE VOLUNTEER FIRE DEPARTMENT 5954 OVANDO HELMVILLE ROAD HELMVILLE,MT 59843	81-0416922	CITY OF HELMVILLE	5,500				DEFIBRILLATORS AND MONITORS
HEMINGFORD VOLUNTEER FIRE DEPARTMENT PO BOX 598 HEMINGFORD,NE 69348	47-6077195	CITY OF HEMINGFORD	15,000				DEFIBRILLATORS AND MONITORS

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HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE MINNEAPOLIS,MN 55415	41-0845733	501(C)(3)	35,000				EMERGENCY EQUIPMENT UPGRADE
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT,MI 48202	38-1357020	501(C)(3)	216,048				RESEARCH
HOMER VOLUNTEER FIRE AND RESCUE 110 JOHN STREET HOMER,NE 68030	47-6006233	CITY OF HOMER	25,532				DEFIBRILLATORS AND MONITORS

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HOOPER FIRE DISTRICT 300 EAST FULTON HOOPER,NE 68031		CITY OF HOOPER	25,130				DEFIBRILLATORS AND MONITORS
HORIZON FOUNDATION OF HOWARD COUNTY INC 10480 LITTLE PATUXENT PARKWAY SUITE 900 COLUMBIA,MD 21044	52-2119011	501(C)(3)	85,425				CHILDHOOD OBESITY INITIATIVE
HOSKINS-WOODLAND PARK RESCUE 205 MAIN STREET HOSKINS,NE 68740	36-3964328	CITY OF HOSKINS	25,000				DEFIBRILLATORS AND MONITORS

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HOSPITAL FOUNDATION OF CRAWFORD COUNTY 100 MEDICAL PARKWAY DENISON,IA 51442	42-1402336	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
HOSPITAL HIMA SAN PABLO CAGUAS CALLE SANTA CRUZ 70 URB SANTA CRUZ BAYAMON,PR 00960	66-0664600	501(C)(3)	7,975				ACTION REGISTRY
HOUSTON METHODIST HOSPITAL 6670 BERTNER AVENUE HOUSTON,TX 77030	87-0721923	501(C)(3)	130,938				RESEARCH

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HOWARD COUNTY MEDICAL CENTER FOUNDATION PO BOX 406 ST PAUL,NE 68873	47-0737522	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
HOWARD UNIVERSITY 2400 6TH STREET NORTHWEST WASHINGTON,DC 20059	53-0204707	501(C)(3)	144,032				RESEARCH
HULL AMBULANCE AND RESCUE PO BOX 816 HULL,IA 51239	42-6004780	CITY OF HULL	25,532				DEFIBRILLATORS AND MONITORS

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HUXLEY FIRE AND RESCUE 515 NORTH MAIN AVENUE HUXLEY,IA 50124	42-6021693	CITY OF HUXLEY	25,550				DEFIBRILLATORS AND MONITORS
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE NEW YORK,NY 10029	13-6171197	501(C)(3)	1,099,880				RESEARCH
IDAHO WALK BIKE ALLIANCE INC PO BOX 1594 BOISE,ID 83701	27-1334849	501(C)(3)	58,750				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ILLINOIS INSTITUTE OF TECHNOLOGY 3424 SOUTH STATE STREET CHICAGO,IL 60616	36-2170136	501(C)(3)	140,285				RESEARCH
ILLINOIS PUBLIC HEALTH INSTITUTE 954 WEST WASHINGTON BOULEVARD SUITE 40 CHICAGO,IL 60607	26-2757523	501(C)(3)	45,000				CHILDHOOD OBESITY INITIATIVE
IMPERIAL EMERGENCY MEDICAL SERVICES PO BOX 187 IMPERIAL,NE 69033	47-0393176	CITY OF IMPERIAL	27,160				DEFIBRILLATORS AND MONITORS

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INDIANA STATE UNIVERSITY 200 NORTH SEVENTH STREET TERRE HAUTE,IN 47809	35-6001670	STATE OF IN	216,048				RESEARCH
INDIANA UNIVERSITY INDIANAPOLIS PO BOX 66057 INDIANAPOLIS,IN 46266	35-6001673	STATE OF IN	961,792				RESEARCH
INNOVIS HEALTH LLC 3000 32ND AVENUE SOUTH FARGO,ND 58103	26-1175213	501(C)(3)	8,000				EMERGENCY EQUIPMENT UPGRADE

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IOWA HEALTH FOUNDATION 1415 WOODLAND AVENUE DES MOINES,IA 50309	42-1467682	501(C)(3)	53,400				EMERGENCY EQUIPMENT UPGRADE
JACKSON COUNTY HEALTH FOUNDATION 700 WEST GROVE STREET MAQUOKETA,IA 52060	42-1170913	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
JACKSONVILLE JAGUARS FOUNDATION INC ONE EVERBANK FIELD DRIVE JACKSONVILLE,FL 32202	59-3249687	501(C)(3)	25,000				COMMUNITY IMPACT GRANT

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JEFFERSON COMMUNITY HEALTH CENTER INC PO BOX 277 FAIRBURY,NE 68352	47-0468078	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
JENNIE M MELHAM MEMORIAL MEDICAL CENTER INC 145 EAST MEMORIAL DRIVE BROKEN BOW,NE 68822	47-0426530	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
JEWELL FIRE AND RESCUE 701 MAIN STREET JEWELL,IA 50130	42-6004823	CITY OF JEWELL	24,450				DEFIBRILLATORS AND MONITORS

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JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	6,403,892				RESEARCH
JOHNSON MEMORIAL FOUNDATION 1282 WALNUT STREET DAWSON,MN 56232	41-1678372	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
KALISPELL REGIONAL MEDICAL CENTER INC 310 SUNNYVIEW LANE KALISPELL,MT 59901	23-7293874	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE

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KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY,KS 66101	20-4613795	501(C)(3)	91,939				CHILDHOOD OBESITY INITIATIVE
KEARNEY REGIONAL MEDICAL CENTER 804 22ND AVENUE KEARNEY,NE 68845	27-0860326		80,399				EMERGENCY EQUIPMENT UPGRADE
KINGSLEY VOLUNTEER FIRE DEPARTMENT INC PO BOX 428 KINGSLEY,IA 51028	45-2448551	501(C)(3)	25,532				EMERGENCY EQUIPMENT UPGRADE

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LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA,CA 92037	33-0328688	501(C)(3)	183,641				RESEARCH
LA SEMILLA FOOD CENTER 101 EAST JOY ANTHONY,NM 88021	27-2486484	501(C)(3)	44,302				CHILDHOOD OBESITY INITIATIVE
LAKE REGION HEALTHCARE CORPORATION 712 SOUTH CASCADE STREET FERGUS FALLS,MN 56538	41-0730602	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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LAKE VIEW MEMORIAL HOSPITAL INC 325 11TH AVENUE TWO HARBORS,MN 55616	41-0786046	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
LAKEFIELD AMBULANCE SERVICE 301 MAIN STREET LAKEFIELD,MN 56150	41-5005300	CITY OF LAKEFIELD	27,662				DEFIBRILLATORS AND MONITORS
LANSING EMERGENCY MEDICAL SERVICES INC PO BOX 103 LANSING,IA 52151	20-5744831	501(C)(3)	24,500				DEFIBRILLATORS AND MONITORS

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LAUREL VOLUNTEER AMBULANCE SERVICE 215 WEST 1ST STREET LAUREL,MT 59044	81-6201283	CITY OF LAUREL	24,841				DEFIBRILLATORS AND MONITORS
LAURENS AMBULANCE SERVICE 272 NORTH 3RD STREET LAURENS,IA 50564	42-6004866	CITY OF LAURENS	24,500				DEFIBRILLATORS AND MONITORS
LAWTON AMBULANCE PO BOX 4550 LAWTON,IA 51030	42-1369049	CITY OF LAWTON	25,532				DEFIBRILLATORS AND MONITORS

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LE CENTER VOLUNTEER AMBULANCE SERVICE INC 136 SOUTH CORDOVA AVENUE LE CENTER,MN 56057	23-7417033		24,849				EMERGENCY EQUIPMENT UPGRADE
LEXINGTON REGIONAL HEALTH CENTER PO BOX 980 LEXINGTON,NE 68850	45-6029692	CITY OF LEXINGTON	11,999				EMERGENCY EQUIPMENT UPGRADE
LIBBY VOLUNTEER AMBULANCE SERVICE INC PO BOX 777 LIBBY,MT 59923	81-0309824	501(C)(3)	24,841				DEFIBRILLATORS AND MONITORS

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LIBERTY COUNTY AMBULANCE PO BOX 459 CHESTER,MT 59522	81-6001385	LIBERTY COUNTY	24,841				DEFIBRILLATORS AND MONITORS
LIBERTY COUNTY HOSPITAL AND NURSING HOME INC PO BOX 705 CHESTER,MT 59522	81-0515463	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
LITZENBERG MEMORIAL COUNTY HOSPITAL 1715 26TH STREET CENTRAL CITY,NE 68826	47-0710738	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

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LOMA LINDA UNIVERSITY 11145 ANDERSON STREET SUITE 205 LOMA LINDA,CA 92350	95-1816009	501(C)(3)	130,938				RESEARCH
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVENUE SUITE 200 GEORGETOWN,TX 78626	74-3001674	501(C)(3)	60,000				HYPERTENSION IMPACT PROJECT
LOUISIANA STATE UNIVERSITY 433 BOLIVAR STREET SUITE 619 NEW ORLEANS,LA 70112	72-6087770	STATE OF LA	809,761				RESEARCH

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LOUP CITY ASHTON & ROCKVILLE COOPERATIVE AMBULANCE SERVICE PO BOX 41 LOUP CITY,NE 68653	47-0537052	501(C)(3)	25,532				DEFIBRILLATORS AND MONITORS
LOYOLA UNIVERSITY MEDICAL CENTER 820 NORTH MICHIGAN AVENUE CHICAGO,IL 60611	36-1408475	501(C)(3)	149,644				RESEARCH
LYON COUNTY AMBULANCE 206 SOUTH 2ND AVENUE ROCK RAPIDS,IA 51246	42-6005158	LYON COUNTY	25,532				DEFIBRILLATORS AND MONITORS

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MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION 3339 WARD STREET PITTSBURGH,PA 15213	25-1462312	501(C)(3)	3,469,122				RESEARCH
MAHNOMEN HEALTH CENTER PO BOX 396 MAHNOMEN,MN 56557	41-6008946		12,000				EMERGENCY EQUIPMENT UPGRADE
MANILLA AMBULANCE SERVICE 443 MAIN STREET MANILLA,IA 51454	42-6004916	CITY OF MANILLA	25,543				DEFIBRILLATORS AND MONITORS

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MANNING REGIONAL HEALTHCARE CENTER 1550 6TH STREET MANNING,IA 51455	39-1902797	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
MARCUS FIRE DEPARTMENT INC PO BOX 398 MARCUS,IA 51035	47-3925767	501(C)(3)	24,500				DEFIBRILLATORS AND MONITORS
MARKETUMBRELLA ORG 200 BROADWAY STREET SUITE 107 NEW ORLEANS,LA 70118	26-2477706	501(C)(3)	299,797				CHILDHOOD OBESITY INITIATIVE

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MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	97,175				RESEARCH
MARY GREELEY MEDICAL CENTER FOUNDATION 1111 DUFF AVENUE AMES,IA 50010	23-7064009	501(C)(3)	76,800				EMERGENCY EQUIPMENT UPGRADE
MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEECKER STREET UTICA,NY 13501	13-5648611	501(C)(3)	7,000				RESEARCH

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MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON,MA 02114	04-2697983	501(C)(3)	4,887,088				RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	91,938				RESEARCH
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 101 TREMENT STREET SUITE 1011 BOSTON,MA 02108	04-2326503	501(C)(3)	141,700				CHILDHOOD OBESITY INITIATIVE

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MAYO CLINIC HEALTH SYSTEM - CANNON FALLS 32021 COUNTY ROAD 24 CANNON FALLS,MN 55009	20-4156428	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
MAYO CLINIC HEALTH SYSTEM - FAIRMONT 800 MEDICAL CENTER DRIVE FAIRMONT,MN 56031	41-0760836	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
MAYO CLINIC HEALTH SYSTEM - MANKATO 1025 MARSH STREET MANKATO,MN 56002	41-1236756	501(C)(3)	20,500				EMERGENCY EQUIPMENT UPGRADE

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MAYO CLINIC HEALTH SYSTEM - WASECA 501 STATE STREET NORTH WASECA,MN 56093	36-3606405	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
MAYO CLINIC HEALTH SYSTEM NEW PRAGUE 301 2ND STREET NORTHEAST NEW PRAGUE,MN 56071	41-0723639	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
MAYO CLINIC HEALTH SYSTEM SPRINGFIELD 625 NORTH JACKSON AVENUE SPRINGFIELD,MN 56087	41-1893827	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

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MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	144,032				RESEARCH
MAYO CLINIC ROCHESTER 200 FIRST STREET SOUTHWEST ROCHESTER,MN 55905	41-6011702	501(C)(3)	1,886,445				RESEARCH
MCGUIRE RESEARCH INSTITUTE INC 1201 BROAD ROCK BOULEVARD RICHMOND,VA 23249	54-1522206	501(C)(3)	359,142				RESEARCH

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MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	501(C)(3)	845,419				RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 303 CHARLESTON,SC 29425	57-6000722	STATE OF SC	519,789				RESEARCH
MEDIVAC AMBULANCE PO BOX 348 HARLAN,IA 51537	42-1125457		25,000				DEFIBRILLATORS AND MONITORS

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MEMORIAL COMMUNITY HEALTH INC 1423 7TH STREET AURORA,NE 68818	47-0461859	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
MEMORIAL HERMANN HOSPITAL 909 FROSTWOOD STREET SUITE 2100 HOUSTON,TX 77024	74-1152597	501(C)(3)	130,938				RESEARCH
MERCY HOSPITAL FOUNDATION 500 EAST MARKET STREET IOWA CITY,IA 52445	23-7040506	501(C)(3)	99,960				EMERGENCY EQUIPMENT UPGRADE

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MERCY HOSPITAL FOUNDATION 4572 COUNTY ROAD 61 MOOSE LAKE,MN 55767	41-1956174	501(C)(3)	99,960				EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH STREET CLINTON,IA 52732	42-1336618	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY,IA 51102	14-1880022	501(C)(3)	100,800				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY MEDICAL CENTER FOUNDATION NORTH IOWA 1000 4TH STREET SOUTHWEST MASON CITY,IA 50401	42-1229151	501(C)(3)	76,800				EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER NEW HAMPTON AUXILIARY 308 NORTH MAPLE AVENUE NEW HAMPTON,IA 50659	42-1722549	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
MERRILL PIONEER COMMUNITY HOSPITAL 801 SOUTH GREENE STREET ROCK RAPIDS,IA 51246	42-0805543	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MIAMI UNIVERSITY 501 EAST HIGH STREET SUITE 107 OXFORD,OH 45056	31-6402089	501(C)(3)	432,097				RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD SUITE 2 EAST LANSING,MI 48824	38-6005984	STATE OF MI	216,048				RESEARCH
MICHIGAN TECHNOLOGICAL UNIVERSITY HOUGHTON 1400 TOWNSEND DRIVE HOUGHTON,MI 49931	38-6005955	STATE OF MI	48,634				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MILLE LACS HEALTH SYSTEM 200 ELM STREET NORTH ONAMIA,MN 56359	41-0785161	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
MILLER RURAL FIRE 10440 370TH ROAD MILLER,NE 68859	47-0718654	CITY OF MILLER	25,532				DEFIBRILLATORS AND MONITORS
MINNESOTA VALLEY HEALTH CENTER INC 621 SOUTH 4TH STREET LE SUEUR,MN 56058	41-0837659	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOULA COMMUNITY HEALTH SERVICES INC PO BOX 66 SUPERIOR,MT 59872	81-0421823	501(C)(3)	11,996				EMERGENCY EQUIPMENT UPGRADE
MORRILL COUNTY HOSPITAL FOUNDATION PO BOX 75 BRIDGEPORT,NE 69336	47-0808837	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
MOVILLE AMBULANCE AND RESCUE SQUAD PO BOX 249 MOVILLE,IA 51039	23-7406125	CITY OF MOVILLE	25,532				DEFIBRILLATORS AND MONITORS

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MULLEN AMBULANCE SERVICE PO BOX 980 MULLEN,NE 69152	38-3896904	CITY OF MULLEN	25,532				DEFIBRILLATORS AND MONITORS
MULTICULTURAL HEALTH FOUNDATION 292 EUCLID AVENUE SAN DIEGO,CA 92114	45-5610021	501(C)(3)	111,223				COMMUNITY IMPACT GRANT
MURRAY COUNTY HEALTH ALLIANCE PO BOX 72 SLAYTON,MN 56172	41-1767928	501(C)(3)	46,860				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NAACP - GARY PO BOX 64843 GARY,IN 46401	35-1760382	501(C)(3)	11,344				CHILDHOOD OBESITY INITIATIVE
NATIONAL ACADEMY OF SCIENCES - INSTITUTE OF MEDICINE 500 5TH STREET NORTHWEST WASHINGTON,DC 20001	53-0196932	501(C)(3)	71,000				PROFESSIONAL WORKSHOP
NATIONAL ASSOCIATION OF HISPANIC NURSES PO BOX 540 YONKERS,NY 10701	47-4047644	501(C)(3)	7,000				COMMUNITY IMPACT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER,CO 80206	74-2044647	501(C)(3)	48,541				RESEARCH
NATIONWIDE CHILDREN'S HOSPITAL PO BOX 715245 COLUMBUS,OH 43271	31-6056230	501(C)(3)	336,417				RESEARCH
NELSON VOLUNTEER FIRE DEPARTMENT PO BOX 133 NELSON,NE 68961	47-6006289	CITY OF NELSON	25,532				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEMAHA VOLUNTEER RESCUE SQUAD INC 510 1ST STREET NEMAHA,NE 68414	36-3330402	501(C)(3)	25,532				DEFIBRILLATORS AND MONITORS
NEMOURS FOUNDATION 10140 CENTURION PARKWAY JACKSONVILLE,FL 32256	59-0634433	501(C)(3)	144,032				RESEARCH
NEW RICHLAND AMBULANCE PO BOX 57 NEW RICHLAND,MN 56072	41-6005411	CITY OF NEW RICHLAND	22,449				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW SHARON FIRE AND RESCUE 201 EAST MARKET STREET NEW SHARON,IA 50207	03-0545705	CITY OF NEW SHARON	24,450				DEFIBRILLATORS AND MONITORS
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA,NY 10595	13-1099420	501(C)(3)	144,032				RESEARCH
NEW YORK UNIVERSITY 700 WASHINGTON SQUARE SOUTH NEW YORK,NY 10012	13-5562309	501(C)(3)	689,298				RESEARCH

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NEW YORK UNIVERSITY MEDICAL CENTER 700 WASHINGTON SQUARE SOUTH NEW YORK,NY 10012	13-5562308	501(C)(3)	3,697,815				RESEARCH
NIOBRARA VALLEY HOSPITAL CORPORATION 401 SOUTH 4TH STREET LYNCH,NE 68746	47-0537192	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
NORTH CAROLINA PEDIATRIC SOCIETY INC 1100 WAKE FOREST ROAD SUITE 200 RALEIGH,NC 27604	31-1657902	501(C)(3)	280,730				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH,NC 27695	56-6000756	STATE OF NC	264,589				RESEARCH
NORTH PLATTE FIRE DEPARTMENT 715 SOUTH JEFFERS NORTH PLATTE,NE 69101	47-6006072	CITY OF NORTH PLATTE	25,532				DEFIBRILLATORS AND MONITORS
NORTHEAST MONTANA STATE AIR AMBULANCE COOPERATIVE 11 SOUTH 7TH STREET SUITE 241 MILES CITY,MT 59301	20-4748673	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44 ROOTSTOWN,OH 44272	34-1131512	STATE OF OH	144,032				RESEARCH
NORTHEASTERN TRIBAL HEALTH SYSTEM PO BOX 1498 MIAMI,OK 74355	73-1588323	TRIBAL	40,000				HYPERTENSION IMPACT PROJECT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980	501(C)(3)	216,048				RESEARCH

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NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION INC 4150 CLEMENT STREET SUITE 151 SAN FRANCISCO,CA 94121	94-3084159	501(C)(3)	201,458				RESEARCH
NORTHERN MONTANA HOSPITAL PO BOX 1231 HAVRE,MT 59501	81-0231787	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
NORTHERN ROCKIES MEDICAL CENTER INC 802 2ND STREET SOUTHEAST CUT BANK,MT 59427	81-0530457	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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NORTHWEST IOWA HEALTH CENTER FOUNDATION INC 118 NORTH 7TH AVENUE SHELDON,IA 51201	42-1358420	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON,IL 60208	36-2167817	501(C)(3)	3,382,440				RESEARCH
OGALLALA VOLUNTEER FIRE DEPARTMENT 411 EAST 2ND STREET OGALLALA,NE 69153	47-6006302	CITY OF OGALLALA	25,581				DEFIBRILLATORS AND MONITORS

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OGDEN FIRST RESPONDERS 513 WEST WALNUT OGDEN,IA 50212	42-6005060	CITY OF OGDEN	25,550				DEFIBRILLATORS AND MONITORS
OMRF (OKLAHOMA MEDICAL RESEARCH FOUNDATION) 825 NORTHEAST 13TH STREET OKLAHOMA CITY,OK 73104	73-0580274	501(C)(3)	92,545				RESEARCH
ORANGE CITY AREA HEALTH FOUNDATION 1000 LINCOLN CIRCLE SOUTHEAST ORANGE CITY,IA 51041	42-1408402	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

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ORD VOLUNTEER FIRE DEPARTMENT 1628 M STREET ORD STREET,NE 68862	23-7237808	CITY OR ORD	25,532				DEFIBRILLATORS AND MONITORS
OREGON HEALTH & SCIENCE UNIVERSITY PORTLAND 690 SOUTHWEST BANCROFT STREET PORTLAND,OR 97239	93-1176109	STATE OF OR	855,827				RESEARCH
ORGANIZING PEOPLE ACTIVATING LEADERS 2407 SOUTHEAST 49TH AVENUE PORTLAND,OR 97206	20-2782595	501(C)(3)	9,464				CHILDHOOD OBESITY INITIATIVE

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OSCEOLA COMMUNITY HOSPITAL INC 600 9TH AVENUE NORTH SIBLEY,IA 51249	42-0890973	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
OSF SAINT LUKE MEDICAL CENTER 1051 WEST SOUTH STREET KEWANEE,IL 61443	36-2167767	501(C)(3)	9,000				EMERGENCY EQUIPMENT UPGRADE
OSMOND GENERAL HOSPITAL INC PO BOX 429 OSMOND,NE 68765	23-7161473	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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OVERTON VOLUNTEER FIRE AND RESCUE 501 D STREET OVERTON,NE 68863	47-6006313	CITY OF OVERTON	25,517				DEFIBRILLATORS AND MONITORS
OWATONNA HOSPITAL AUXILIARY 2250 NORTHWEST 26TH STREET OWATONNA,MN 55060	41-6029502	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
OXFORD VOLUNTEER FIRE AND RESCUE DEPARTMENT PO BOX 385 OXFORD,NE 68967	47-6006314	CITY OF OXFORD	23,305				DEFIBRILLATORS AND MONITORS

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PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVENUE PALO ALTO,CA 94304	77-0207331	501(C)(3)	144,032				RESEARCH
PARADISE VALLEY FIRE SERVICE AREA PO BOX 1634 EMIGRANT,MT 59027	13-3429115	PARK COUNTY	23,135				DEFIBRILLATORS AND MONITORS
PARK NICOLLET 6500 EXCELSIOR BOULEVARD ST LOUIS PARK,MN 55426	45-5023260	501(C)(3)	35,000				EMERGENCY EQUIPMENT UPGRADE

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PARTNERSHIP FOR A HEALTHY MISSISSIPPI 200 PARK CIRCLE SUITE 3 FLOWOOD,MS 39232	64-0895372	501(C)(3)	69,452				CHILDHOOD OBESITY INITIATIVE
PAWNEE COUNTY MEDICAL FOUNDATION 600 I STREET PAWNEE CITY,NE 68420	47-0673168	501(C)(3)	37,938				EMERGENCY EQUIPMENT UPGRADE
PAXTON VOLUNTEER FIRE DEPARTMENT 108 NORTH OAK STREET PAXTON,NE 69155	47-6006320	CITY OF PAXTON	14,852				DEFIBRILLATORS AND MONITORS

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PELLA REGIONAL HEALTH CENTER 404 JEFFERSON STREET PELLA,IA 50219	42-0842204	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
PENDER COMMUNITY HOSPITAL DISTRICT 100 HOSPITAL DRIVE PENDER,NE 68047	47-0711662	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
PENNSYLVANIA STATE UNIVERSITY UNIVERSITY PARK 227 WEST BEAVER STREET SUITE 401 STATE COLLEGE,PA 16801	24-6000376	STATE OF PA	655,786				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PERKINS COUNTY AMBULANCE 342 CENTRAL AVENUE GRANT,NE 69140	42-1517766	PERKINS COUNTY	25,225				DEFIBRILLATORS AND MONITORS
PERKINS COUNTY HEALTH SERVICES FOUNDATION 900 LINCOLN AVENUE GRANT,NE 69140	36-3557470	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
PHELPS MEMORIAL HEALTH CENTER 1220 TIBBALS STREET HOLDREGE,NE 68949	47-0481628	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

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PHILLIPS COUNTY AMBULANCE SERVICE PO BOX 289 MALTA,MT 59538	81-6001405	PHILLIPS COUNTY	24,841				DEFIBRILLATORS AND MONITORS
PHILLIPS COUNTY HOSPITAL ASSOCIATION PO BOX 640 MALTA,MT 59538	81-6016152	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
PIERSON FIRE AND AMBULANCE PO BOX 80 PIERSON,IA 51048	42-1195599	CITY OF PIERSON	24,500				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PINE MEDICAL CENTER 190 COURT AVENUE SOUTH SANDSTONE,MN 55072	41-1884597	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
PIONEER MEDICAL CENTER PO BOX 1228 BIG TIMBER,MT 59011	47-5347700	501(C)(3)	12,712				EMERGENCY EQUIPMENT UPGRADE
PIPESTONE COUNTY MEDICAL CENTER 916 4TH AVENUE SOUTHWEST PIPESTONE,MN 56164	41-1392082		24,000				EMERGENCY EQUIPMENT UPGRADE

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PLAINS COMMUNITY AMBULANCE INC PO BOX 268 PLAINS,MT 59859	81-0468021	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS
PONDERA MEDICAL CENTER PO BOX 668 CONRAD,MT 59425	81-0232406	501(C)(3)	36,840				EMERGENCY EQUIPMENT UPGRADE
POWDER RIVER FIRST RESPONDERS LTD 29 BELL CREEK ROAD BOYES,MT 59316	46-5320932	501(C)(3)	25,381				DEFIBRILLATORS AND MONITORS

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POWELL COUNTY MEMORIAL HOSPITAL ASSOCIATION 1100 HOLLENBECK LANE DEER LODGE,MT 59722	81-0469886	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVENUE SUITE 3 CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	9,000				COMMUNITY IMPACT GRANT
PRIMGHAR AMBULANCE TEAM PO BOX 39 PRIMGHAR,IA 51245	42-6005137	CITY OF PRIMGHAR	8,450				DEFIBRILLATORS AND MONITORS

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PRINCETON UNIVERSITY 701 CARNEGIE STREET PRINCETON,NJ 08540	21-0634501	501(C)(3)	95,912				RESEARCH
PROVIDENCE MEDICAL CENTER 1200 PROVIDENCE ROAD WAYNE,NE 68787	47-0566524	501(C)(3)	11,998				EMERGENCY EQUIPMENT UPGRADE
PROVIDENCE MONTANA HEALTH FOUNDATION 500 WEST BROADWAY MISSOULA,MT 59802	23-7056976	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE

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PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND,CA 94607	94-1646278	501(C)(3)	85,927				CHILDHOOD OBESITY INITIATIVE
PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVENUE ST PAUL,MN 55105	41-1896367	501(C)(3)	75,912				CHILDHOOD OBESITY INITIATIVE
PURDUE UNIVERSITY WEST LAFAYETTE 155 SOUTH GRANT STREET WEST LAFAYETTE,IN 47907	35-6002041	STATE OF IN	796,458				RESEARCH

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RANDOLPH RESCUE UNIT PO BOX 143 RANDOLPH,NE 68771	47-6006336	CITY OF RANDOLPH	25,720				DEFIBRILLATORS AND MONITORS
RANGE REGIONAL HEALTH SERVICES 750 EAST 34TH STREET HIBBING,MN 55746	41-1293970	501(C)(3)	12,000				DEFIBRILLATORS AND MONITORS
RED LODGE FIRE DEPARTMENT 801 NORTH BROADWAY RED LODGE,MT 59068		CITY OF RED LODGE	25,000				DEFIBRILLATORS AND MONITORS

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REDWATER VALLEY AMBULANCE SERVICE PO BOX 567 CIRCLE,MT 59215	81-6022852	501(C)(3)	24,841				DEFIBRILLATORS AND MONITORS
REGENERATIVE RESEARCH FOUNDATION 1 DISCOVERY DRIVE RENSSELAER,NY 12144	20-3654626	501(C)(3)	288,065				RESEARCH
REGIONAL WEST GARDEN COUNTY 1100 WEST 2ND STREET OSHKOSH,NE 69154	39-1904975	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF,NE 69361	47-0385129	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
REGIONS HOSPITAL FOUNDATION 540 JACKSON STREET ST PAUL,MN 55101	41-1888902	501(C)(3)	35,000				EMERGENCY EQUIPMENT UPGRADE
REHABILITATION INSTITUTE OF CHICAGO 345 EAST SUPERIOR STREET CHICAGO,IL 60611	36-2256036	501(C)(3)	216,048				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RENVILLE COUNTY HOSPITAL AND CLINICS 100 HEALTHY WAY OLIVIA,MN 56277	41-6005880		12,000				EMERGENCY EQUIPMENT UPGRADE
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	140,291				RESEARCH
RESPICARDIA INC 12400 WHITEWATER DRIVE SUITE 150 MINNETONKA,MN 55343	20-5243386		25,000				INNOVATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE,RI 02903	05-0258954	501(C)(3)	288,065				RESEARCH
RICE UNIVERSITY 6100 MAIN STREET HOUSTON,TX 77005	74-1109620	501(C)(3)	224,700				RESEARCH
RIVER'S EDGE HOSPITAL AND CLINIC 1900 NORTH SUNRISE DRIVE ST PETER,MN 56082	41-6006852		24,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCK COUNTY COMMUNITY HOSPITAL 102 EAST SOUTH STREET BASSETT,NE 68714	47-6000999	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
ROCK VALLEY AMBULANCE ASSOCIATION PO BOX 52 ROCK VALLEY,IA 51247	42-6005162	CITY OF ROCK VALLEY	25,532				DEFIBRILLATORS AND MONITORS
ROOSEVELT MEDICAL HEALTH CARE FOUNDATION PO BOX 419 CULBERTSON,MT 59218	81-0529284	501(C)(3)	25,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROSEBUD COMMUNITY HOSPITAL INC 383 NORTH 17TH AVENUE FORSYTH,MT 59327	81-0405434	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
RUBY VALLEY AMBULANCE SERVICE INC PO BOX 777 SHERIDAN,MT 59749	81-0513600	501(C)(3)	24,841				DEFIBRILLATORS AND MONITORS
RUBY VALLEY HOSPITAL FOUNDATION INC PO BOX 638 SHERIDAN,MT 59749	81-0503938	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET SUITE 250 CHICAGO,IL 60612	36-2174823	501(C)(3)	144,032				RESEARCH
RUSHVILLE VOLUNTEER RESCUE FIRE PO BOX 641880 OMAHA,NE 68164	47-6006342	CITY OF RUSHVILLE	20,720				DEFIBRILLATORS AND MONITORS
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY RBHS 65 DAVIDSON ROAD SUITE 306 PISCATAWAY,NJ 08854	46-2354111	STATE OF NJ	675,830				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SACRED HEART HEALTH SERVICES 1503 MAIN STREET CREIGHTON,NE 68729	46-0225483		11,999				EMERGENCY EQUIPMENT UPGRADE
SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP 2323 BROADWAY AVENUE SUITE 109-B OAKLAND,CA 94612	46-2694434	501(C)(3)	69,166				CHILDHOOD OBESITY INITIATIVE
SAINT ELIZABETH'S HOSPITAL OF WABASHA INC 1200 GRANT BOULEVARD WEST WABASHA,MN 55981	41-0693877	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPANILE DRIVE SAN DIEGO,CA 92182	95-6042721	STATE OF CA	1,211,016				RESEARCH
SANBORN AMBULANCE 102 MAIN STREET SANBORN,IA 51248	42-6005185	CITY OF SANBORN	25,532				DEFIBRILLATORS AND MONITORS
SANFORD HEALTH 1305 WEST 18TH STREET SIOUX FALLS,SD 57117	31-1527032	501(C)(3)	58,035				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANFORD HEALTH OF NORTHERN MINNESOTA 1300 ANNE STREET NORTHWEST BEMIDJI,MN 56601	41-1266009	501(C)(3)	47,900				EMERGENCY EQUIPMENT UPGRADE
SANFORD MEDICAL CENTER THIEF RIVER FALLS 120 LABREE AVENUE SOUTH THIEF RIVER FALLS,MN 56701	41-0709579	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
SANFORD MEDICAL CENTER WHEATON 401 12TH STREET NORTH WHEATON,MN 56296	27-2042143	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	51-0197108	501(C)(3)	496,261				RESEARCH
SCOTT & WHITE MEMORIAL HOSPITAL 201 SOUTH 31ST STREET TEMPLE,TX 76508	74-1166904	501(C)(3)	117,500				HYPERTENSION IMPACT PROJECT
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA,CA 92037	33-0435954	501(C)(3)	288,609				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE,WA 98145	91-0564748	501(C)(3)	144,030				RESEARCH
SEELEY LAKE VOLUNTEER FIRE COMPANY PO BOX 997 SEELEY LAKE,MT 59868	46-2039679	501(C)(3)	24,841				DEFIBRILLATORS AND MONITORS
SERGEANT BLUFF FIRE AND RESCUE PO BOX 703 SERGEANT BLUFF,IA 51054	42-6005190	CITY OF SERGEANT BLU	25,532				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIOUX CENTER HEALTH 1101 9TH STREET SOUTHEAST SIOUX CENTER,IA 51250	42-0796764	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
SIOUX VALLEY MEMORIAL HOSPITAL ASSOCIATION 300 SIOUX VALLEY DRIVE CHEROKEE,IA 51012	42-0707096	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE
SLEEPY EYE HEALTHCARE FOUNDATION 400 4TH AVENUE NORTHWEST SLEEPY EYE,MN 56085	05-0542561	501(C)(3)	13,196				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLOW ROLL CHICAGO 899 SOUTH PLYMOUTH COURT APT 110 CHICAGO,IL 60605	47-2015307	501(C)(3)	11,040				CHILDHOOD OBESITY INITIATIVE
SPENCER VOLUNTEER RESCUE UNIT 100 EAST MAIN STREET SPENCER,NE 68777	47-6006366	CITY OF SPENCER	24,459				DEFIBRILLATORS AND MONITORS
ST ANTHONY REGIONAL HOSPITAL AND NURSING HOME PO BOX 628 CARROLL,IA 51401	42-0733472	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ANTHONY'S HOSPITAL FOUNDATION 300 NORTH 2ND STREET ONEILL,NE 68763	47-0728707	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
ST EDWARD FIRE AND RESCUE 1302 STATE HIGHWAY 39 ST EDWARD,NE 68660	47-6006344	CITY OF ST EDWARD	25,532				DEFIBRILLATORS AND MONITORS
ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE,MT 59701	81-0231785	501(C)(3)	31,300				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH'S HOSPITAL AND MEDICAL CENTER 350 WEST THOMAS ROAD PHOENIX,AZ 85013	72-1561134	501(C)(3)	288,065				RESEARCH
ST LOUIS UNIVERSITY 3700 WEST PINE MALL DRIVE ST LOUIS,MO 63108	43-0654872	501(C)(3)	48,634				RESEARCH
ST LUKE'S HEALTH SYSTEM INC 2720 STONE PARK BOULEVARD SIOUX CITY,IA 51104	42-1294091	501(C)(3)	47,400				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S HOSPITAL OF DULUTH 915 EAST 1ST STREET DULUTH,MN 55805	41-0714079	501(C)(3)	28,500				EMERGENCY EQUIPMENT UPGRADE
ST MARY'S COMMUNITY HOSPITAL 1301 GRUNDMAN BOULEVARD NEBRASKA CITY,NE 68410	47-0443636	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
ST MARY'S MEDICAL CENTER 407 EAST THIRD STREET DULUTH,MN 55805	41-0695604	501(C)(3)	21,500				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PETER'S COMMUNITY HOSPITAL FOUNDATION 209 SOUTH CALIFORNIA HELENA,MT 59601	81-0392270	501(C)(3)	105,300				EMERGENCY EQUIPMENT UPGRADE
ST VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS,MT 59101	81-0468034	501(C)(3)	28,400				EMERGENCY EQUIPMENT UPGRADE
STANFORD UNIVERSITY SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO,CA 94144	94-1156365	501(C)(3)	3,086,407				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STARK COUNTY SCHOOL DISTRICT 418 SOUTH FRANKLIN STREET TOULON,IL 61480		STATE OF IL	37,144				COMMUNITY IMPACT GRANT
STATE CENTER FIRE DEPARTMENT AND EMS 118 EAST MAIN STREET STATE CENTER,IA 50247	42-6005249	CITY OF STATE CENTER	24,500				DEFIBRILLATORS AND MONITORS
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	76,800				ACTION REGISTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY,NY 12201	14-1368361	STATE OF NY	475,120				RESEARCH
STEVENS COMMUNITY MEDICAL CENTER INC 400 EAST 1ST STREET MORRIS,MN 56267	36-3311936	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE
STUDENTS FOR SERVICE INC 1650 BROADWAY AVENUE SUITE 406 NEW YORK,NY 10019	45-3591508	501(C)(3)	71,952				COMMUNITY IMPACT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE,PA 19081	23-1352683	501(C)(3)	43,958				RESEARCH
SYRACUSE RESCUE SERVICE PO BOX 225 SYRACUSE,NE 66446	47-6006383	CITY OF SYRACUSE	25,715				DEFIBRILLATORS AND MONITORS
SYRACUSE UNIVERSITY 211 LYMAN HALL SYRACUSE,NY 13244	15-0532081	501(C)(3)	151,702				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA,PA 19172	23-1365971	501(C)(3)	1,617,371				RESEARCH
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY SUITE 300 COLLEGE STATION,TX 77845	74-6000541	STATE OF TX	144,032				RESEARCH
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SUITE 300 COLLEGE STATION,TX 77845	74-2907553	STATE OF TX	419,330				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH SUITE 300 COLLEGE STATION,TX 77845	74-2907553	501(C)(3)	102,147				ANCHOR STUDY
TEXAS HEART INSTITUTE 6700 BERTNER STREET SUITE C550 HOUSTON,TX 77030	74-6053200	501(C)(3)	432,097				RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER 3601 4TH STREET LUBBOCK,TX 79430	75-2668104	STATE OF TX	216,048				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THAYER COUNTY HEALTH SERVICES 120 PARK AVENUE HEBRON,NE 68370	47-6084438	THAYER COUNTY	37,169				DEFIBRILLATORS AND MONITORS
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE,IA 52001	42-0680354	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE
THE FOOD TRUST 1617 JFK BOULEVARD SUITE 900 PHILADELPHIA,PA 19103	23-2678383	501(C)(3)	211,998				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	STATE OF OH	1,552,153				RESEARCH
THE OPEN DOOR INC 28 EMERSON AVENUE GLOUCESTER,MA 01930	22-2513482	501(C)(3)	20,250				COMMUNITY IMPACT GRANT
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK,NY 10065	13-1624158	501(C)(3)	365,130				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADLEPHIA,PA 19107	23-1352651	501(C)(3)	603,252				RESEARCH
THOMPSON FALLS AMBULANCE PO BOX 1055 THOMPSON FALLS,MT 59873	81-0364853	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS
THREE RIVERS EMS PO BOX 1411 COLUMBIA FALLS,MT 59912	81-0384613	501(C)(3)	5,695				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THURMAN RESCUE 800 FILMORE THURMAN,IA 51654	42-6004263	CITY OF THURMAN	24,500				DEFIBRILLATORS AND MONITORS
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO,CA 94129	94-3213100	501(C)(3)	53,322				CHILDHOOD OBESITY INITIATIVE
TILDEN RESCUE UNIT 202 SOUTH CENTER TILDEN,NE 68781	47-6006388	CITY OF TILDEN	25,116				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOBACCO FREE KIDS ACTION FUND 1400 I STREET NORTHWEST SUITE 1200 WASHINGTON,DC 20005	52-1974904	501(C)(3)	187,500				ANTI-TOBACCO ADVOCACY
TOWNSEND HEALTH SYSTEMS INC 110 NORTH OAK STREET TOWNSEND,MT 59644	81-0398400	501(C)(3)	36,999				EMERGENCY EQUIPMENT UPGRADE
TRACY AREA MEDICAL SERVICES FOUNDATION 251 5TH STREET TRACY,MN 56175	41-1940312	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI VALLEY HEALTH SYSTEM 1305 WEST HIGHWAY 6 AND 34 CAMBRIDGE,NE 69022	47-6028103	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE
TRINITY HEALTH SYSTEMS INC 802 KENYON ROAD FORT DODGE,IA 50501	42-1222877	501(C)(3)	23,400				EMERGENCY EQUIPMENT UPGRADE
TRINITY MEDICAL CENTER 2701 17TH STREET ROCK ISLAND,IL 61201	36-2739299	501(C)(3)	101,799				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRUMAN AMBULANCE SERVICE PO BOX 398 TRUMAN,MN 56088	41-6005585	CITY OF TRUMAN	23,110				DEFIBRILLATORS AND MONITORS
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	380,610				RESEARCH
TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE,MA 02144	04-2103634	501(C)(3)	471,153				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TULANE UNIVERSITY NEW ORLEANS 800 EAST COMMERCE ROAD SUITE 203 HARAHAN,LA 70123	72-0423889	501(C)(3)	377,481				RESEARCH
TULANE UNIVERSITY NEW ORLEANS 800 EAST COMMERCE ROAD SUITE 203 HARAHAN,LA 70123	72-0423889	501(C)(3)	89,978				CHILDHOOD OBESITY INITIATIVE
TYLER HEALTHCARE CENTER INC 240 WILLOW STREET TYLER,MN 56178	41-0853163	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIFORMED SERVICES UNIVERSITY BETHESDA 4301 JONES BRIDGE ROAD SUITE 844 BETHESDA,MD 20814	52-1360807	501(C)(3)	48,541				RESEARCH
UNITED AFRICAN AMERICAN MINISTERIAL ACTION COUNCIL 404 EUCLID AVENUE SAN DIEGO,CA 92114	33-0959000	501(C)(3)	40,398				COMMUNITY IMPACT GRANT
UNITED HOSPITAL DISTRICT INC PO BOX 160 BLUE EARTH,MN 56013	45-4165628	501(C)(3)	11,999				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED NEIGHBORHOOD HOUSES OF NEW YORK 70 WEST 36TH STREET SUITE 503 NEW YORK,NY 10018	13-5563409	501(C)(3)	25,000				COMMUNITY IMPACT GRANT
UNIVERSITY OF AKRON 302 BUCHTEL AVENUE AKRON,OH 44325	34-6002924	STATE OF OH	288,065				RESEARCH
UNIVERSITY OF ALABAMA PO BOX 870142 TUSCALOOSA,AL 35487	63-6001138	501(C)(3)	144,032				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM,AL 35294	63-6005396	STATE OF AL	1,808,171				RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON,AZ 85722	74-2652689	STATE OF AZ	1,080,974				RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM STREET SUITE 560 LITTLE ROCK,AR 72205	71-6046242	STATE OF AR	264,589				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVENUE SUITE 130 BERKELEY,CA 94720	94-6002123	STATE OF CA	635,257				RESEARCH
UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO,CA 95798	94-6036494	STATE OF CA	1,145,314				RESEARCH
UNIVERSITY OF CALIFORNIA IRVINE 260 ALDRICH HALL IRVINE,CA 92697	95-2226406	STATE OF CA	805,810				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVENUE LOS ANGELES,CA 90095	95-6006143	STATE OF CA	2,310,409				RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	STATE OF CA	5,284,021				RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 94143	94-6036493	STATE OF CA	1,680,759				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CHICAGO 1427 EAST 60TH STREET CHICAGO,IL 60637	36-2177139	501(C)(3)	310,068				RESEARCH
UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI,OH 45269	31-6000989	STATE OF OH	664,980				RESEARCH
UNIVERSITY OF COLORADO PO BOX 910238 DENVER,CO 80291	84-6000555	501(C)(3)	5,103,655				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXTENSION UNIT 1 STORRS,CT 06269	06-0772160	501(C)(3)	59,611				CHILDHOOD OBESITY INITIATIVE
UNIVERSITY OF CONNECTICUT FARMINGTON 263 FARMINGTON AVENUE FARMINGTON,CT 06030	52-1725543	STATE OF CT	370,330				RESEARCH
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVENUE DAYTON,OH 45469	31-0536715	501(C)(3)	144,032				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK,DE 19716	51-6000297	501(C)(3)	356,243				RESEARCH
UNIVERSITY OF DENVER 2199 SOUTH UNIVERSITY BOULEVARD DENVER,CO 80210	84-0404231	501(C)(3)	346,895				RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	STATE OF FL	1,012,575				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF GEORGIA 475 NORTH LUMPKIN STREET ATHENS,GA 30601	58-6001998	STATE OF GA	252,651				RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC 475 NORTH LUMPKIN STREET ATHENS,GA 30606	58-1353149	501(C)(3)	98,862				RESEARCH
UNIVERSITY OF HAWAII 2600 CAMPUS ROAD HONOLULU,HI 96822	99-6000354	STATE OF HI	432,331				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF HOUSTON HOUSTON 4800 CALHOUN ROAD HOUSTON,TX 77004	74-6001399	STATE OF TX	309,727				RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD,IL 62708	37-6000511	STATE OF IL	2,419,859				RESEARCH
UNIVERSITY OF IOWA 125 NORTH MADISON STREET IOWA CITY,IA 52242	42-6004813	STATE OF IA	2,487,115				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KANSAS CENTER FOR RESEARCH INC 2385 IRVING HILL ROAD LAWRENCE,KS 66045	48-0680117	501(C)(3)	92,545				RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BOULEVARD KANSAS CITY,KS 66160	48-1108830	STATE OF KS	1,224,275				RESEARCH
UNIVERSITY OF KENTUCKY UNIVERSITY OF KENTUCKY LEXINGTON,KY 40506	61-6033693	STATE OF KY	1,442,988				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF LOUISVILLE 2301 SOUTH 3RD STREET LOUISVILLE,KY 40292	61-1029626	STATE OF KY	3,231,825				RESEARCH
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE,MD 21203	52-6002033	STATE OF MD	433,687				RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	STATE OF MA	1,708,654				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES,FL 33124	59-0624458	501(C)(3)	703,280				RESEARCH
UNIVERSITY OF MICHIGAN MEDICAL CENTER 3003 SOUTH STATE STREET ANN ARBOR,MI 48109	38-6006309	STATE OF MI	1,005,110				RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK STREET SOUTHEAST MINNEAPOLIS,MN 55455	41-6007513	STATE OF MN	1,106,680				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF MISSISSIPPI JACKSON 2500 NORTH STATE STREET JACKSON,MS 39216	64-6008520	STATE OF MS	864,194				RESEARCH
UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211	43-6003859	STATE OF MO	425,655				RESEARCH
UNIVERSITY OF NEBRASKA PO BOX 880439 LINCOLN,NE 68588	47-0049123	501(C)(3)	144,032				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF NEBRASKA MEDICAL CENTER OMAHA 985100 NEBRASKA MEDICAL CENTER DRIVE OMAHA,NE 68198	47-0049123	501(C)(3)	454,614				RESEARCH
UNIVERSITY OF NEVADA 1664 NORTH VIRGINIA STREET RENO,NV 89557	88-6000024	STATE OF NV	137,018				RESEARCH
UNIVERSITY OF NEW MEXICO - HEALTH SCIENCES CENTER 1 UNIVERSITY OF NEW MEXICO DRIVE ALBUQUERQUE,NM 87131	85-6000642	STATE OF NM	261,877				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE STE 2200 CHAPEL HILL,NC 27599	56-6001393	STATE OF NC	677,137				RESEARCH
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER FORT WORTH 3500 CAMP BOWIE BOULEVARD FORT WORTH,TX 76107	75-6064033	STATE OF TX	359,052				RESEARCH
UNIVERSITY OF NOTRE DAME 836 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(C)(3)	216,048				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF OKLAHOMA 201 STEPHENSON PARKWAY SUITE 3100 NORMAN,OK 73019	73-1377584	STATE OF OK	287,175				RESEARCH
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 1100 NORTH LINDSAY STREET OKLAHOMA CITY,OK 73104	73-6017987	STATE OF OK	214,189				RESEARCH
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON DRIVE EUGENE,OR 97403	46-4727800	STATE OF OR	190,796				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	705,057				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	100,000				RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH,PA 15251	25-0965591	501(C)(3)	1,431,812				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF ROCHESTER MEDICAL CENTER 910 GENESEE STREET ROCHESTER,NY 14611	16-0743209	501(C)(3)	229,750				RESEARCH
UNIVERSITY OF SOUTH ALABAMA MOBILE 307 UNIVERSITY BOULEVARD MOBILE,AL 36688	63-0477348	STATE OF AL	572,474				RESEARCH
UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION,SD 57069	46-6003541	501(C)(3)	52,375				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF SOUTH FLORIDA TAMPA PO BOX 864568 ORLANDO,FL 32886	59-3102112	STATE OF FL	356,661				RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 900 WEST 34TH STREET LOS ANGELES,CA 90074	95-1642394	501(C)(3)	1,243,351				RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER MEMPHIS 62 SOUTH DUNLAP STREET SUITE 300 MEMPHIS,TN 38163	62-6001636	STATE OF TN	937,426				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF TEXAS 101 EAST 27TH STREET AUSTIN,TX 78713	74-6000203	STATE OF TX	95,912				RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 DALLAS,TX 75303	74-1761309	STATE OF TX	1,272,950				RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78229	74-1586031	STATE OF TX	598,389				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON,TX 77210	74-6001118	STATE OF TX	48,541				RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120 DALLAS,TX 75266	74-6000949	STATE OF TX	311,676				RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS,TX 75284	75-6002868	STATE OF TX	3,443,602				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF TEXAS ARLINGTON 219 WEST MAIN STREET ARLINGTON,TX 76019	75-6000121	STATE OF TX	288,065				RESEARCH
UNIVERSITY OF TEXAS SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO,TX 78249	74-1717115	STATE OF TX	666,383				RESEARCH
UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS PO BOX 72327 CLEVELAND,OH 44192	34-6401483	STATE OF OH	720,162				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SUITE 408 SALT LAKE CITY,UT 84112	87-6000525	STATE OF UT	3,199,482				RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET ROOM 333 BURLINGTON,VT 05405	03-0179440	501(C)(3)	432,097				RESEARCH
UNIVERSITY OF VIRGINIA CHARLOTTESVILLE PO BOX 400195 CHARLOTTESVILLE,VA 22904	54-6001796	STATE OF VA	890,288				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	STATE OF WA	1,597,475				RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	STATE OF WA	300,000				OUTCOMES CONSORTIUM REGISTRY
UNIVERSITY OF WISCONSIN 21 NORTH PARK STREET MADISON,WI 53715	39-6006492	STATE OF WI	845,452				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF WYOMING 1000 EAST UNIVERSITY AVENUE LARAMIE,WY 82071	83-6000331	STATE OF WY	130,938				RESEARCH
UTAH STATE UNIVERSITY 1490 OLD MAIN HILL LOGAN,UT 84322	87-6000528	STATE OF UT	130,938				RESEARCH
VANDERBILT UNIVERSITY 1400 18TH AVENUE SOUTH NASHVILLE,TN 31192	62-0476822	501(C)(3)	3,308,267				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VERDIGRE VOLUNTEER FIRE AND RESCUE 106 3RD AVENUE VERDIGRE,NE 68783	81-0660883	CITY OF VERDIGRE	25,251				DEFIBRILLATORS AND MONITORS
VILLAGE OF SUTHERLAND RESCUE 1200 FIRST STREET SUTHERLAND,NE 69165	42-1211373	CITY OF SUTHERLAND	24,487				DEFIBRILLATORS AND MONITORS
VIRGINIA COMMONWEALTH UNIVERSITY RICHMOND PO BOX 843039 RICHMOND,VA 23284	54-6001758	STATE OF VA	792,178				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VIRGINIA POLYTECHNIC INSTITUTE 300 TURNER STREET NORTHWEST BLACKSBURG,VA 24061	54-6001805	STATE OF VA	216,048				RESEARCH
VOICES FOR ALABAMA'S CHILDREN PO BOX 4576 MONTGOMERY,AL 36103	58-2020321	501(C)(3)	125,515				CHILDHOOD OBESITY INITIATIVE
VRMC FOUNDATION INC 901 9TH STREET NORTH VIRGINIA,MN 55792	41-1748809	501(C)(3)	24,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE FOREST UNIVERSITY MEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	379,452				RESEARCH
WALLACE RURAL FIRE PROTECTION DISTRICT 106 NORTH WALLACE ROAD WALLACE,NE 69169	90-0140194	CITY OF WALLACE	25,532				DEFIBRILLATORS AND MONITORS
WARREN COMMUNITY HOSPITAL INC 300 WEST GOOD SAMARITAN DRIVE WARREN,MN 56762	41-1384358	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 700 ROSEDALE AVENUE ST LOUIS,MO 63112	43-0653611	501(C)(3)	825,167				RESEARCH
WAUSA RURAL FIRE DISTRICT PO BOX 167 WAUSA,NE 68786	47-0664658	CITY OF WAUSA	25,532				DEFIBRILLATORS AND MONITORS
WAVERLY HEALTH CENTER FOUNDATION 312 9TH STREET SOUTHWEST WAVERLY,IA 50677	42-1301352	501(C)(3)	12,000				EMERGENCY EQUIPMENT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAYNE STATE UNIVERSITY 5057 WOODWARD STREET 13TH FLOOR DETROIT,MI 48202	38-6028429	STATE OF MI	52,375				RESEARCH
WEBSTER COUNTY COMMUNITY HOSPITAL FOUNDATION INC PO BOX 465 RED CLOUD,NE 68970	36-3850120	501(C)(3)	37,531				DEFIBRILLATORS AND MONITORS
WEST VIRGINIA HEALTHY KIDS AND FAMILIES COALITION 1324 VIRGINIA STREET EAST CHARLESTON,WV 25301	45-2857448	501(C)(3)	59,755				CHILDHOOD OBESITY INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY ONE WATERFRONT PLACE MORGANTOWN,WV 26506	55-0665758	STATE OF WV	264,589				RESEARCH
WHEATLAND COUNTY AMBULANCE 203 A AVENUE NORTHWEST HARLOWTON,MT 59036	81-6001445	WHEATLAND COUNTY	36,839				DEFIBRILLATORS AND MONITORS
WHITE EARTH RESERVATION AMBULANCE SERVICE 35500 EAGLE VIE ROAD WHITE EARTH,MN 56591	42-0698265	CITY OF WHITE EARTH	27,160				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITEHALL VOLUNTEER AMBULANCE PO BOX 529 WHITEHALL,MT 59759		TOWN OF WHITEHALL	25,000				DEFIBRILLATORS AND MONITORS
WINTHROP UNIVERSITY HOSPITAL ASSOCIATION 259 1ST STREET MINEOLA,NY 11501	11-1633486	501(C)(3)	185,184				RESEARCH
WISDOM RURAL FIRE DEPARTMENT PO BOX 325 WISDOM,MT 59761	81-0415537	501(C)(3)	25,000				DEFIBRILLATORS AND MONITORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISNER RESCUE SQUAD PO BOX 367 WISNER,NE 68791	47-6006417	CITY OF WISNER	25,532				DEFIBRILLATORS AND MONITORS
WOOD RIVER FIRE DEPARTMENT 105 WEST 9TH STREET WOOD RIVER,NE 68883	47-6006420	CITY OF WOOD RIVER	24,500				DEFIBRILLATORS AND MONITORS
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON,OH 45435	31-0732831	501(C)(3)	288,065				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITY 309 EDWARDS STREET NEW HAVEN,CT 06511	06-0646973	501(C)(3)	2,797,267				RESEARCH
YMCA OF AUSTIN 3208 RED RIVER AUSTIN,TX 78705	74-1193464	501(C)(3)	47,499				CHILDHOOD OBESITY INITIATIVE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION INC

Employer identification number
13-5613797

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TO ENCOURAGE GOOD HEALTH PRACTICES, AMERICAN HEART ASSOCIATION (AHA) MAKES AVAILABLE A MEMBERSHIP TO A LOCAL FITNESS CENTER TO SENIOR MANAGEMENT OF THE OFFICERS AND KEY EMPLOYEES LISTED, THE FOLLOWING PARTICIPATE IN THE PROGRAM - NANCY BROWN, SUNDER JOSHI, JOHN MEINERS, MEIGHAN GIRGUS, AND LESLIE UPTON THESE BENEFITS ARE TREATED AS TAXABLE INCOME
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 TO THE 403(B) PLAN BY AHA WERE NOT CAPPED THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING THEIR SERVICE TO AHA ONCE A PARTICIPANT IS VESTED, THE RESTORATION PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP SUM AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID TO THE EMPLOYEE AT THE END OF THE YEAR IN A LUMP SUM THE PAYMENT IS CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD IF THE EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE ENTIRE 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 $21,543 AND ROSE MARIE ROBERTSON RECEIVED $24,608
PART I, LINE 5	THE SENIOR MANAGEMENT OF AHA PARTICIPATES IN AN INCENTIVE PLAN DESIGNED TO MOTIVATE AND REWARD SIGNIFICANT GROWTH AND PERFORMANCE OF THE ASSOCIATION AND CREATE A SENSE OF SHARED OWNERSHIP TO ACHIEVE THE STRATEGIC PLAN AND FURTHER THE MISSION THE INCENTIVE PLAN IS DESIGNED AS PART OF THE TOTAL CASH COMPENSATION PROVIDED TO THE SENIOR EXECUTIVES, AND ENSURES A SIGNIFICANT PORTION OF THEIR TOTAL COMPENSATION IS TIED DIRECTLY TO THE PERFORMANCE OF THE ORGANIZATION THE TOTAL CASH COMPENSATION HAS BEEN DETERMINED AS REASONABLE BY THE COMPENSATION AND BENEFITS COMMITTEE AND OUTSIDE INDEPENDENT COMPENSATION CONSULTANTS THE INCENTIVE PLAN FOCUSES ON THREE BROAD CRITERIA, WHICH HAVE QUALITATIVE AND QUANTITATIVE ASPECTS - ASSOCIATION REVENUE GOALS, AFFILIATE-SPECIFIC REVENUE GOALS, AND MISSION GOALS AWARD OPPORTUNITIES FOR SENIOR MANAGEMENT AND THE CEO RANGE FROM 0%-40% AND 0%-60% OF BASE SALARY RESPECTIVELY TARGETED AWARD OPPORTUNITIES RANGE FROM 15-30% 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 BASE SALARY FOR THE SENIOR EXECUTIVE TEAM AND 0%-70% (TARGET OF 50%) FOR THE CEO ACCORDINGLY, BASED ON PERFORMANCE AGAINST PREVIOUSLY-ESTABLISHED OBJECTIVES APPROVED BY THE BOARD, THE AMOUNTS THAT WILL BE PAID IN 2016 ARE AS FOLLOWS $367,201 TO NANCY BROWN, $43,575 TO SUNDER JOSHI, $47,250 TO ROSE MARIE ROBERTSON, $41,489 TO LESLIE UPTON, AND $42,840 TO MEIGHAN GIRGUS
SCHEDULE J, PART II	AS PREVIOUSLY DISCLOSED IN PRIOR YEAR'S 990, THE BOARD APPROVED A RETENTION AGREEMENT FOR NANCY BROWN TO ALLOW FOR LEADERSHIP STABILITY, A SATISFACTORY DEGREE OF SUCCESSION PLANNING, AND IN RECOGNITION OF EXTERNAL MARKET PRESSURES FOR EXECUTIVE TALENT THE TERMS OF THE AGREEMENT WERE MET DURING 2015 AND A PAYMENT OF $640,000 IS REFLECTED IN SCHEDULE J, PART II, COLUMN (B) (II) AMOUNTS ACCRUED AND RECOGNIZED ON PREVIOUS YEAR'S RETURNS ARE SHOWN IN COLUMN F

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

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

(A) Name 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				
1NANCY BROWN CHIEF EXECUTIVE OFFICER	(I)	727,212	1,018,333	36,546	102,564	27,887	1,912,542	569,523
	(II)	0	0	0	0	0	0	0
1SUNDER JOSHI CHIEF ADMINISTRATIVE OFFICER	(I)	402,876	138,680	7,397	56,651	12,828	618,432	0
	(II)	0	0	0	0	0	0	0
2LYNNE DARROUZET EVP - CORP SEC/GENERAL COUNSEL	(I)	245,458	65,625	0	34,169	17,557	362,809	0
	(II)	0	0	0	0	0	0	0
3CYNTHIA ROBERTS CHIEF FINANCIAL OFFICER	(I)	221,716	59,063	1,923	27,235	17,518	327,455	0
	(II)	0	0	0	0	0	0	0
4ROSE MARIE ROBERTSON CHIEF SCIENCE & MEDICAL OFFICER	(I)	444,976	151,855	24,981	37,100	10,434	669,346	24,608
	(II)	0	0	0	0	0	0	0
5MEIGHAN GIRGUS CHIEF MARKETING & PROGRAMS OFFICER	(I)	399,796	138,680	6,128	56,258	1,710	602,572	0
	(II)	0	0	0	0	0	0	0
6LESLIE UPTON CHIEF OPERATING OFFICER	(I)	400,694	130,342	2,288	56,477	7,179	596,980	0
	(II)	0	0	0	0	0	0	0
7JOHN J MEINERS CHIEF OF MISSION ALIGNED BUSINESSES	(I)	350,462	85,881	1,701	49,896	13,314	501,254	0
	(II)	0	0	0	0	0	0	0
8KATHLEEN ROGERS AFFILIATE EVP	(I)	411,717	122,278	8,000	58,121	17,776	617,892	0
	(II)	0	0	0	0	0	0	0
9MIDGE EPSTEIN AFFILIATE EVP	(I)	411,618	111,280	31,568	36,600	19,164	610,230	21,543
	(II)	0	0	0	0	0	0	0
10DAVID MARKIEWICZ AFFILIATE EVP	(I)	402,079	107,747	8,000	56,151	12,708	586,685	0
	(II)	0	0	0	0	0	0	0
11KEVIN HARKER AFFILIATE EVP	(I)	392,724	96,655	870	55,232	19,161	564,642	0
	(II)	0	0	0	0	0	0	0
12NICOLE SAPIO AFFILIATE EVP	(I)	332,208	71,757	8,840	46,448	13,282	472,535	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION INC

Employer identification number
13-5613797

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	980	334,994	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		5,752	FAIR MARKET VALUE
5	Clothing and household goods				
6	Cars and other vehicles	X	436	297,205	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	289	3,976,694	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	2,172	689,427	FAIR MARKET VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)	See Additional Data			
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS

Additional Data

Software ID:
Software Version:
EIN: 13-5613797
Name: AMERICAN HEART ASSOCIATION INC

Part I, Types of Property, Lines 25-28

	(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
Other ▶ (AD COUNCIL ADVERTISEMENT)	X	1	58,584,493	FAIR MARKET VALUE
Other ▶ (TRAVEL)	X	2,003	2,826,055	FAIR MARKET VALUE
Other ▶ (RECREATION)	X	5,867	2,274,846	FAIR MARKET VALUE
Other ▶ (FOOD & DRINK)	X	6,141	1,848,609	FAIR MARKET VALUE
Other ▶ (TANGIBLE PERSONAL PROPERTY)	X	8,229	1,413,355	FAIR MARKET VALUE
Other ▶ (PERSONAL SERVICES)	X	3,265	637,430	FAIR MARKET VALUE
Other ▶ (MISCELLANEOUS)	X	1,536	236,341	FAIR MARKET VALUE

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	IN EARLY NOVEMBER, MANAGEMENT DISTRIBUTED A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE APPOINTED BY THE AMERICAN HEART ASSOCIATION'S BOARD OF DIRECTORS THE AUDIT COMMITTEE MEMBERS REVIEWED THE DRAFT PRIOR TO FINALIZATION OF THE RETURN, A FINAL DRAFT OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS THE FORM DISTRIBUTED TO THE BOARD OF DIRECTORS REFLECTS THE RETURN ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	THE AMERICAN HEART ASSOCIATION (AHA) HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH H AS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THE POLICY IS BINDING ON ALL VOLU NTEERS, STAFF AND COMPONENTS OF AHA A CONFLICT OF INTEREST QUESTIONNAIRE WHICH INCLUDES T HE CONFLICT OF INTEREST POLICY, STANDARDS AND ETHICS POLICY, IS REQUIRED TO BE COMPLETED B Y ALL AHA BOARD OF DIRECTORS MEMBERS, COMMITTEE, SUBCOMITTEE, TASK FORCE, WRITING GROUP ME MBERS, 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 T HE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE, VOLUNTEERS AND DESIGNATED STAFF ARE REQU ESTED TO UPDATE IT WHENEVER MATERIAL CHANGES OCCUR IN THEIR AHA ROLE, EMPLOYMENT OR OTHER RELATIONSHIP IDENTIFIED AS RELEVANT ON THE DISCLOSURE QUESTIONNAIRE AHA HAS IDENTIFIED TH E 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 I NTO ANY TRANSACTION WITH AHA, THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OR OTHER ASSET, EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE, THE AWARD OF ANY GRAN T, CONTRACT, OR SUBCONTRACT, OR THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AHA'S BOARD OF DIRECTORS CHARGES A COMPENSATION AND BENEFITS COMMITTEE TO PROVIDE RECOMMENDATIONS REGARDING COMPENSATION-RELATED MATTERS WITHIN THE ORGANIZATION THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR REVIEWING AND PROVIDING RECOMMENDATIONS FOR THE CHIEF EXECUTIVE OFFICER'S (CEO) COMPENSATION TO THE OFFICERS OF THE BOARD OF DIRECTORS THE OFFICERS OF THE BOARD OF DIRECTORS REVIEW AND MAKE FINAL RECOMMENDATIONS ON THE CHIEF EXECUTIVE OFFICER'S COMPENSATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THE COMPENSATION COMMITTEE IS COMPRISED OF MEMBERS WHO ARE CONSIDERED INDEPENDENT OF MANAGEMENT PURSUANT TO AHA'S CONFLICT OF INTEREST POLICY THE COMPENSATION COMMITTEE ENGAGES AN OUTSIDE INDEPENDENT CONSULTANT TO PROVIDE EXTERNAL BENCHMARKING WITH RESPECT TO COMPENSATION LEVELS AND PROVISION OF BENEFITS THE COMPENSATION COMMITTEE'S OUTSIDE INDEPENDENT CONSULTANT PROVIDES INFORMATION WITH RESPECT TO THE APPROPRIATENESS OF THE CEO'S COMPENSATION AS COMPARED TO THE EXTERNAL BENCHMARKING AS WELL AS THE METHODOLOGY IN DEVELOPING CURRENT COMPENSATION THE INDEPENDENT CONSULTANT ALSO EVALUATES THE COMPENSATION RANGE OF OTHER OFFICERS AND SENIOR EXECUTIVES SEVERAL SURVEYS WERE UTILIZED IN DEVELOPING THE COMPARISON INCLUDING SURVEYS FROM VARIOUS COMPENSATION CONSULTING FIRMS ADDITIONALLY, THE OUTSIDE INDEPENDENT CONSULTANT PROVIDED A REASONABLENESS OPINION IN ORDER TO ENSURE THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION & REBUTTABLE PRESUMPTION POLICY FOR PURPOSES OF THE 2015-16 FISCAL YEAR, THE COMPENSATION REVIEW OF THE CEO BY THE COMPENSATION COMMITTEE WAS LAST COMPLETED IN SEPTEMBER OF 2015 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, SECTION C, LINE 19	THE AMERICAN HEART ASSOCIATION (AHA) MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITE D FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM 990 AND THE CONFLICT OF INTERE ST POLICY ON AHA'S INTERNET WEBSITE, WWW HEART ORG THE AHA DOES NOT MAKE ITS GOVERNING DO CUMENTS AVAILABLE TO THE GENERAL PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	POST-RETIREMENT ADJUSTMENT (ASC 715) -239,963

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN HEART ASSOCIATION INC

Employer identification number
13-5613797

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMHAS LLC 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797	INVESTMENTS	DE	-1,031,801	63,064,423	AMERICAN HEART ASSOCIATION INC

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

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

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 24 VARIOUS PERPETUAL TRUSTS 7272 GREENVILLE AVENUE DALLAS, TX 75231 99-9999999	FIDUCIARY	TX	AMERICAN HEART ASSOCIATION INC	T				Yes	
(2) 10 CHARITABLE REMAINDER TRUSTS 7272 GREENVILLE AVENUE DALLAS, TX 75231 99-9999999	FIDUCIARY	TX	AMERICAN HEART ASSOCIATION INC	T				Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 10 CHARITABLE REMAINDER TRUSTS	C	960,688	CASH CONTRIBUTIONS RECEIVED
(2) 24 VARIOUS PERPETUAL TRUSTS	C	1,242,435	CASH CONTRIBUTIONS RECEIVED

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) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART I	AMHAS, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT HOLDS INVESTMENTS THAT ARE PART OF THE AMERICAN HEART ASSOCIATION'S INVESTMENT PORTFOLIO
SCHEDULE R, PART IV	THESE RELATED ENTITIES ARE TRUSTS IN WHICH THE AMERICAN HEART ASSOCIATION HAS A GREATER THAN 50% BENEFICIAL INTEREST THE EIN AND STATE OF LEGAL DOMICILE VARY BY TRUST