

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 **and ending** JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 F Name and address of principal officer: NANCY BROWN SAME AS C ABOVE	D Employer identification number 13-5613797 E Telephone number 214-373-6300 G Gross receipts \$ 1,096,376,252. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.HEART.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3966
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	130,788.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	9,986.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	566,341,053.	650,674,889.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,810,029.	28,554,015.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,532,961.	28,016,546.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,274,208.	73,029,692.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	755,958,251.	780,275,142.
14	Benefits paid to or for members (Part IX, column (A), line 4)	140,400,865.	148,520,852.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	275,700,795.	306,715,428.
16b	Total fundraising expenses (Part IX, column (D), line 25) 88,299,721.	2,951,226.	3,073,343.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	224,650,155.	285,746,776.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	643,703,041.	744,056,399.
19	Revenue less expenses. Subtract line 18 from line 12	112,255,210.	36,218,743.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,248,170,996.	1,291,066,077.
22	Net assets or fund balances. Subtract line 21 from line 20	384,566,589.	402,868,134.
		863,604,407.	888,197,943.

Part II Signature Block

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

Sign Here	Signature of officer SUNDER JOSHI, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MORGAN SOUZA	Preparer's signature Date 12/04/15
	Firm's name KPMG LLP	Check if self-employed <input type="checkbox"/> PTIN P00652612
	Firm's address 717 N. HARWOOD STREET, SUITE 3100 DALLAS, TX 75201	Firm's EIN 13-5565207 Phone no. (214) 840-2000

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>780,275,142.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Signature of officer: [Signature] Date: 12/4/15 Title: CHIEF FINANCIAL OFFICER

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

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

ERO's signature	<u>[Signature]</u>	Date	<u>11/25/15</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P01226370</u>
Firm's name (or yours if self-employed), address, and ZIP code	<u>MARK CONNER, CPA PLLC</u>			EIN		<u>46-1320984</u>			
	<u>7272 GREENVILLE AVENUE</u>			Phone no.					
	<u>DALLAS, TX 75231</u>								

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>MORGAN L. SOUZA</u>	<u>[Signature]</u>	<u>11/25/15</u>		<u>P00652612</u>
	Firm's name	Firm's EIN		<u>13-5565207</u>	
	<u>KPMG LLP</u>				
	Firm's address	Phone no.			
	<u>717 N. HARWOOD STREET, SUITE 3100</u>	<u>(214) 840-2000</u>			
	<u>DALLAS, TX 75201</u>				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BUILDING HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 143,710,703. including grants of \$ 133,348,250.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 301,499,898. including grants of \$ 4,795,314.) (Revenue \$ 4,517,559.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 99,375,228. including grants of \$ 6,115,511.) (Revenue \$ 114,180,110.) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 49,414,424. including grants of \$ 4,261,777.) (Revenue \$ 25,432,226.)

4e Total program service expenses 594,000,253.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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: SUNDER JOSHI CFO CAO - (214) 373-6300 7272 GREENVILLE AVENUE, DALLAS, TX 75231

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID A. SPINA BOARD MEMBER	3.00	X						0.	0.	0.
(19) BERNARD J. TYSON BOARD MEMBER	3.00	X						0.	0.	0.
(20) RAYMOND P. VARA, JR. BOARD MEMBER	3.00	X						0.	0.	0.
(21) JOHN J. WARNER, MD BOARD MEMBER	3.00	X						0.	0.	0.
(22) NANCY BROWN CEO	38.00			X				1,112,293.	0.	331,134.
(23) SUNDER JOSHI CAO/CFO	38.00			X				536,353.	0.	63,478.
(24) LYNNE DARROUZET EVP - CORP SEC/GENERAL COUNSEL	38.00			X				286,472.	0.	45,043.
(25) ROSE MARIE ROBERTSON CHIEF SCIENCE OFFICER	38.00			X				621,344.	0.	46,533.
(26) MEIGHAN GIRGUS CHIEF MISSION OFFICER	38.00			X				537,254.	0.	51,601.
1b Sub-total								3,093,716.	0.	537,789.
c Total from continuation sheets to Part VII, Section A								6,198,387.	0.	692,417.
d Total (add lines 1b and 1c)								9,292,103.	0.	1,230,206.

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 405

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEPHONE MARKETING	3,000,563.
DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE, CHICAGO, IL 60673	PUBLIC RELATIONS	2,433,366.
BRIGHAM & WOMENS PHYSICIANS ORG. P.O. BOX 3684, BOSTON, MA 02241	EDITORIAL SERVICES	2,126,530.
ORACLE AMERICA INC P.O. BOX 203448, DALLAS, TX 75320	DATABASE AND IT SERVICES	1,729,181.
ADVERTISING COUNCIL, 815 SECOND AVE., 9TH FLOOR, NEW YORK, NY 10017	PUBLIC SERVICE ANNOUNCEMENTS	1,697,229.

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 136

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a 5,011,499.				
	b Membership dues	1b				
	c Fundraising events	1c 336,759,597.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 5,217,460.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 303,686,333.				
	g Noncash contributions included in lines 1a-1f: \$	88,532,277.				
	h Total. Add lines 1a-1f	▶ 650,674,889.				
Program Service Revenue	2 a CONFERENCES & SEMINARS	Business Code 900099	25,301,017.	25,301,017.		
	b MEMBERSHIP DUES	900099	3,252,998.	3,252,998.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 28,554,015.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 20,656,401.		113,660.	20,542,741.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 19,209,231.			19,209,231.	
	6 a Gross rents	(i) Real	1,364,276.			
		(ii) Personal				
		b Less: rental expenses	134,458.			
		c Rental income or (loss)	1,229,818.			
	d Net rental income or (loss)	▶ 1,229,818.			1,229,818.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	243,054,300.	9,498,382.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	240,858,300.	4,334,237.		
		c Gain or (loss)	2,196,000.	5,164,145.		
	d Net gain or (loss)	▶ 7,360,145.			7,360,145.	
	8 a Gross income from fundraising events (not including \$ 336,759,597. of contributions reported on line 1c). See Part IV, line 18	a 22,472,958.				
		b Less: direct expenses	b 39,309,544.			
c Net income or (loss) from fundraising events		▶ -16,836,586.			-16,836,586.	
9 a Gross income from gaming activities. See Part IV, line 19	a 333,723.					
	b Less: direct expenses	b 44,441.				
	c Net income or (loss) from gaming activities	▶ 289,282.		8,598.	280,684.	
10 a Gross sales of inventory, less returns and allowances	a 100,101,883.					
	b Less: cost of goods sold	b 31,420,130.				
	c Net income or (loss) from sales of inventory	▶ 68,681,753.	68,681,753.			
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	900099	2,358,046.	2,349,516.	8,530.		
	b CHANGE IN VALUE OF SPL	900099	101,792.	101,792.		
	c LOSS ON UNCOLLECTIBLE	900099	-2,003,644.	-2,003,644.		
	d All other revenue					
e Total. Add lines 11a-11d	▶ 456,194.					
12 Total revenue. See instructions.	▶ 780,275,142.	97,683,432.	130,788.	31,786,033.		

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	147,986,554.	147,986,554.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	423,248.	423,248.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	111,050.	111,050.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,139,173.		9,139,173.	
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	236,382,117.	169,378,433.	24,730,807.	42,272,877.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,340,570.	13,434,592.	1,509,964.	3,396,014.
9 Other employee benefits	24,716,841.	17,615,072.	2,667,433.	4,434,336.
10 Payroll taxes	18,136,727.	12,669,146.	2,380,738.	3,086,843.
11 Fees for services (non-employees):				
a Management				
b Legal	1,228,565.		1,228,565.	
c Accounting	910,634.		910,634.	
d Lobbying	4,519,318.	4,519,318.		
e Professional fundraising services. See Part IV, line 17	3,073,343.			3,073,343.
f Investment management fees	1,816,340.		1,816,340.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	51,382,492.	48,932,403.	691,800.	1,758,289.
12 Advertising and promotion	2,248,068.	2,248,068.		
13 Office expenses	122,773,066.	105,551,901.	3,600,498.	13,620,667.
14 Information technology	15,090,830.	11,016,896.	1,563,939.	2,509,995.
15 Royalties				
16 Occupancy	15,758,630.	11,404,951.	1,711,390.	2,642,289.
17 Travel	23,473,401.	14,951,936.	3,358,606.	5,162,859.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,860,927.	19,572,272.	1,213,944.	2,074,711.
20 Interest	66,200.		66,200.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,027,981.	7,514,991.	1,160,349.	1,352,641.
23 Insurance	1,452,070.	552,880.	854,530.	44,660.
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	12,134,758.	6,116,542.	3,148,019.	2,870,197.
b UBI TAX	3,496.		3,496.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	744,056,399.	594,000,253.	61,756,425.	88,299,721.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	204,635,969.	132,101,412.	25,041,276.	47,493,281.

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	35,750,850.	1	21,163,825.
	2 Savings and temporary cash investments	355,267.	2	2,210,133.
	3 Pledges and grants receivable, net	160,411,086.	3	177,438,732.
	4 Accounts receivable, net	12,974,401.	4	16,143,788.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,784,149.	8	4,250,605.
	9 Prepaid expenses and deferred charges	10,659,794.	9	12,660,866.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 205,610,189.		
	b Less: accumulated depreciation	10b 135,565,693.	70,452,967.	10c 70,044,496.
	11 Investments - publicly traded securities	724,159,258.	11	764,668,930.
	12 Investments - other securities. See Part IV, line 11	3,525,013.	12	3,357,524.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	225,098,211.	15	219,127,178.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,248,170,996.	16	1,291,066,077.	
Liabilities	17 Accounts payable and accrued expenses	64,245,060.	17	71,261,297.
	18 Grants payable	275,464,389.	18	288,044,259.
	19 Deferred revenue	7,303,746.	19	6,827,249.
	20 Tax-exempt bond liabilities	1,025,000.	20	835,000.
	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	36,528,394.	25	35,900,329.
	26 Total liabilities. Add lines 17 through 25	384,566,589.	26	402,868,134.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	394,368,837.	27	405,837,459.
	28 Temporarily restricted net assets	274,471,275.	28	291,510,194.
	29 Permanently restricted net assets	194,764,295.	29	190,850,290.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	863,604,407.	33	888,197,943.	
34 Total liabilities and net assets/fund balances	1,248,170,996.	34	1,291,066,077.	

Part XI Reconciliation 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	780,275,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	744,056,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,218,743.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	863,604,407.
5	Net unrealized gains (losses) on investments	5	-11,421,762.
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	-203,445.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	888,197,943.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	514,026,122.	532,997,854.	523,882,707.	569,646,207.	653,927,887.	2,794,480,777.
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	514,026,122.	532,997,854.	523,882,707.	569,646,207.	653,927,887.	2,794,480,777.
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)						165,146,947.
6 Public support. Subtract line 5 from line 4.						2,629,333,830.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	514,026,122.	532,997,854.	523,882,707.	569,646,207.	653,927,887.	2,794,480,777.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	36,207,978.	41,572,085.	43,394,143.	46,072,477.	41,116,248.	208,362,931.
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.)	4,207,618.	-2,049,898.	1,571,360.	6,940,615.	447,719.	11,117,414.
11 Total support. Add lines 7 through 10						3,013,961,122.
12 Gross receipts from related activities, etc. (see instructions)					12	501,452,685.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	87.24 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	88.29 %
16a 33 1/3% support test - 2014. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

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.		
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.		

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).		

Section D. 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <i>(see instructions)</i> :		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

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

INTEREST AGREEMENTS AND UNCOLLECTIBLE ACCOUNTS RECEIVABLE.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ADVERTISING COUNCIL, INC. 815 SECOND AVENUE, NINTH FLOOR NEW YORK, NY 10017	\$ 70,051,533.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE ROBERT WOOD JOHNSON FOUNDATION P.O. BOX 2316 PRINCETON, NJ 08543	\$ 13,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ADVERTISING MATERIALS _____ _____ _____	\$ 70,051,533.	06/30/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">AMERICAN HEART ASSOCIATION, INC.</p>	Employer identification number <p style="text-align: center;">13-5613797</p>
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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-.

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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		283,615.
d Mailings to members, legislators, or the public?	X		91,020.
e Publications, or published or broadcast statements?	X		57,672.
f Grants to other organizations for lobbying purposes?	X		2,916,160.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		701,720.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		469,131.
i Other activities?		X	
j Total. Add lines 1c through 1i			4,519,318.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: IN SUPPORT OF ITS MISSION TO BUILD HEALTHIER LIVES, FREE OF

CARDIOVASCULAR DISEASES AND STROKE, THE AMERICAN HEART ASSOCIATION (AHA)

PLANS, COORDINATES AND IMPLEMENTS A PUBLIC ADVOCACY PROGRAM. AT THE

NATIONAL LEVEL, THIS PROGRAM INCLUDES MAINTAINING AND EXPANDING CONTACTS

WITH MEMBERS OF CONGRESS. SIMILAR RELATIONSHIPS ARE BUILT BY THE REGIONAL

Part IV Supplemental Information (continued)

AFFILIATES, ADVOCATING AT THE STATE AND LOCAL LEVELS. TO GUIDE ITS
FEDERAL, STATE AND LOCAL EFFORTS, THE ASSOCIATION IMPLEMENTS A PUBLIC
POLICY AGENDA BY MAINTAINING ACTIVE PARTNERSHIPS IN HEALTH-RELATED
COALITIONS WITH OTHER LIKE-MINDED GROUPS; ROBUST POLICY RESEARCH THAT IS
SCIENCE AND EVIDENCE-BASED, PRODUCING DOCUMENTS SUCH AS POLICY POSITION
STATEMENTS, FACT SHEETS, AND PUBLISHED PAPERS, MEDIA ADVOCACY, INCLUDING
LETTERS TO THE EDITOR, OP-ED PIECES, ADVERTORIALS AND NEWS CONFERENCES;
MONITORING AND COMMENTING ON REGULATORY PROPOSALS; SUBMITTING TESTIMONY
AND STATEMENTS FOR THE RECORD IN RESPONSE TO PROPOSED POLICY INITIATIVES;
MAINTAINING AN ACTIVE VOLUNTEER GRASSROOTS NETWORK AVAILABLE TO WRITE,
CALL AND/OR VISIT LOCAL, STATE AND FEDERAL POLICYMAKERS; AND LOBBYING OF
LOCAL, STATE AND FEDERAL LEGISLATIVE BODIES. THE AMERICAN HEART
ASSOCIATION IS COMMITTED THROUGHOUT ITS PUBLIC POLICY WORK TO PROACTIVELY
CONFRONT AND ADDRESS THE HEALTH INEQUITIES AND DISPARITIES THAT EXIST IN
OUR COUNTRY.

THE ASSOCIATION ENCOURAGES CONGRESS AND STATE LEGISLATURES TO JOIN THE
FIGHT AGAINST CARDIOVASCULAR DISEASE, INCLUDING STROKE, THE LEADING CAUSE
OF DEATH IN THE UNITED STATES. THE ASSOCIATION'S STRATEGIC PUBLIC POLICY
PRIORITIES ARE IN THE FOLLOWING AREAS:

HEART DISEASE AND STROKE RESEARCH: A TOP PRIORITY OF THE ASSOCIATION IS
TO ENSURE SUPPORT FOR BASIC, CLINICAL, TRANSLATIONAL, HEALTH SERVICES,
OUTCOMES, GENOMICS, AND COMPARATIVE EFFECTIVENESS RESEARCH AND THE OVERALL
RESEARCH ENVIRONMENT AS WELL AS COMMUNITY HEALTH SERVICES, PUBLIC HEALTH
PROGRAMS, POLICY EVALUATION AND ECONOMICS. THE AHA ADVOCATES FOR
SIGNIFICANTLY INCREASING FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND
OTHER STATE AND FEDERAL GOVERNMENT AGENCIES TO ENHANCE HEART AND STROKE
RESEARCH.

IMPROVING CARDIOVASCULAR HEALTH (PREVENTION): THE AMERICAN HEART

Part IV Supplemental Information (continued)

ASSOCIATION PRIORITIZES PUBLIC POLICIES AIMED AT PROMOTING AND IMPROVING

THE HEALTH FACTORS FOR ALL AMERICANS. THESE POLICY PRIORITIES ADDRESS

OBESITY PREVENTION, DIAGNOSIS, AND TREATMENT, INCREASING ACCESS TO HEALTHY

AND AFFORDABLE FOODS, HEALTHY DIET AND NUTRITION, INCREASING PHYSICAL

ACTIVITY, ADDRESSING TOBACCO CONTROL AND PREVENTION, AND AIR POLLUTION.

THE AHA ADDRESSES THESE ISSUES AT THE LOCAL, STATE, AND FEDERAL LEVEL WITH

LEGISLATION, REGULATION, AND OTHER POLICY CHANGE.

SUPPORT HIGH QUALITY/HIGH VALUE HEART AND STROKE CARE AND REDUCE HEALTH

DISPARITIES: THE AHA PROMOTES PUBLIC POLICIES AIMED AT IMPROVING HEALTH

CARE QUALITY, REDUCING HEALTH DISPARITIES, AND PROMOTING HIGH VALUE,

EVIDENCE-BASED CARDIOVASCULAR CARE. TO PROMOTE HEALTH CARE QUALITY, THE

AHA ADDRESSES CLINICAL GUIDELINES AND TREATMENT PROTOCOLS, DEVELOPMENT OF

DISEASE REGISTRIES, THE ROLE OF QUALITY IN HEALTH CARE PAYMENT SYSTEMS,

DRUG FORMULARY POLICY, DELIVERY SYSTEM REFORMS AND CONTINUUM OF CARE,

IMPROVED CARE COORDINATION, THE ROLE, DEVELOPMENT AND IMPLEMENTATION OF

ELECTRONIC MEDICAL RECORDS AND RELATED HEALTH INFORMATION TECHNOLOGY, AND

PROMOTING SAFE, EVIDENCE-BASED AND HIGH VALUE TREATMENTS FOR

CARDIOVASCULAR DISEASE.

ENSURE APPROPRIATE AND TIMELY ACCESS TO HEART DISEASE AND STROKE CARE:

THE AHA ADVANCES COMPREHENSIVE COVERAGE AND TIMELY ACCESS TO APPROPRIATE

CARE FOR HEART DISEASE, PERIPHERAL ARTERY DISEASE, AND STROKE WITH A FOCUS

ON ADEQUATE AND AFFORDABLE COVERAGE, APPROPRIATE SYSTEMS OF EMERGENCY

CARE, TELEMEDICINE AND SURVEILLANCE. THIS INCLUDES PROMOTING SYSTEMS OF

CARE AROUND STROKE, ST ELEVATED MYOCARDIAL INFARCTION (STEMI), EMERGENCY

CARE, OUT OF HOSPITAL CARDIAC ARREST, AND TELEHEALTH.

CHARITABLE ORGANIZATIONS: THE ASSOCIATION SUPPORTS POLICIES THAT PRESERVE

THE VIABILITY OF NON-PROFIT ORGANIZATIONS BY MONITORING AND AS

APPROPRIATE, INCLUDING LEGISLATIVE AND REGULATORY EFFORTS THAT ATTEMPT TO

Part IV Supplemental Information *(continued)*

RESTRICT OR PROHIBIT CHARITABLE GIVING AND OTHER NON-PROFIT EFFORTS AND
ACTIVITIES. THESE INCLUDE PROTECTING NON-PROFIT SECTOR INTERESTS,
PROMOTING TAX POLICY CONDUCIVE TO CHARITABLE ORGANIZATIONS, ENCOURAGING
VOLUNTEERISM, PRESERVING PUBLIC FUNDING FOR VOLUNTARY HEALTH
ORGANIZATIONS, AND SAFEGUARDING THE ABILITY OF CHARITABLE ORGANIZATIONS TO
ENGAGE IN ADVOCACY.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
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.
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?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
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.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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

- 1a If the organization elected, as permitted under SFAS 116 (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.
1b 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 in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,247,803.	51,925,992.	46,999,292.	48,857,976.	39,736,847.
b Contributions	1,000,570.	1,527,764.	1,794,378.	173,835.	1,771,259.
c Net investment earnings, gains, and losses	724,008.	7,416,550.	4,714,826.	-335,017.	7,946,271.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,184,603.	1,622,503.	1,582,504.	1,697,502.	596,401.
f Administrative expenses					
g End of year balance	58,787,778.	59,247,803.	51,925,992.	46,999,292.	48,857,976.

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 75.80 %
- c Temporarily restricted endowment 24.20 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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)	(c) Accumulated depreciation	(d) Book value
1a Land		10,599,770.		10,599,770.
b Buildings		75,368,413.	40,246,509.	35,121,904.
c Leasehold improvements		5,384,590.	3,560,969.	1,823,621.
d Equipment		113,789,368.	91,346,879.	22,442,489.
e Other		468,048.	411,336.	56,712.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,044,496.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	73,288,105.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	145,839,073.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	219,127,178.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	1,173,899.
(3) POST-RETIREMENT BENEFITS	12,873,443.
(4) CHARITABLE GIFT ANNUITIES	14,814,294.
(5) RENT DEFERRALS/AMORTIZATION	2,477,802.
(6) SUPPLEMENTAL RETIREMENT PLAN	4,291,132.
(7) OTHER PAYABLES	269,759.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	35,900,329.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	808,084,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-11,421,762.
b	Donated services and use of facilities	2b	9,565,616.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,856,146.
3	Subtract line 2e from line 1	3	809,941,028.
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	1,816,340.
b	Other (Describe in Part XIII.)	4b	-31,482,226.
c	Add lines 4a and 4b	4c	-29,665,886.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	780,275,142.

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

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

1	Total expenses and losses per audited financial statements	1	783,491,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,565,616.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	203,445.
e	Add lines 2a through 2d	2e	9,769,061.
3	Subtract line 2e from line 1	3	773,722,285.
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	1,816,340.
b	Other (Describe in Part XIII.)	4b	-31,482,226.
c	Add lines 4a and 4b	4c	-29,665,886.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	744,056,399.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

ASSOCIATION DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX

LIABILITY FOR THE YEARS ENDED JUNE 30, 2015 AND 2014. THE ASSOCIATION

BELIEVES THAT IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-31,420,130.
RENTAL EXPENSES	-134,458.
FUNDRAISING EXPENSES	72,362.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-31,482,226.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

POST-RETIREMENT (ASC 715) ADJUSTMENT	203,445.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFER TO SCHEDULE D, PART XI, LINE 4B EXPLANATION	-31,482,226.
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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 -\$203,445 FOR FISCAL YEAR ENDED JUNE

30, 2015.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2014

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	41,525.
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	893,871.
EUROPE (INCL ICELAND / GREENLAND)	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	503,986.
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	863,854.
NORTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	725,460.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	554,256.
SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	316,438.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF EDUCATIONAL & TRAINING MATERIALS RELATED TO CARDIOVASCULAR CARE	77,906.
3 a Sub-total	3	4			3,977,296.
b Total from continuation sheets to Part I	0	0			129,222,837.
c Totals (add lines 3a and 3b)	3	4			133,200,133.

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

Schedule F (Form 990) 2014

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	STUDENT SCHOLARSHIP	1,500.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	24,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	TRAVEL STIPEND	22,700.
EUROPE (INCL ICELAND / GREENLAND)	0	0	GRANTMAKING	STUDENT SCHOLARSHIP	1,500.
EUROPE (INCL ICELAND / GREENLAND)	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	21,198.
EUROPE (INCL ICELAND / GREENLAND)	0	0	GRANTMAKING	TRAVEL STIPEND	15,152.
NORTH AMERICA	0	0	GRANTMAKING	SCIENCE RESEARCH PRIZE AND HONORARIUM	10,000.
NORTH AMERICA	0	0	GRANTMAKING	TRAVEL STIPEND	12,000.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING	TRAVEL STIPEND	3,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		59,599.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		39,595,562.
EUROPE (INCL ICELAND / GREENLAND)	0	0	INVESTMENTS		65,296,782.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		954,131.
NORTH AMERICA	0	0	INVESTMENTS		17,360,778.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS		936,301.
SOUTH AMERICA	0	0	INVESTMENTS		2,513,820.
SOUTH ASIA	0	0	INVESTMENTS		1,196,962.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,197,852.
Totals					129,222,837.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT SCHOLARSHIP	EAST ASIA AND THE PACIFIC	3	1,500.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	38	46,700.	WIRE TRANSFER	0.		
STUDENT SCHOLARSHIP	EUROPE (INCLUDING ICELAND & GREENLAND)	3	1,500.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	EUROPE (INCLUDING ICELAND & GREENLAND)	49	36,350.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	NORTH AMERICA	27	22,000.	WIRE TRANSFER	0.		
SCIENCE RESEARCH PRIZE AND HONORARIUM	RUSSIA AND NEIGHBORING STATES	3	3,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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.

PART I, LINE 2:

WITH RESPECT TO GRANTS MADE BY AMERICAN HEART ASSOCIATION TO FOREIGN INDIVIDUALS, THE RECIPIENT OF AHA FUNDS MUST SATISFY CERTAIN REQUIREMENTS OUTLINED IN THE GRANT AGREEMENT. UPON SATISFACTORY COMPLETION OF THE AGREEMENT AND WRITTEN ACCEPTANCE OF ALL SERVICES, AHA REMITS THE REMAINING BALANCE OF THE GRANTED FUNDS TO THE RECIPIENT.

PART I, LINE 3

THE ASSOCIATION'S INVESTMENTS IN SECURITIES OF FOREIGN CORPORATIONS ARE MADE THROUGH U.S. BROKERAGE ACCOUNTS. THESE INVESTMENTS ARE MANAGED BY INDEPENDENT INVESTMENT MANAGERS AS PART OF A DIVERSIFIED STRATEGY FOR THE ASSOCIATION'S INVESTMENTS. THE INVESTMENT MANAGERS ARE GUIDED BY THE ASSOCIATION'S INVESTMENT POLICY OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS.

PART IV, LINE 6

THE ASSOCIATION FILED FORM 5713 WITH ITS FEDERAL FORM 990-T TO REPORT SALES OF EDUCATION AND TRAINING MATERIALS IN THE UNITED ARAB EMIRATES (UAE). ALTHOUGH UAE IS CONSIDERED A BOYCOTTING COUNTRY, THE ASSOCIATION DOES NOT PARTICIPATE IN ANY BOYCOTTING ACTIVITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORPORATION - 33 SPRINGSIDE	TELEMARKETING SOLICITATIONS		X	5,939,034.	2,765,830.	3,173,204.
INSURANCE AUTO AUCTIONS - 13085 HAMILTON CROSSING,	DONATED VEHICLE PROGRAM	X		286,079.	72,362.	213,717.
STRATEGIC FUNDRAISING, INC. - 7800 3RD N. SUITE 900, ST.	DIRECT MAIL DONOR MARKETING		X	255,958.	235,151.	20,807.
Total				6,481,071.	3,073,343.	3,407,728.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DALLAS HEARTWALK (event type)	DALLAS HEART BALL (event type)	7145 (total number)	
Revenue	1 Gross receipts	5,865,568.	3,817,466.	314,893,598.	324,576,632.
	2 Less: Contributions	5,865,568.	2,096,712.	294,141,394.	302,103,674.
	3 Gross income (line 1 minus line 2)		1,720,754.	20,752,204.	22,472,958.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	65,917.	9,862.	11,617,728.	11,693,507.
	6 Rent/facility costs	112,422.	257,538.	10,004,894.	10,374,854.
	7 Food and beverages	1,300.	7,268.	7,481,962.	7,490,530.
	8 Entertainment	3,095.	40,304.	1,566,602.	1,610,001.
	9 Other direct expenses	5,367.	43,395.	2,704,094.	2,752,856.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,921,748.
11 Net income summary. Subtract line 10 from line 3, column (d)				-11,448,790.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	8,598.		325,125.	333,723.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			44,441.	44,441.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				44,441.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				289,282.

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

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

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

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

b If "Yes," explain: _____

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

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

Name ▶ SUNDER JOSHI, CFO CAO

Address ▶ 7272 GREENVILLE AVENUE - DALLAS, TX 75231

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ SEE SCHEDULE G, PART IV

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

- (I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORPORATION
- (I) ADDRESS OF FUNDRAISER: 33 SPRINGSIDE DRIVE, AKRON, OH 44333
- (I) NAME OF FUNDRAISER: INSURANCE AUTO AUCTIONS
- (I) ADDRESS OF FUNDRAISER: 13085 HAMILTON CROSSING, SUITE 500, CARMEL, IN 46032

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: STRATEGIC FUNDRAISING, INC.

(I) ADDRESS OF FUNDRAISER: 7800 3RD N. SUITE 900, ST. PAUL, MN 55128

SCHEDULE G, PART III, LINE 16

THE ASSOCIATION DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES.

EACH GAMING EVENT IS MANAGED LOCALLY BY THE AFFILIATE OFFICE STAFF

RESPONSIBLE FOR EVENTS IN THAT LOCATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to 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

2014

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A-1 AMBULANCE INC. 507 CENTENNIAL AVENUE BUTTE, MT 59701	81-0395765		24,877.	0.			DEFIBRILLATORS AND MONITORS
ABSAROCKE AMBULANCE SERVICE PO BOX 324 ABSAROCKE, MT 59001	84-1397309		24,992.	0.			DEFIBRILLATORS AND MONITORS
ACTIVE TRANSPORTATION ALLIANCE 9 WEST HUBBARD STREET, SUITE 402 CHICAGO, IL 60654	36-3385886	501(C)(3)	91,996.	0.			CHILDHOOD OBESITY INITIATIVE
AIUM CARDIOVASCULAR, INC. 6575 145TH STREET EAST NORTHFIELD, MN 55057	27-4642245		25,000.	0.			INNOVATION GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	13-1624225	501(C)(3)	795,431.	0.			RESEARCH
ALLEN MEMORIAL HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA 50703	42-0698265	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **425.**
- 3** Enter total number of other organizations listed in the line 1 table **61.**

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR A HEALTHIER GENERATION - 55 WEST 125TH STREET - NEW YORK, NY 10027	27-2028308	501(C)(3)	2,060,000.	0.			CHILDHOOD OBESITY INITIATIVE
ALPINE EMS PO BOX 3030 ALPINE, WY 83128	46-3063166	501(C)(3)	28,395.	0.			EMERGENCY EQUIPMENT UPGRADE
ALTURA AMBULANCE 25 NORTH MAIN STREET ALTURA, MN 55910	41-6004932	CITY OF ALTURA	18,982.	0.			DEFIBRILLATORS AND MONITORS
AMERICAN LUNG ASSOCIATION OF THE MIDLAND - 5900 WILCOX PLACE - DUBLIN, OH 43016	31-4379531	501(C)(3)	32,000.	0.			ANTI-TOBACCO ADVOCACY
AMERICAN MEDICAL RESPONSE 600 EAST CARLSON STREET, SUITE 101 CHEYENNE, WY 82009	75-2474011	CITY OF CHEYENNE	71,459.	0.			DEFIBRILLATORS AND MONITORS
AMERICAN MEDICAL RESPONSE AMBULANCE INC. - 6200 SOUTH SYRACUSE WAY, SUITE 200 - GREENWOOD VILLAGE, CO 80111	04-3147881		23,758.	0.			DEFIBRILLATORS AND MONITORS
ARETE EDUCATION INC. 577 GRAND CONCOURSE, SUITE 140 BRONX, NY 10451	80-0789207	501(C)(3)	30,000.	0.			COMMUNITY IMPACT GRANT
ARIZONA STATE UNIVERSITY, TEMPE 1151 SOUTH FOREST AVENUE TEMPE, AZ 85287	86-0196696	STATE OF AZ	44,788.	0.			RESEARCH
ASIAN PACIFIC AMERICAN NETWORK OF OREGON - 2788 SOUTHEAST 82ND AVENUE, SUITE 203 - PORTLAND, OR 97266	80-0252850	501(C)(3)	9,776.	0.			CHILDHOOD OBESITY INITIATIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYARD FIRE AND RESCUE 1 MAIN STREET BAYARD, IA 50029	47-6006091	501(C)(3)	25,467.	0.			DEFIBRILLATORS AND MONITORS
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	1,439,062.	0.			RESEARCH
BEAVERHEAD EMERGENCY MEDICAL SERVICES - 330 EAST REEDER STREET - DILLON, MT 59725	81-0373318	501(C)(3)	25,214.	0.			DEFIBRILLATORS AND MONITORS
BENEFIS HOSPITALS INC. 1101 26TH STREET SOUTH GREAT FALLS, MT 59405	81-0232122	501(C)(3)	77,900.	0.			EMERGENCY EQUIPMENT UPGRADE
BERTRAND RESCUE UNIT 510 MINOR AVENUE BERTRAND, NE 68927	47-6006103	CITY OF BERTRAND	25,170.	0.			DEFIBRILLATORS AND MONITORS
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	1,565,092.	0.			RESEARCH
BEYOND SOCCER INC. 60 ISLAND STREET, SUITE 508E LAWRENCE, MA 01840	45-0648718	501(C)(3)	17,500.	0.			COMMUNITY IMPACT GRANT
BICYCLE TRANSPORTATION 618 NORTHWEST GLISAN STE 401 PORTLAND, OR 97209	93-1057956	501(C)(3)	89,704.	0.			CHILDHOOD OBESITY INITIATIVE
BIG HORN COUNTY AMBULANCE PO BOX 908 HARDIN, MT 59034	81-6001333		70,185.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SANDY VOLUNTEER FIRE DEPARTMENT - 258 JUDITH LANDING ROAD - BIG SANDY, MT 59520	81-0502018		24,841.	0.			DEFIBRILLATORS AND MONITORS
BIG SKY FIRE DEPARTMENT 650 RAINBOW TROUT RUN BIG SKY, MT 59716	81-0480831		24,652.	0.			DEFIBRILLATORS AND MONITORS
BIG STONE HEALTHCARE FOUNDATION 450 EASTVOLD AVENUE ORTONVILLE, MN 56278	41-1659162	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
BILLINGS CLINIC FOUNDATION 1020 NORTH 27TH STREET BILLINGS, MT 59101	81-0407289	501(C)(3)	64,650.	0.			EMERGENCY EQUIPMENT UPGRADE
BIOMEDICAL RESEARCH FOUNDATION OF SOUTH TEXAS, INC. - PO BOX 40512 - SAN ANTONIO, TX 78229	74-2522436	501(C)(3)	125,406.	0.			RESEARCH
BLAINE I INC. PO BOX 1053 CHINOOK, MT 59523	81-0529293	501(C)(3)	24,940.	0.			DEFIBRILLATORS AND MONITORS
BLOOD CENTER OF WISCONSIN PO BOX 78961 MILWAUKEE, WI 53278	39-0807235	501(C)(3)	128,093.	0.			RESEARCH
BLOOMING PRAIRIE AMBULANCE SERVICE PO BOX 68 BLOOMING PRAIRIE, MN 56917	41-6004989	CITY OF BLOOMING	26,194.	0.			DEFIBRILLATORS AND MONITORS
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	206,920.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118	04-3314093	501(C)(3)	531,183.	0.			RESEARCH
BOSTON UNIVERSITY MEDICAL CAMPUS 85 EAST NEWTON STREET BOSTON, MA 02118	04-2103547	501(C)(3)	533,691.	0.			RESEARCH
BOWDLE HOSPITAL 8001 WEST 5TH STREET BOWDLE, SD 57428	46-0369929	501(C)(3)	6,000.	0.			EMERGENCY EQUIPMENT UPGRADE
BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BLVD, SUITE 3200 BOZEMAN, MT 59715	84-1407943	501(C)(3)	52,900.	0.			EMERGENCY EQUIPMENT UPGRADE
BRIDGER CANYON VOLUNTEER FIRE DEPARTMENT - 8081 BRIDGER CANYON ROAD - BOZEMAN, MT 59715	81-0535971		24,992.	0.			DEFIBRILLATORS AND MONITORS
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	2,595,532.	0.			RESEARCH
BRODSTONE MEMORIAL HOSPITAL 520 EAST 10TH STREET SUPERIOR, NE 68978	47-0388012	501(C)(3)	11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
BROKEN BOW FIRE AND RESCUE 314 SOUTH 10TH AVENUE BROKEN BOW, NE 68822	47-6006117	CITY OF BROKEN B	25,467.	0.			DEFIBRILLATORS AND MONITORS
BROOKINGS HEALTH SYSTEM 300 22ND AVENUE BROOKINGS, SD 57006	27-1785343		10,000.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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

(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
BROWN COUNTY AMBULANCE ASSOCIATION 142 WEST 4TH STREET AINSWORTH, NE 69210	36-4634828	CITY OF AINSWORTH	25,532.	0.			DEFIBRILLATORS AND MONITORS
BROWN UNIVERSITY PO BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	476,418.	0.			RESEARCH
BUFFALO LAKE AMBULANCE SERVICE 203 MAIN STREET NORTH BUFFALO LAKE, MN 55314	91-6005019	CITY OF BUFFALO	18,982.	0.			DEFIBRILLATORS AND MONITORS
BURKE MEDICAL RESEARCH INSTITUTE 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-3434924	501(C)(3)	84,738.	0.			RESEARCH
BURWELL RURAL FIRE DISTRICT 917 G STREET BURWELL, NE 68823	47-0721571	CITY OF BURWELL	25,467.	0.			DEFIBRILLATORS AND MONITORS
CABELL HUNTINGTON HOSPITAL INC. 1340 HAL GREER BLVD HUNTINGTON, WV 25701	55-0675666	501(C)(3)	6,800.	0.			ACTION REGISTRY
CAMBRIDGE RESCUE SERVICE 722 PATTERSON STREET CAMBRIDGE, NE 69022	47-6006127	CITY OF CAMBRIDGE	24,763.	0.			DEFIBRILLATORS AND MONITORS
CAMDEN CLARK MEMORIAL HOSPITAL CORPORATION - 800 GARFIELD AVENUE - PARKERSBURG, WV 26102	31-1524546	501(C)(3)	8,700.	0.			ACTION REGISTRY
CAMPAIGN FOR TOBACCO FREE KIDS ACTION - 1400 I STREET NORTHWEST, SUITE 1200 - WASHINGTON, DC 20005	52-1969967	501(C)(3)	87,500.	0.			ANTI-TOBACCO ADVOCACY

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CAMPBELL COUNTY MEMORIAL HOSPITAL PO BOX 3011 GILLETTE, WY 82716	83-0234097	501(C)(3)	23,408.	0.			EMERGENCY EQUIPMENT UPGRADE
CARL T. HAYDEN MEDICAL RESEARCH FOUNDATION - 650 EAST INDIAN SCHOOL ROAD - PHOENIX, AZ 85012	86-0907729	501(C)(3)	125,406.	0.			RESEARCH
CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH, PA 15250	25-0969449	501(C)(3)	35,830.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	610,905.	0.			RESEARCH
CASPER COLLEGE 125 COLLEGE DRIVE CASPER, WY 82601	83-6001132	STATE OF WY	25,143.	0.			EMERGENCY EQUIPMENT UPGRADE
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BOULEVARD, SUITE 115 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	815,138.	0.			RESEARCH
CENTRAL CITY AMBULANCE 1515 17TH STREET CENTRAL CITY, NE 66626	47-6006132	CITY OF CENTRAL	26,440.	0.			DEFIBRILLATORS AND MONITORS
CENTRAL IOWA HEALTHCARE 3 SOUTH 4TH AVENUE MARSHALLTOWN, IA 50158	42-0948420	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE
CENTRAL MONTANA MEDICAL FACILITIES INC. - 408 WENDELL AVENUE - LEWISTOWN, MT 59457	23-7169043	501(C)(3)	36,841.	0.			DEFIBRILLATORS AND MONITORS

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CENTRAL VALLEY FIRE DISTRICT 205 EAST MAIN STREET BELGRADE, MT 59714	81-0438237		24,249.	0.			DEFIBRILLATORS AND MONITORS
CHADRON COMMUNITY HOSPITAL 825 CENTENNIAL DRIVE CHADRON, NE 69337	47-0482234	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
CHEYENNE REGIONAL MEDICAL CENTER 214 EAST 23RD STREET CHEYENNE, WY 82001	83-6000194	501(C)(3)	59,813.	0.			EMERGENCY EQUIPMENT UPGRADE
CHILDREN AT RISK 2900 WESLAYAN STREET, SUITE 400 HOUSTON, TX 77027	76-0360533	501(C)(3)	97,712.	0.			CHILDHOOD OBESITY INITIATIVE
CHILDREN'S HOSPITAL BOSTON P.O BOX 414413 BOSTON, MA 02115	04-2774441	501(C)(3)	600,246.	0.			RESEARCH
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD, MAIL STOP # LOS ANGELES, CA 90025	95-1690977	501(C)(3)	125,406.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 5700 MARTIN LUTHER KING JR. WAY OAKLAND, CA 94609	94-0382330	501(C)(3)	42,996.	0.			RESEARCH
CHILDREN'S HOSPITAL, CINCINNATI 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	2,769,512.	0.			RESEARCH
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVENUE NORTHWEST WASHINGTON, DC 20010	52-1654453	501(C)(3)	182,734.	0.			RESEARCH

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CHRISTIAN UNITY HOSPITAL CORPORATION - 164 WEST 13TH STREET - GRAFTON, ND 58237	45-0310159	501(C)(3)	13,000.	0.			EMERGENCY EQUIPMENT UPGRADE
CITY OF BILLINGS FIRE DEPARTMENT 210 NORTH 27TH STREET BILLINGS, MT 59101	81-6001237	CITY OF BILLINGS	50,021.	0.			DEFIBRILLATORS AND MONITORS
CITY OF CANNON FALLS AMBULANCE 918 RIVER ROAD CANNON FALLS, MN 55009	41-6005032	CITY OF CANNON F	27,635.	0.			DEFIBRILLATORS AND MONITORS
CITY OF EDWARDSVILLE 418 NORTH MAIN STREET EDWARDSVILLE, IL 62025	37-6001409	CITY OF EDWARDSV	12,000.	0.			DEFIBRILLATORS AND MONITORS
CITY OF FAIRFAX AMBULANCE SERVICE PO BOX K FAIRFAX, MN 55332	41-6005146	CITY OF FAIRFAX	19,540.	0.			DEFIBRILLATORS AND MONITORS
CITY OF GENEVA RESCUE 167 SOUTH 10TH STREET GENEVA, NE 68361	47-6006196	CITY OF GENEVA	25,170.	0.			DEFIBRILLATORS AND MONITORS
CITY OF GRAND ISLAND FIRE DEPARTMENT - 100 EAST 1ST STREET - GRAND ISLAND, NE 68802	47-6006205	CITY OF GRAND IS	22,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF HAVRE FIRE DEPARTMENT 520 4TH STREET HAVRE, MT 59501	81-6001274	CITY OF HAVRE	24,807.	0.			DEFIBRILLATORS AND MONITORS
CITY OF INTERNATIONAL FALLS AMBULANCE SERVICE - 600 4TH STREET - INTERNATIONAL FALLS, MN 56649	41-6005254	CITY OF INTERNAT	27,635.	0.			DEFIBRILLATORS AND MONITORS

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CITY OF KALISPELL FIRE DEPARTMENT PO BOX 1997 KALISPELL, MT 59901	81-6001281	CITY OF KALISPELL	24,887.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MADISON FIRE AND RESCUE PO BOX 527 MADISON, NE 68748	47-6006267	CITY OF MADISON	17,717.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MARTINS FERRY PO BOX 68 MARTINS FERRY, OH 43935	34-6001819	CITY OF MARTINS	9,752.	0.			DEFIBRILLATORS AND MONITORS
CITY OF MISSOULA 435 RYMAN STREET MISSOULA, MT 59802	81-6001293	CITY OF MISSOULA	7,882.	0.			DEFIBRILLATORS AND MONITORS
CITY OF RAVENNA EMS 416 GRAND AVENUE RAVENNA, NE 68869	47-6006337	CITY OF RAVENNA	25,532.	0.			DEFIBRILLATORS AND MONITORS
CITY OF WINDOM AMBULANCE SERVICE 444 9TH STREET WINDOM, MN 56101	41-6005647	CITY OF WINDOM	23,235.	0.			DEFIBRILLATORS AND MONITORS
CLAREMONT GRADUATE UNIVERSITY 150 EAST TENTH STREET CLAREMONT, CA 91711	95-1664100	501(C)(3)	125,406.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	2,280,577.	0.			RESEARCH
CLINTON RURAL FIRE DISTRICT 20300 US HIGHWAY 10 EAST CLINTON, MT 59825	81-0469188		24,842.	0.			DEFIBRILLATORS AND MONITORS

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COLORADO STATE UNIVERSITY, FORT COLLINS - 2002 CAMPUS DELIVERY - FORT COLLINS, CO 80523	84-6000545	STATE OF CO	173,777.	0.			RESEARCH
COLUMBIA UNIVERSITY, NEW YORK PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	1,572,409.	0.			RESEARCH
COMMUNITY ALLIANCE OF TENANTS 2810 NORTHEAST 14TH AVENUE PORTLAND, OR 97212	31-1571929	501(C)(3)	6,414.	0.			CHILDHOOD OBESITY INITIATIVE
COMMUNITY HEALTHCARE FOUNDATION 2000 CAMPBELL DRIVE TORRINGTON, WY 82240	83-0289853	501(C)(3)	7,500.	0.			DEFIBRILLATORS AND MONITORS
COMMUNITY MEDICAL CENTER INC. 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	81-0247705	501(C)(3)	76,900.	0.			EMERGENCY EQUIPMENT UPGRADE
COMMUNITY MEMORIAL HOSPITAL PO BOX 280 TURTLE LAKE, ND 58576	45-0226711	CITY OF TURTLE L	13,000.	0.			EMERGENCY EQUIPMENT UPGRADE
COOPERSTOWN MEDICAL CENTER 1200 ROBERTS AVENUE NORTHEAST COOPERSTOWN, ND 58425	45-0227753	501(C)(3)	10,060.	0.			EMERGENCY EQUIPMENT UPGRADE
CORPORACION DE SALUD ASEGURADA POR NUESTRA ORG SARIDARIA INC - PO BOX 1025 - CAGUAS, PR 00726	66-0671421	501(C)(3)	27,329.	0.			ACTION REGISTRY
COUNTY OF BLAINE PO BOX 278 CHINOOK, MT 59523	81-6001335	BLAINE COUNTY	24,807.	0.			DEFIBRILLATORS AND MONITORS

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COUNTY OF JUDITH BASIN PO BOX 427 STANFORD, MT 59479	81-6001379	JUDITH BASIN COU	24,748.	0.			DEFIBRILLATORS AND MONITORS
CRISPI MOBILE GROCERY STORE LLC 721 NORTH LESALLE STREET, 7TH FLOOR CHICAGO, IL 60654	46-1073616		70,000.	0.			COMMUNITY IMPACT GRANT
CROFTON RESCUE SQUAD 55153 895 ROAD CROFTON, NE 68730	47-0663731	CITY OF CROFTON	25,467.	0.			DEFIBRILLATORS AND MONITORS
CROW CREEK SIOUX AMBULANCE 206 EAST SAM BOY DRIVE FORT THOMPSON, SD 57339	46-0235600	CITY OF FORT THO	10,000.	0.			DEFIBRILLATORS AND MONITORS
DAKOTA CITY VOLUNTEER FIRE DEPARTMENT - PO BOX 46 - DAKOTA CITY, NE 68731	47-6042728	501(C)(3)	25,215.	0.			DEFIBRILLATORS AND MONITORS
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501(C)(3)	613,234.	0.			RESEARCH
DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER - 3200 GRAND AVENUE - DES MOINES, IA 50312	42-0730347	501(C)(3)	189,813.	0.			RESEARCH
DOUGLAS COUNTY AMBULANCE 708 8TH STREET ARMOUR, SD 57313	46-0400557	DOUGLAS COUNTY	15,000.	0.			DEFIBRILLATORS AND MONITORS
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	79,722.	0.			RESEARCH

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DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	1,217,332.	0.			RESEARCH
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BOULEVARD GREENVILLE, NC 27858	56-6000403	STATE OF NC	214,981.	0.			RESEARCH
EASTERN IDAHO REGIONAL MEDICAL CENTER - PO BOX 2077 - IDAHO FALLS, ID 83401	82-0410103	501(C)(3)	14,650.	0.			EMERGENCY EQUIPMENT UPGRADE
EASTERN WYOMING AMBULANCE SERVICE 2450 WEST MARIPOSA PARKWAY WHEATLAND, WY 82201	83-0298311		14,000.	0.			DEFIBRILLATORS AND MONITORS
EAT SMART & MOVE MORE SOUTH CAROLINA - 111 STONEMARK LANE, SUITE 115 COLUMBIA, SC 29210	57-1096619	501(C)(3)	135,559.	0.			CHILDHOOD OBESITY INITIATIVE
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	4,015,860.	0.			RESEARCH
EVELETH AMBULANCE SERVICE 413 PIERCE STREET EVELETH, MN 55734	41-6005140	CITY OF EVELETH	27,663.	0.			DEFIBRILLATORS AND MONITORS
FAITH REGIONAL HEALTH SERVICES 1500 KOENIGSTEIN AVENUE NORFOLK, NE 68701	47-0796875	501(C)(3)	81,300.	0.			EMERGENCY EQUIPMENT UPGRADE
FLORIDA STATE UNIVERSITY 2000 LEVY AVENUE TALLAHASSEE, FL 32310	59-3211153	STATE OF FL	240,958.	0.			RESEARCH

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FOOD FOR THOUGHT 191 VILLAGE CENTER BOZEMAN, MT 59718	26-2386091		7,724.	0.			DEFIBRILLATORS AND MONITORS
FOUNDATION FOR COMMUNITY CARE OF RICHLAND COUNTY, INC. - 221 2ND STREET NORTHWEST - SIDNEY, MT 59270	81-0417465	501(C)(3)	36,744.	0.			DEFIBRILLATORS AND MONITORS
FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVENUE WEST SEATTLE, WA 98119	91-6186093	501(C)(3)	75,915.	0.			CHILDHOOD OBESITY INITIATIVE
FREMONT COUNTY AMBULANCE 1052 PETERSDORF DRIVE RIVERTON, WY 82501	83-6000107	FREMONT COUNTY	14,000.	0.			DEFIBRILLATORS AND MONITORS
FRENCHTOWN RURAL FIRE DISTRICT PO BOX 119 FRENCHTOWN, MT 59834	81-0474710		24,877.	0.			DEFIBRILLATORS AND MONITORS
FULLERTON RESCUE SQUAD 903 BROADWAY STREET FULLERTON, NE 68638	47-6006195	CITY OF FULLERTO	25,170.	0.			DEFIBRILLATORS AND MONITORS
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 240V ASHBURN, VA 20147	53-0196584	501(C)(3)	255,290.	0.			RESEARCH
GEORGIA BIKES INC. PO BOX 10045 SAVANNAH, GA 31412	20-0295376	501(C)(3)	10,226.	0.			CHILDHOOD OBESITY INITIATIVE
GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA, GA 30394	58-1418202	STATE OF GA	1,108,279.	0.			RESEARCH

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GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302	58-1845423	STATE OF GA	338,900.	0.			RESEARCH
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	671,673.	0.			RESEARCH
GERING VOLUNTEER FIRE DEPARTMENT 1025 M STREET GERING, NE 69341	47-0589261	CITY OF GERING	24,795.	0.			DEFIBRILLATORS AND MONITORS
GLADSTONE INSTITUTE, SAN FRANCISCO 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	22,394.	0.			RESEARCH
GLENCOE REGIONAL HEALTH SERVICES 1805 HENNEPIN AVENUE NORTH GLENCOE, MN 55336	41-1949230	501(C)(3)	35,706.	0.			EMERGENCY EQUIPMENT UPGRADE
GLENDO VOLUNTEER AMBULANCE SERVICE PO BOX 404 GLENDO, WY 82213	83-6000854		28,315.	0.			DEFIBRILLATORS AND MONITORS
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848	47-0379755	501(C)(3)	52,900.	0.			EMERGENCY EQUIPMENT UPGRADE
GRACEVILLE AMBULANCE SERVICE 415 STUDDART AVENUE GRACEVILLE, MN 56240	41-6005196	CITY OF GRACEVIL	25,415.	0.			DEFIBRILLATORS AND MONITORS
GRAND MEADOW AREA AMBULANCE SERVICE - 200 SOUTHEAST 2ND STREET - GRAND MEADOW, NE 55936	41-6005198	CITY OF GRAND ME	27,635.	0.			DEFIBRILLATORS AND MONITORS

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GRAND TETON NATIONAL PARK PO BOX 170 MOOSE, WY 83013	53-0197094	FEDERAL GOV'T	47,217.	0.			DEFIBRILLATORS AND MONITORS
GREAT FALLS EMERGENCY SERVICES 514 9TH AVENUE SOUTH GREAT FALLS, MT 59405	81-0492458		24,122.	0.			DEFIBRILLATORS AND MONITORS
GREAT PLAINS HEALTH CARE FOUNDATION - 601 WEST LEOTA STREET - NORTH PLATTE, NE 69101	39-3954197	501(C)(3)	81,300.	0.			EMERGENCY EQUIPMENT UPGRADE
GREATER BOSTON VINEYARD 15 NOTRE DAME AVENUE CAMBRIDGE, MA 02140	04-3296440	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT
GUERNSEY AMBULANCE SERVICE PO BOX 667 GUERNSEY, WY 82214	83-6000067	CITY OF GUERNSEY	9,820.	0.			DEFIBRILLATORS AND MONITORS
HAMILTON COUNTY AMBULANCE 916 13TH STREET AURORA, NE 68818	47-6006468	HAMILTON COUNTY	25,720.	0.			DEFIBRILLATORS AND MONITORS
HANS P. PETERSON MEMORIAL HOSPITAL 503 WEST PINE STREET PHILIP, SD 57567	46-0361016	CITY OF PHILIP	10,000.	0.			EMERGENCY EQUIPMENT UPGRADE
HARBOR HEALTH SERVICES INC. 1135 MORTON STREET MATTAPAN, MA 02126	23-7100550	501(C)(3)	7,500.	0.			COMMUNITY IMPACT GRANT
HARBOR-UCLA RESEARCH AND EDUCATION INSTITUTE - 1124 WEST CARSON STREET - TORRANCE, CA 90502	95-2138184	501(C)(3)	125,406.	0.			RESEARCH

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HARMONY AMBULANCE SERVICE 225 3RD AVENUE SOUTHWEST HARMONY, MN 55939	41-6005218	CITY OF HARMONY	23,490.	0.			DEFIBRILLATORS AND MONITORS
HARTINGTON AMBULANCE SERVICE 107 WEST STATE STREET HARTINGTON, NE 68739	47-6006217	CITY OF HARTINGT	22,467.	0.			DEFIBRILLATORS AND MONITORS
HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	494,726.	0.			RESEARCH
HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET, SUITE 201 HONOLULU, HI 96813	68-0637054	501(C)(3)	44,829.	0.			CHILDHOOD OBESITY INITIATIVE
HAY SPRINGS FIRE DEPARTMENT 234 NORTH MAIN STREET HAY SPRINGS, NE 69347	47-6006223	CITY OF HAY SPRI	25,532.	0.			DEFIBRILLATORS AND MONITORS
HEALTH RESEARCH INCORPORATED 150 BROADWAY STREET, SUITE 560 MENANDS, NY 12204	14-1402155	501(C)(3)	177,360.	0.			RESEARCH
HEALTHWORKS COMMUNITY FITNESS 137 NEWBURY STREET, 5TH FLOOR BOSTON, MA 02116	04-3431534	501(C)(3)	10,000.	0.			COMMUNITY IMPACT GRANT
HEALTHY CHILD INITIATIVE BALLOT MEASURE - PO BOX 3997 - BERKELEY, CA 94703	46-4790401		23,000.	0.			CHILDHOOD OBESITY INITIATIVE
HECTOR AMBULANCE SERVICE PO BOX 457 HECTOR, MN 55342	41-6005224	CITY OF HECTOR	22,737.	0.			DEFIBRILLATORS AND MONITORS

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HENDERSON AMBULANCE SERVICE PO BOX 189 HENDERSON, NE 68371	47-6006227	CITY OF HENDERSO	23,532.	0.			DEFIBRILLATORS AND MONITORS
HENDERSON HEALTH CARE SERVICES INC. - 1621 FRONT STREET - HENDERSON, NE 68371	47-0366569	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
HENDRICKS COMMUNITY HOSPITAL ASSOCIATION - PO BOX 106 - HENDRICKS, MN 56136	41-0307617	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
HENNING AMBULANCE SERVICE 612 FRONT STREET HENNING, MN 56551	41-6005228	CITY OF HENNING	23,220.	0.			DEFIBRILLATORS AND MONITORS
HENRY AND STARK COUNTY HEALTH DEPARTMENT - 4424 U. S. HIGHWAY 34 - KEWANEE, IL 61443	36-6006568	HENRY AND STARK	28,750.	0.			DEFIBRILLATORS AND MONITORS
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 48202	38-1357020	501(C)(3)	256,186.	0.			RESEARCH
HOLDREGE FIRE DEPARTMENT RESCUE 502 EAST AVENUE HOLDREDGE, NE 68949	47-6006232	CITY OF HOLDREDG	25,170.	0.			DEFIBRILLATORS AND MONITORS
HORIZON FOUNDATION OF HOWARD COUNTY INC. - 10480 LITTLE PATUXENT PARKWAY, SUITE 900 - COLUMBIA, MD 21044	52-2119011	501(C)(3)	131,858.	0.			CHILDHOOD OBESITY INITIATIVE
HOT SPRINGS COUNTY MEMORIAL HOSPITAL - 150 EAST ARAPAHOE STREET - THERMOPOLIS, WY 82443	83-6000182	501(C)(3)	7,500.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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

(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
HOUSTON METHODIST HOSPITAL 6670 BERTNER AVENUE HOUSTON, TX 77030	87-0721923	501(C)(3)	309,867.	0.			RESEARCH
HOVEN AMBULANCE SERVICE PO BOX 162 HOVEN, SD 57450	46-6003552	CITY OF HOVEN	10,000.	0.			DEFIBRILLATORS AND MONITORS
HUMBOLDT RESCUE PO BOX 126 HUMBOLDT, NE 68376	47-6006236	CITY OF HUMBOLDT	21,967.	0.			DEFIBRILLATORS AND MONITORS
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	1,032,444.	0.			RESEARCH
ILLINOIS PUBLIC HEALTH INSTITUTE 954 WEST WASHINGTON BLVD, SUITE 40 CHICAGO, IL 60607	26-2757523	501(C)(3)	219,652.	0.			CHILDHOOD OBESITY INITIATIVE
INDIANA UNIVERSITY, INDIANAPOLIS PO BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	STATE OF IN	885,608.	0.			RESEARCH
INTERNATIONAL FALLS MEMORIAL HOSPITAL ASSOCIATION - 1400 HIGHWAY 71 - INTERNATIONAL FALLS, MN 56649	41-0726171	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
JACKSON HOLE FIRE EMS PO BOX 901 JACKSON, WY 83001	83-6000127		26,720.	0.			DEFIBRILLATORS AND MONITORS
JACKSONVILLE JAGUARS FOUNDATION INC - ONE EVERBANK FIELD DRIVE - JACKSONVILLE, FL 32202	59-3249687	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT

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JASPER FIRE DEPARTMENT RELIEF ASSOCIATION - 340 30TH AVENUE - JASPER, MN 56144	41-6022678	501(C)(3)	22,440.	0.			DEFIBRILLATORS AND MONITORS
JOHN B. PIERCE LABORATORY, INC. 290 CONGRESS AVENUE NEW HAVEN, CT 06519	06-0646780	501(C)(3)	81,603.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	2,602,170.	0.			RESEARCH
JONES COUNTY AMBULANCE PO BOX 305 MURDO, SD 57559	36-3334529	JONES COUNTY	10,000.	0.			DEFIBRILLATORS AND MONITORS
JOSLIN DIABETES CENTER, INC. ONE JOSLINE PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	482,812.	0.			RESEARCH
KADOKA AMBULANCE SERVICE PO BOX 116 KADOKA, SD 57543	46-0403059	CITY OF KADOKA	10,000.	0.			DEFIBRILLATORS AND MONITORS
KALISPELL REGIONAL MEDICAL CENTER INC. - 310 SUNNYVIEW LANE - KALISPELL, MT 59901	23-7293874	501(C)(3)	76,900.	0.			DEFIBRILLATORS AND MONITORS
KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL MANHATTAN, KS 66506	48-0771751	STATE OF KS	46,579.	0.			RESEARCH
KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	20-4613795	501(C)(3)	87,684.	0.			CHILDHOOD OBESITY INITIATIVE

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KEARNEY COUNTY HEALTH SERVICES 727 EAST 1ST STREET MINDEN, NE 68959	47-6014070	KEARNEY COUNTY	11,999.	0.			DEFIBRILLATORS AND MONITORS
KEARNEY REGIONAL MEDICAL CENTER 804 22ND AVENUE KEARNEY, NE 68845	27-0860326	CITY OF KEARNEY	28,800.	0.			EMERGENCY EQUIPMENT UPGRADE
KIMBALL COUNTY AMBULANCE SERVICE 114 3RD STREET KIMBALL, NE 69145	47-6006480	KIMBALL COUNTY	25,467.	0.			DEFIBRILLATORS AND MONITORS
KIMBALL HOSPITAL FOUNDATION 505 SOUTH BURG STREET KIMBALL, NE 69145	47-0713073	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
LAKE CRYSTAL AREA AMBULANCE SERVICE - 100 EAST ROBINSON STREET - LAKE CRYSTAL, MN 56055	41-6005294	CITY OF LAKE CRY	24,611.	0.			DEFIBRILLATORS AND MONITORS
LAKESIDE QRU INC . PO BOX 911 LAKESIDE, MT 59922	81-0399789	501(C)(3)	24,842.	0.			DEFIBRILLATORS AND MONITORS
LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	41-0758434	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
LANDER REGIONAL HOSPITAL 1320 BISHOP RANDALL DRIVE LANDER, WY 82520	62-1823043		15,000.	0.			EMERGENCY EQUIPMENT UPGRADE
LANESBORO AMBULANCE 202 PARKWAY AVENUE SOUTH LANESBORO, MN 55949	41-6005308	CITY OF LANESBOR	23,167.	0.			DEFIBRILLATORS AND MONITORS

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LARAMIE COUNTY FIRE DISTRICT 8 1050 CR 210 CHEYENNE, WY 82009	15-5672156		18,560.	0.			DEFIBRILLATORS AND MONITORS
LARAMIE FIRE DEPARTMENT PO BOX C LARAMIE, WY 82072	83-6000072		41,553.	0.			DEFIBRILLATORS AND MONITORS
LE SUEUR AMBULANCE ASSOCIATION 203 SOUTH 2ND STREET LE SUEUR, MN 56058	41-6005314	CITY OF LE SUEUR	22,982.	0.			DEFIBRILLATORS AND MONITORS
LEMMON EMT ASSOCIATION PO BOX 305 LEMMON, SD 57638	46-0340197	501(C)(3)	10,000.	0.			DEFIBRILLATORS AND MONITORS
LEROY AREA AMBULANCE SERVICE 121 EAST MAIN STREET LEROY, MN 55951	80-0210920	CITY OF LEROY	27,635.	0.			DEFIBRILLATORS AND MONITORS
LEWISTON AMBULANCE 75 RICE STREET LEWISTON, MN 55952	41-6005315	CITY OF LEWISTON	20,237.	0.			DEFIBRILLATORS AND MONITORS
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054	82-0558836	CITY OF LISBON	15,096.	0.			DEFIBRILLATORS AND MONITORS
LOCKWOOD RURAL FIRE DISTRICT #8 3329 DRIFTWOOD LANE BILLINGS, MT 59101	81-0451542	501(C)(3)	25,027.	0.			DEFIBRILLATORS AND MONITORS
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET, SUITE 205 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	125,406.	0.			RESEARCH

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LOUISIANA STATE UNIVERSITY 433 BOLIVAR STREET, SUITE 619 NEW ORLEANS, LA 70112	72-6087770	STATE OF LA	332,888.	0.			RESEARCH
LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MEDICAL COLLEGE - 204 THOMAS BOYD HALL - BATON ROUGE, LA 70803	72-6000848	STATE OF LA	147,800.	0.			RESEARCH
LOUISIANA STATE UNIVERSITY, SHREVEPORT - PO BOX 33932 - SHREVEPORT, LA 71103	72-0702002	STATE OF LA	502,519.	0.			RESEARCH
LOYOLA UNIVERSITY MEDICAL CENTER 820 NORTH MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	231,141.	0.			RESEARCH
MADELIA COMMUNITY AMBULANCE 116 WEST MAIN STREET MADELIA, MN 56062	41-6005334	CITY OF MADELIA	22,982.	0.			DEFIBRILLATORS AND MONITORS
MADISON AMBULANCE 404 6TH AVENUE MADISON, MN 56256	41-6005335	CITY OF MADISON	25,720.	0.			DEFIBRILLATORS AND MONITORS
MADISON COMMUNITY HOSPITAL 917 NORTH WASHINGTON AVENUE MADISON, MN 57042	46-0228038	501(C)(3)	10,000.	0.			DEFIBRILLATORS AND MONITORS
MAHNOMEN HEALTH CENTER 414 WEST JEFFERSON AVENUE MAHNOMEN, MN 56557	41-6008946	CITY OF MAHNOMEN	11,999.	0.			DEFIBRILLATORS AND MONITORS
MARCUS DALY MEMORIAL HOSPITAL CORPORATION - 1200 WESTWOOD DRIVE - HAMILTON, MT 59840	81-0240726	501(C)(3)	68,197.	0.			EMERGENCY EQUIPMENT UPGRADE

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MARIAS MEDICAL CENTER 640 PARK AVENUE SHELBY, MT 59474	81-6001438	501(C)(3)	36,806.	0.			EMERGENCY EQUIPMENT UPGRADE
MARION FIRE DISTRICT PO BOX 939 MARION, MT 59925	90-0854346	CITY OF MARION	24,723.	0.			DEFIBRILLATORS AND MONITORS
MARKET UMBRELLA ORG 200 BROADWAY STREET, SUITE 107 NEW ORLEANS, LA 70118	26-2477706	501(C)(3)	183,439.	0.			CHILDHOOD OBESITY INITIATIVE
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	127,928.	0.			RESEARCH
MARSHALL UNIVERSITY RESEARCH CORPORATION - 401 11TH STREET, SUITE 1400 - HUNTINGTON, WV 25701	55-0683361	501(C)(3)	35,830.	0.			RESEARCH
MARY LANNING MEMORIAL HOSPITAL 715 NORTH ST. JOSEPH AVENUE HASTINGS, NE 68901	47-0378779	501(C)(3)	81,300.	0.			EMERGENCY EQUIPMENT UPGRADE
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02114	04-2697983	501(C)(3)	4,371,646.	0.			RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	177,360.	0.			RESEARCH
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION - 101 TREMENT STREET, SUITE 1011 - BOSTON, MA 02108	04-2326503	501(C)(3)	49,300.	0.			CHILDHOOD OBESITY INITIATIVE

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MAYO CLINIC 1216 2ND STREET SOUTHWEST ROCHESTER, MN 55902	41-6011702	501(C)(3)	77,393.	0.			EMERGENCY EQUIPMENT UPGRADE
MAYO CLINIC, JACKSONVILLE 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	370,578.	0.			RESEARCH
MAYO CLINIC, ROCHESTER 200 FIRST STREET SOUTHWEST ROCHESTER, MN 55905	41-6011702	501(C)(3)	335,908.	0.			RESEARCH
MCKENZIE COUNTY AMBULANCE SERVICE 317 PARK AVENUE EAST WATFORD CITY, ND 68854	45-0324908	MCKENZIE COUNTY	10,000.	0.			DEFIBRILLATORS AND MONITORS
MEDICAL CENTER OF THE ROCKIES PO BOX 2103 FORT COLLINS, CO 80528	04-3730045	501(C)(3)	18,400.	0.			EMERGENCY EQUIPMENT UPGRADE
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	4,035,984.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 303 - CHARLESTON, SC 29425	57-6000722	STATE OF SC	3,339,735.	0.			RESEARCH
MEEKER MEMORIAL HOSPITAL 612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 55355	16-1738379	501(C)(3)	11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
MEMORIAL HOSPITAL OF CARBON COUNTY 2221 WEST ELM STREET RAWLINS, WY 82301	83-6000025		25,310.	0.			EMERGENCY EQUIPMENT UPGRADE

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MEMORIAL HOSPITAL OF CONVERSE COUNTY EMS - 111 SOUTH 5TH STREET - DOUGLAS, WY 82633	83-6000097		16,250.	0.			EMERGENCY EQUIPMENT UPGRADE
MEMORIAL HOSPITAL OF SWEETWATER COUNTY - 1200 COLLEGE DRIVE - ROCK SPRINGS, WY 82901	83-6000295		27,260.	0.			EMERGENCY EQUIPMENT UPGRADE
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	137,946.	0.			RESEARCH
MERCY HOSPITAL OF DEVILS LAKE 1031 7TH STREET NORTHEAST DEVILS LAKE, ND 58301	45-0227012	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER - CLINTON IA 1410 NORTH 4TH STREET CLINTON, IA 52732	42-1336618	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE
MERCY MEDICAL CENTER - DUBUQUE 250 MERCY DRIVE DUBUQUE, IA 52001	42-1437483	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE
METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	46,579.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, SUITE 2 EAST LANSING, MI 48824	38-6005984	STATE OF MI	503,241.	0.			RESEARCH
MICHIGAN TECHNOLOGICAL UNIVERSITY, HOUGHTON - 1400 TOWNSEND DRIVE - HOUGHTON, MI 49931	38-6005955	STATE OF MI	23,290.	0.			RESEARCH

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MILES CITY FIRE RESCUE 2800 MAIN STREET MILES CITY, MT 59301	81-6001292	CITY OF MILES CI	24,713.	0.			DEFIBRILLATORS AND MONITORS
MILLS FIRE DEPARTMENT 300 LAKEVIEW DRIVE MILLS, WY 82604	83-6000080		12,990.	0.			DEFIBRILLATORS AND MONITORS
MINDEN FIRE DEPARTMENT 325 NORTH COLORADO MINDEN, NE 68959	47-6006282	CITY OF MINDEN	25,467.	0.			DEFIBRILLATORS AND MONITORS
MINNESOTA LAKE AMBULANCE SERVICE PO BOX 98 MINNESOTA LAKE, MN 56068	41-6005378	CITY OF MINNESOT	21,167.	0.			DEFIBRILLATORS AND MONITORS
MINNESOTA VALLEY HEALTH CENTER 621 SOUTH 4TH STREET LE SUEUR, MN 56058	41-0837659	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
MISSION VALLEY AMBULANCE PO BOX 535 SAINT IGNATIUS, MT 59865	81-0442928		24,748.	0.			DEFIBRILLATORS AND MONITORS
MISSOULA EMERGENCY SERVICES INC. 1070 RIVER WALK DRIVE, SUITE 252 IDAHO FALLS, ID 83402	81-0486424		24,842.	0.			DEFIBRILLATORS AND MONITORS
MISSOULA RURAL FIRE DISTRICT 2521 SOUTH AVENUE WEST MISSOULA, MT 59804	81-0386669		24,931.	0.			DEFIBRILLATORS AND MONITORS
MITCHELL VOLUNTEER FIRE DEPARTMENT 1145 CENTER AVENUE MITCHELL, NE 69357	47-6006283	CITY OF MITCHELL	22,967.	0.			DEFIBRILLATORS AND MONITORS

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MONTANA STATE UNIVERSITY, BOZEMAN PO BOX 172470 BOZEMAN, MT 59717	81-6010045	STATE OF MT	275,893.	0.			RESEARCH
MONTGOMERY AREA EMERGENCY MEDICAL SERVICE - 201 ASH AVENUE SOUTHWEST - MONTGOMERY, MN 56069		CITY OF MONTGOME	22,982.	0.			DEFIBRILLATORS AND MONITORS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SOUTHWEST ATLANTA, GA 30310	58-1438873	501(C)(3)	1,165,016.	0.			RESEARCH
MORGAN AMBULANCE SERVICE PO BOX 27 MORGAN, MN 56266	41-6005383	CITY OF MORGAN	22,982.	0.			DEFIBRILLATORS AND MONITORS
MORTIMORE AMBULANCE SERVICE 620 ARAPAHOE STREET THERMOPOLIS, WY 82443	83-0221354		9,820.	0.			DEFIBRILLATORS AND MONITORS
NAACP SOUTHEAST REGION PO BOX 5778 HUNTSVILLE, AL 35814	13-1084135	501(C)(3)	11,200.	0.			CHILDHOOD OBESITY INITIATIVE
NAPOLEON AMBULANCE SERVICE PO BOX 247 NAPOLEON, ND 58561	51-0172587	501(C)(3)	10,000.	0.			DEFIBRILLATORS AND MONITORS
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	125,406.	0.			RESEARCH
NATIONAL PARK SERVICE YELLOWSTONE NATIONAL PARK YELLOWSTONE, WY 82190	53-0197094	FEDERAL GOV'T	16,480.	0.			DEFIBRILLATORS AND MONITORS

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NATIONAL REHABILITATION HOSPITAL 102 IRVING STREET NORTHWEST WASHINGTON, DC 20010	52-1369749	501(C)(3)	44,788.	0.			RESEARCH
NATIONWIDE CHILDREN'S HOSPITAL PO BOX 715245 COLUMBUS, OH 43271	31-6056230	501(C)(3)	119,135.	0.			RESEARCH
NATRONA COUNTY FIRE PROTECTION DISTRICT - PO BOX 820 - MILLS, WY 82644	83-0303845		14,575.	0.			DEFIBRILLATORS AND MONITORS
NEBRASKA CITY FIRE RESCUE 1409 CENTRAL AVENUE NEBRASKA CITY, NE 68410	47-6006287	CITY OF NEBRASKA	25,532.	0.			DEFIBRILLATORS AND MONITORS
NEMAHA COUNTY HOSPITAL 2022 13TH STREET AUBURN, NE 68305	47-0748056	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
NEW YORK CITY COALITION AGAINST HUNGER - 50 BROAD STREET, SUITE 1520 - NEW YORK, NY 10004	13-3471350	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BOULEVARD GERRY HOUSE, SU OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	275,893.	0.			RESEARCH
NEW YORK UNIVERSITY 700 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	13-5562309	501(C)(3)	451,909.	0.			RESEARCH
NEW YORK UNIVERSITY MEDICAL CENTER 700 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	13-5562308	501(C)(3)	177,360.	0.			RESEARCH

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NIOBRARA HEALTH AND LIFE CENTER PO BOX 780 LUSK, WY 82225	87-0725536		7,500.	0.			EMERGENCY EQUIPMENT UPGRADE
NORTH BIG HORN HOSPITAL 1115 LANE 12 LOVELL, WY 82431	83-6000891	501(C)(3)	33,685.	0.			EMERGENCY EQUIPMENT UPGRADE
NORTH CAROLINA PEDIATRIC SOCIETY INC. - 1100 WAKE FOREST ROAD, SUITE 200 - RALEIGH, NC 27604	31-1657902	501(C)(3)	187,774.	0.			CHILDHOOD OBESITY INITIATIVE
NORTH DAKOTA DEPARTMENT OF HEALTH 600 EAST BOULEVARD AVENUE, DEPARTMENT 301 - BISMARCK, ND 58505	45-0309764	STATE OF ND	114,000.	0.			ACTION REGISTRY
NORTHEAST AMBULANCE SERVICE INC. PO BOX 1 ROSHOLT, SD 57260	46-0361769	501(C)(3)	10,000.	0.			DEFIBRILLATORS AND MONITORS
NORTHEAST OHIO MEDICAL UNIVERSITY 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272	34-1131512	STATE OF OH	46,579.	0.			RESEARCH
NORTHERN ARAPAHO TRIBE PO BOX 860 FORT WASHAKIE, WY 82514	83-0254253		25,000.	0.			DEFIBRILLATORS AND MONITORS
NORTHERN CHEYENNE TRIBE PO BOX 128 LAME DEER, MT 59043	81-0432358	CHEYENNE NATION	24,807.	0.			DEFIBRILLATORS AND MONITORS
NORTHWEST IOWA HOSPITAL CORPORATION - 2720 STONE PARK BOULEVARD - SIOUX CITY, IA 51104	42-1019872	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE

Schedule I (Form 990)

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

(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
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	8,000.	0.			HOSPITAL ACCREDITATION
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	3,435,918.	0.			RESEARCH
OMRF (OKLAHOMA MEDICAL RESEARCH FOUNDATION) - 825 NORTHEAST 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	982,809.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY, PORTLAND - 690 SOUTHWEST BANCROFT STREET - PORTLAND, OR 97239	93-1176109	STATE OF OR	421,005.	0.			RESEARCH
ORGANIZING PEOPLE ACTIVATING LEADERS - 2407 SOUTHEAST 49TH AVENUE - PORTLAND, OR 97206	20-2782595	501(C)(3)	9,464.	0.			CHILDHOOD OBESITY INITIATIVE
ORTONVILLE AMBULANCE SERVICE 209 SOUTH HIGHWAY 9, PO BOX 231 MORRIS, MN 56267	27-1504752	CITY OF MORRIS	24,054.	0.			DEFIBRILLATORS AND MONITORS
PARKERS PRAIRIE COMMUNITY AMBULANCE - PO BOX 115 - PARKERS PRAIRIE, MN 56361	41-1702095	501(C)(3)	23,612.	0.			DEFIBRILLATORS AND MONITORS
PARTNERSHIP FOR A HEALTHY MISSISSIPPI - 200 PARK CIRCLE, SUITE 3 FLOWOOD, MS 39232	64-0895372	501(C)(3)	69,452.	0.			CHILDHOOD OBESITY INITIATIVE
PENDER VOLUNTEER FIRE AND RESCUE 416 MAIN STREET PENDER, NE 68047	47-6006321	CITY OF PENDER	23,426.	0.			DEFIBRILLATORS AND MONITORS

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PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK - 227 WEST BEAVER STREET, SUITE 401 - STATE COLLEGE, PA 16801	24-6000376	STATE OF PA	359,198.	0.			RESEARCH
PHELPS MEMORIAL HEALTH CENTER 1215 TIBBALS STREET HOLDREGE, NE 68949	47-0481628	501(C)(3)	25,170.	0.			EMERGENCY EQUIPMENT UPGRADE
PIEDMONT VOLUNTEER FIRE DEPARTMENT INC - PO BOX 334 - PIEDMONT, SD 57769	36-3496235	CITY OF PIEDMONT	10,000.	0.			DEFIBRILLATORS AND MONITORS
PIERCE RESCUE 106 SOUTH 1ST STREET PIERCE, NE 68767	47-6006324	CITY OF PIERCE	19,133.	0.			DEFIBRILLATORS AND MONITORS
PIPESTONE COUNTY AMBULANCE 416 SOUTH HIAWATHA AVENUE PIPESTONE, MN 56164	41-6005866	PIPESTONE COUNTY	26,440.	0.			DEFIBRILLATORS AND MONITORS
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT
POLSON AMBULANCE INC. PO BOX 838 POLSON, MT 59860	81-0540762		49,684.	0.			DEFIBRILLATORS AND MONITORS
PONCA VOLUNTEER FIRE AND RESCUE 123 WEST THIRD STREET PONCA, NE 68770	47-6006332	CITY OF PONCA	22,967.	0.			DEFIBRILLATORS AND MONITORS
POWELL COUNTY AMBULANCE SERVICE INC. - PO BOX 735 - DEER LODGE, MT 59722	81-0393942	501(C)(3)	24,940.	0.			DEFIBRILLATORS AND MONITORS

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PRAIRIE RIDGE HOSPITAL AND HEALTH SERVICES INC. - 1411 HIGHWAY 79 EAST - ELBOW LAKE, MN 56531	41-1763968	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
PRESTON EMERGENCY SERVICE 210 FILLMORE STREET WEST PRESTON, MN 55965	41-6005468	CITY OF PRESTON	27,635.	0.			DEFIBRILLATORS AND MONITORS
PRINCETON UNIVERSITY 701 CARNEGIE STREET PRINCETON, NJ 08540	21-0634501	501(C)(3)	41,205.	0.			RESEARCH
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	416,358.	0.			CHILDHOOD OBESITY INITIATIVE
PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVENUE ST PAUL, MN 55105	41-1896367	501(C)(3)	216,138.	0.			CHILDHOOD OBESITY INITIATIVE
PUBLIC HOSPITAL DISTRICT FOR BEAVERHEAD - 600 MONTANA HIGHWAY 91 SOUTH - DILLON, MT 59725	81-0357909		11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
PURDUE UNIVERSITY, WEST LAFAYETTE 155 SOUTH GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	STATE OF IN	259,769.	0.			RESEARCH
QUEENS COMMUNITY HOUSE INC. 108-25 62ND DRIVE FOREST HILLS, NY 11375	11-2375583	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT
RAPID CITY REGIONAL HOSPITAL PO BOX 6000 RAPID CITY, SD 57709	46-0319070	501(C)(3)	14,650.	0.			EMERGENCY EQUIPMENT UPGRADE

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RAYMOND AMBULANCE SERVICE PO BOX 216 RAYMOND, MN 56282	41-1248458	CITY OF RAYMOND	21,702.	0.			DEFIBRILLATORS AND MONITORS
REDWOOD AREA HOSPITAL 100 FALLWOOD ROAD REDWOOD FALLS, MN 56283	41-1420529	CITY OF REDWOOD	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
REGIONAL WEST GARDEN COUNTY 4021 AVENUE B SCOTTSBLUFF, NE 69361	39-1904975	501(C)(3)	25,581.	0.			EMERGENCY EQUIPMENT UPGRADE
REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF, NE 69361	47-0385129	501(C)(3)	42,381.	0.			EMERGENCY EQUIPMENT UPGRADE
RENVILLE COUNTY HOSPITAL AND CLINIC - 611 EAST FAIRVIEW AVENUE - OLIVIA, MN 56277	41-6005880	RENVILLE COUNTY	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	317,097.	0.			RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	437,397.	0.			RESEARCH
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	403,988.	0.			RESEARCH
RIVERTON MEMORIAL HOSPITAL LLC 2100 WEST SUNSET DRIVE RIVERTON, WY 82501	62-1762468		15,000.	0.			EMERGENCY EQUIPMENT UPGRADE

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ROCKY MOUNTAIN AMBULANCE SERVICE LLC - 731 BROADWAY STREET - SHERIDAN, WY 82801	83-0329720		14,405.	0.			DEFIBRILLATORS AND MONITORS
ROSEBUD COUNTY AMBULANCE 1165 FRONT STREET FORSYTH, MT 59327	81-6001424		24,898.	0.			DEFIBRILLATORS AND MONITORS
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET, SUITE CHICAGO, IL 60612	36-2174823	501(C)(3)	216,873.	0.			RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY RBHS - 65 DAVIDSON ROAD, SUITE 306 - PISCATAWAY, NJ 08854	46-2354111	STATE OF NJ	573,284.	0.			RESEARCH
SAINT CHARLES AMBULANCE 830 WHITEWATER AVENUE SAINT CHARLES, MN 55972	41-6005513	CITY OF SAINT CH	24,163.	0.			DEFIBRILLATORS AND MONITORS
SAINT FRANCIS MEDICAL CENTER 2620 WEST FAIDLEY AVENUE GRAND ISLAND, NE 68803	41-0695598	501(C)(3)	52,900.	0.			DEFIBRILLATORS AND MONITORS
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPANILE DRIVE - SAN DIEGO, CA 92182	95-6042721	STATE OF CA	77,035.	0.			RESEARCH
SANFORD PO BOX 5039 SIOUX FALLS, SD 57117	31-1527032	501(C)(3)	6,000.	0.			EMERGENCY EQUIPMENT UPGRADE
SANFORD BEMIDJI MEDICAL CENTER 1300 ANNE STREET NORTHWEST BEMIDJI, MN 56601	41-1266009	501(C)(3)	28,400.	0.			EMERGENCY EQUIPMENT UPGRADE

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SANFORD CANBY AMBULANCE SERVICE 112 SAINT OLAF AVENUE SOUTH CANBY, MN 56220	46-0388596	501(C)(3)	49,623.	0.			EMERGENCY EQUIPMENT UPGRADE
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	245,172.	0.			RESEARCH
SANTEE SIOUX NATION EMS 425 FRAZIER AVENUE, SUITE 2 NIOBRARA, NE 68760	47-0533471	SIOUX NATION	26,368.	0.			DEFIBRILLATORS AND MONITORS
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD. LA JOLLA, CA 92037	33-0435954	501(C)(3)	427,275.	0.			RESEARCH
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145	91-0564748	501(C)(3)	647,385.	0.			RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 SOUTH COLUMBIAN WAY - SEATTLE, WA 98108	91-1452438	501(C)(3)	125,406.	0.			RESEARCH
SHERBURN FIRE AND AMBULANCE DEPARTMENT - PO BOX 667 - SHERBURN, MN 56171	41-6005541	CITY OF SHERBURN	22,982.	0.			DEFIBRILLATORS AND MONITORS
SHERIDAN MEMORIAL HOSPITAL 1401 WEST 5TH STREET SHERIDAN, WY 82801	83-6000241		36,910.	0.			EMERGENCY EQUIPMENT UPGRADE
SIDNEY HEALTH CENTER 216 14TH AVENUE SOUTHWEST SIDNEY, MT 59270	81-0233499	501(C)(3)	36,744.	0.			DEFIBRILLATORS AND MONITORS

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SLEEPY EYE AMBULANCE 200 MAIN STREET EAST SLEEPY EYE, MN 56085	41-6005545	CITY OF SLEEPY E	27,635.	0.			DEFIBRILLATORS AND MONITORS
SOUTH BIG HORN COUNTY HOSPITAL DISTRICT - 388 US HIGHWAY 20 SOUTH - BASIN, WY 82410	83-0181409		9,305.	0.			EMERGENCY EQUIPMENT UPGRADE
SOUTH CENTRAL WYOMING EMS PO BOX 15 ELK MOUNTAIN, WY 82324	37-1582795		18,560.	0.			DEFIBRILLATORS AND MONITORS
SOUTH LINCOLN COUNTY EMS 711 ONYX STREET KEMMERER, WY 83101	83-0128950		47,222.	0.			DEFIBRILLATORS AND MONITORS
SOUTH SIOUX CITY FIRE RESCUE 1615 FIRST AVENUE SOUTH SIOUX CITY, NE 68776	47-6006363	CITY OF SOUTH SI	25,532.	0.			DEFIBRILLATORS AND MONITORS
SOUTHERN ILLINOIS UNIVERSITY 870 LINCOLN DRIVE, ROOM C227 CARBONDALE, IL 62901	37-6005961	STATE OF IL	128,093.	0.			RESEARCH
SPALDING REHABILITATION HOSPITAL CORPORATION - 300 FIRST AVENUE - BOSTON, MA 02129	04-2551124	501(C)(3)	275,893.	0.			RESEARCH
SPRING VALLEY AREA AMBULANCE SERVICE - 201 SOUTH BROADWAY - SPRING VALLEY, MN 55975	41-6005554	CITY OF SPRING V	17,114.	0.			DEFIBRILLATORS AND MONITORS
ST MARYS MEDICAL CENTER 407 EAST 3RD STREET DULUTH, MN 55805	41-0595604	CITY OF DULUTH	27,900.	0.			EMERGENCY EQUIPMENT UPGRADE

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ST. ANDREW'S HOSPITAL 316 OHMER STREET BOTTINEAU, ND 58318	45-0226426	501(C)(3)	14,778.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. CLOUD HOSPITAL 1406 6TH AVENUE NORTH ST. CLOUD, MN 56303	41-0695596	501(C)(3)	27,900.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520	41-0695598	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. JAMES AMBULANCE SERVICE 124 ARMSTRONG BOULEVARD SOUTH SAINT JAMES, MN 56081	41-6005517	CITY OF SAINT JA	24,163.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER - 30 WEST 7TH STREET - DICKINSON, ND 58601	45-0226429	501(C)(3)	11,999.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	210,411.	0.			RESEARCH
ST. LOUIS UNIVERSITY 3700 WEST PINE MALL DRIVE ST. LOUIS, MO 63108	43-0654872	501(C)(3)	320,233.	0.			RESEARCH
ST. LUKE COMMUNITY HEALTHCARE 107 6TH AVENUE SOUTHWEST RONAN, MT 59864	81-0221486	501(C)(3)	11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. LUKE'S HOSPITAL OF DULUTH 915 EAST FIRST STREET DULUTH, MN 55805	41-0714079	501(C)(3)	28,400.	0.			EMERGENCY EQUIPMENT UPGRADE

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ST. MARKS HOSPITAL 1200 EAST 3900 SOUTH SALT LAKE CITY, UT 84124	62-1650573		18,400.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. MARY MEDICAL CENTER 3333 NORTH SEMINARY STREET PEORIA, IL 61401	37-0662581	CITY OF PEORIA	18,500.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. PATRICK HOSPITAL FOUNDATION 500 WEST BROADWAY STREET MISSOULA, MT 59802	23-7056976		89,896.	0.			EMERGENCY EQUIPMENT UPGRADE
ST. THOMAS RUTHERFORD HOSPITAL 102 WOODMONT BOULEVARD, SUITE 800 NASHVILLE, TN 37215	62-0475842	501(C)(3)	5,916.	0.			ACTION REGISTRY
ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101	81-0468034	501(C)(3)	79,650.	0.			EMERGENCY EQUIPMENT UPGRADE
STANDING ROCK AMBULANCE 143 PROPOSAL AVENUE FORT YATES, ND 58538	45-0220519	SIOUX NATION	21,999.	0.			DEFIBRILLATORS AND MONITORS
STANFORD UNIVERSITY SCHOOL OF MEDICINE - PO BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	2,051,728.	0.			RESEARCH
STAR VALLEY MEDICAL CENTER 901 ADAMS STREET AFTON, WY 83110	83-0327251		6,000.	0.			EMERGENCY EQUIPMENT UPGRADE
STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	STATE OF NY	304,378.	0.			RESEARCH

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STEPHEN VOLUNTEER AMBULANCE PO BOX 630 STEPHEN, MN 56757	41-6005560	CITY OF STEPHEN	23,144.	0.			DEFIBRILLATORS AND MONITORS
STILLWATER BILLINGS CLINIC PO BOX 959 COLUMBUS, MT 59019	81-0286525		11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
SUBLETTE COUNTY RURAL HEALTH CARE PO BOX 787 BIG PINEY, WY 83113	27-1760231	501(C)(3)	26,500.	0.			EMERGENCY EQUIPMENT UPGRADE
SUPERIOR VOLUNTEER FIRE CO INC. PO BOX 189 SUPERIOR, MT 59872	81-0331365		24,713.	0.			DEFIBRILLATORS AND MONITORS
SUPERIOR VOLUNTEER RESCUE SQUAD 135 WEST 4TH STREET SUPERIOR, NE 68978	47-6006376	CITY OF SUPERIOR	9,179.	0.			DEFIBRILLATORS AND MONITORS
SUTTON VOLUNTEER RESCUE SERVICE PO BOX 688 SUTTON, NE 68979	47-6006381	CITY OF SUTTON	25,320.	0.			DEFIBRILLATORS AND MONITORS
SWEETWATER MEDICS LLC 1108 ROSEWOOD DRIVE ROCK SPRINGS, WY 82901	20-5842094		11,500.	0.			EMERGENCY EQUIPMENT UPGRADE
SWIFT COUNTY BENSON HOSPITAL 1815 WISCONSIN AVENUE BENSON, MN 56215	41-1670269	SWIFT COUNTY	11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
TELEHEALTHROBOTICS 910 SOUTH MICHIGAN AVENUE, SUITE 1 CHICAGO, IL 60605	45-0612400		20,000.	0.			INNOVATION GRANT

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TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA, PA 19172	23-1365971	501(C)(3)	1,546,074.	0.			RESEARCH
TEN SLEEP AMBULANCE 415 5TH STREET TEN SLEEP, WY 82442	83-0235655		14,405.	0.			DEFIBRILLATORS AND MONITORS
TENNESSEE OBESITY TASKFORCE 1000 CHURCH STREET NASHVILLE, TN 37203	45-4318811	501(C)(3)	43,650.	0.			CHILDHOOD OBESITY INITIATIVE
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY, SUITE COLLEGE STATION, TX 77845	74-6000541	STATE OF TX	250,781.	0.			RESEARCH
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY, SUITE 300 - COLLEGE STATION, TX 77845	74-2907553	STATE OF TX	125,406.	0.			RESEARCH
TEXAS HEART INSTITUTE 6700 BERTNER STREET, SUITE C550 HOUSTON, TX 77030	74-6053200	501(C)(3)	416,525.	0.			RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER - 3601 4TH STREET - LUBBOCK, TX 79430	75-2668104	STATE OF TX	166,679.	0.			RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, AMARILLO - 1400 SOUTH COULTER STREET - AMARILLO, TX 79106	75-6002622	STATE OF TX	44,788.	0.			RESEARCH
THE BRIGHAM AND WOMENS HOSPITAL INC. - 75 FRANCIS STREET - BOSTON, MA 02115	04-2312909	501(C)(3)	11,500.	0.			COMMUNITY IMPACT GRANT

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THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD, 5TH FLOOR - WESTBURY, NY 11590	11-2673595	501(C)(3)	177,360.	0.			RESEARCH
THE FINLEY HOSPITAL 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	42-0680354	501(C)(3)	53,400.	0.			EMERGENCY EQUIPMENT UPGRADE
THE FOOD TRUST 1617 JFK BOULEVARD, STE 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	75,594.	0.			CHILDHOOD OBESITY INITIATIVE
THE GRADUATE CENTER FOUNDATION INC. - 365 FIFTH AVENUE - NEW YORK, NY 10016	13-3219419	501(C)(3)	41,205.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OH	1,013,454.	0.			RESEARCH
THE PEW CHARITABLE TRUSTS 2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19103	56-2307147	501(C)(3)	406,970.	0.			CHILDHOOD OBESITY INITIATIVE
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	84,738.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADLEPHIA, PA 19107	23-1352651	501(C)(3)	311,723.	0.			RESEARCH
THREE FORKS AREA AMBULANCE SERVICE PO BOX 911 THREE FORKS, MT 59752	81-0453741	501(C)(3)	24,842.	0.			DEFIBRILLATORS AND MONITORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE MILE FIRE DISTRICT 1064 3 MILE CREEK ROAD STEVENSVILLE, MT 59870	84-1432459		24,992.	0.			DEFIBRILLATORS AND MONITORS
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	98,323.	0.			CHILDHOOD OBESITY INITIATIVE
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	33,504.	0.			ANTI-TOBACCO ADVOCACY
TOBACCO FREE KIDS ACTION FUND 1400 I STREET NORTHWEST, SUITE 1200 - WASHINGTON, DC 20005	52-1974904	501(C)(3)	187,500.	0.			ANTI-TOBACCO ADVOCACY
TORRINGTON AMBULANCE SERVICE PO BOX 250 TORRINGTON, WY 82240	83-6000118		17,146.	0.			DEFIBRILLATORS AND MONITORS
TOWN OF PINE BLUFFS EMS 220 MAIN STREET PINE BLUFFS, WY 82082	83-6000083		6,860.	0.			DEFIBRILLATORS AND MONITORS
TRINITY HOSPITALS PO BOX 5020 MINOT, ND 58701	41-2002771	501(C)(3)	27,455.	0.			EMERGENCY EQUIPMENT UPGRADE
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	78,468.	0.			RESEARCH
TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	177,360.	0.			RESEARCH

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TULANE UNIVERSITY, NEW ORLEANS 800 EAST COMMERCE ROAD, SUITE 203 HARAHAN, LA 70123	72-0423889	501(C)(3)	259,260.	0.			RESEARCH
TYLER HEALTHCARE CENTER INC 240 WILLOW STREET TYLER, MN 56178	41-0853163	501(C)(3)	25,720.	0.			EMERGENCY EQUIPMENT UPGRADE
UNITED HOSPITAL DISTRICT AMBULANCE SERVICES - 515 SOUTH MOORE STREET - BLUE EARTH, MN 56013	41-0910520	CITY OF BLUE EAR	22,737.	0.			DEFIBRILLATORS AND MONITORS
UNIVERSITY OF AKRON 302 BUCHTEL AVENUE AKRON, OH 44325	34-6002924	STATE OF OH	137,946.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	6,513,946.	0.			RESEARCH
UNIVERSITY OF ALASKA AT FAIRBANKS PO BOX 757880 FAIRBANKS, AK 99775	92-6000147	STATE OF AK	77,035.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	STATE OF AZ	336,722.	0.			RESEARCH
UNIVERSITY OF ARKANSAS 305 ADMINISTRATION BUILDING FAYETTEVILLE, AR 72701	71-6003252	STATE OF AR	46,579.	0.			RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM STREET, SUITE 560 - LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	250,812.	0.			RESEARCH

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UNIVERSITY OF CALIFORNIA, BERKELEY 2195 HEARST AVENUE, SUITE 130 BERKELEY, CA 94720	94-6002123	STATE OF CA	214,981.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	STATE OF CA	1,249,567.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, IRVINE 260 ALDRICH HALL IRVINE, CA 92697	95-2226406	STATE OF CA	175,568.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	STATE OF CA	1,184,189.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	STATE OF CA	1,698,890.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	1,473,249.	0.			RESEARCH
UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32726	59-2924021	STATE OF FL	134,363.	0.			RESEARCH
UNIVERSITY OF CHICAGO 1427 EAST 60TH STREET CHICAGO, IL 60637	36-2177139	501(C)(3)	361,341.	0.			RESEARCH
UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	STATE OF OH	657,159.	0.			RESEARCH

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UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 80291	84-6000555	STATE OF CO	4,073,776.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXTENSION, UNIT 1 STORRS, CT 06269	06-0772160	501(C)(3)	277,925.	0.			CHILDHOOD OBESITY INITIATIVE
UNIVERSITY OF CONNECTICUT, FARMINGTON - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030	52-1725543	STATE OF CT	680,273.	0.			RESEARCH
UNIVERSITY OF FLORIDA, GAINESVILLE 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	574,810.	0.			RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. - 324 BUSINESS SERVICES STREET - ATHENS, GA 30602	58-1353149	501(C)(3)	180,943.	0.			RESEARCH
UNIVERSITY OF GEORGIA, ATHENS 475 NORTH LUMPKIN STREET ATHENS, GA 30601	58-6001998	STATE OF GA	141,264.	0.			RESEARCH
UNIVERSITY OF HAWAII 2600 CAMPUS ROAD HONOLULU, HI 96822	99-6000354	STATE OF HI	22,394.	0.			RESEARCH
UNIVERSITY OF HOUSTON, HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77004	74-6001399	STATE OF TX	125,406.	0.			RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	STATE OF IL	1,835,256.	0.			RESEARCH

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UNIVERSITY OF IOWA 125 NORTH MADISON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IA	70,000.	0.			RESEARCH
UNIVERSITY OF IOWA, IOWA CITY 125 NORTH MADISON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IA	5,377,167.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1108830	STATE OF KS	128,093.	0.			RESEARCH
UNIVERSITY OF KENTUCKY PO BOX 931113 CLEVELAND, OH 44193	61-6033693	STATE OF KY	357,406.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE 2301 SOUTH 3RD STREET LOUISVILLE, KY 40292	61-1029626	STATE OF KY	567,636.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	STATE OF MD	1,689,372.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	STATE OF MA	446,265.	0.			RESEARCH
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	847,834.	0.			RESEARCH
UNIVERSITY OF MICHIGAN MEDICAL CENTER - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	STATE OF MI	1,935,578.	0.			RESEARCH

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UNIVERSITY OF MINNESOTA 200 OAK STREET SOUTHEAST MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	1,781,844.	0.			RESEARCH
UNIVERSITY OF MISSISSIPPI, JACKSON 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	STATE OF MS	483,629.	0.			RESEARCH
UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MO	747,508.	0.			RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA - 985100 NEBRASKA MEDICAL CENTER DRIVE - OMAHA, NE 68198	47-0049123	STATE OF NE	550,313.	0.			RESEARCH
UNIVERSITY OF NEVADA 1664 NORTH VIRGINIA STREET RENO, NV 89557	88-6000024	STATE OF NV	77,035.	0.			RESEARCH
UNIVERSITY OF NEW MEXICO - HEALTH SCIENCES CENTER - 1 UNIVERSITY OF NEW MEXICO DRIVE - ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	752,435.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 104 AIRPORT DRIVE, STE 2200 - CHAPEL HILL, NC 27599	56-6001393	STATE OF NC	2,113,983.	0.			RESEARCH
UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DRIVE GRAND FORKS, ND 58202	45-6002491	STATE OF ND	128,093.	0.			RESEARCH
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, FORT WORTH - 3500 CAMP BOWIE BOULEVARD - FORT WORTH, TX 76107	75-6064033	STATE OF TX	138,552.	0.			RESEARCH

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UNIVERSITY OF NOTRE DAME 836 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	46,579.	0.			RESEARCH
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 1100 NORTH LINDSAY STREET - OKLAHOMA CITY, OK 73104	73-6017987	501(C)(3)	669,011.	0.			RESEARCH
UNIVERSITY OF OREGON, EUGENE 5219 UNIVERSITY OF OREGON DRIVE EUGENE, OR 97403	48-1278531	STATE OF OR	214,981.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	300,000.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	2,727,576.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	1,426,679.	0.			RESEARCH
UNIVERSITY OF ROCHESTER MEDICAL CENTER - 910 GENESEE STREET - ROCHESTER, NY 14611	16-0743209	501(C)(3)	664,830.	0.			RESEARCH
UNIVERSITY OF SOUTH ALABAMA, MOBILE - 307 UNIVERSITY BOULEVARD - MOBILE, AL 36688	63-0477348	STATE OF AL	274,638.	0.			RESEARCH
UNIVERSITY OF SOUTH CAROLINA, COLUMBIA - 1600 HAMPTON STREET, SUITE 612 - COLUMBIA, SC 29208	57-6001153	STATE OF SC	551,785.	0.			RESEARCH

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UNIVERSITY OF SOUTH FLORIDA, TAMPA PO BOX 864568 ORLANDO, FL 32886	59-3102112	STATE OF FL	1,129,756.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 900 WEST 34TH STREET LOS ANGELES, CA 90074	95-1642394	501(C)(3)	662,698.	0.			RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER MEMPHIS - 62 SOUTH DUNLAP STREET, SUITE 300 - MEMPHIS, TN 38163	62-6001636	STATE OF TN	677,191.	0.			RESEARCH
UNIVERSITY OF TEXAS 101 EAST 27TH STREET AUSTIN, TX 78713	74-6000203	STATE OF TX	401,299.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303	74-1761309	STATE OF TX	1,393,283.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	STATE OF TX	1,505,288.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - 11937 US HIGHWAY 271 - TYLER, TX 75708	75-6001354	STATE OF TX	250,812.	0.			RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4486 - HOUSTON, TX 77210	74-6001118	STATE OF TX	125,406.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120 DALLAS, TX 75266	74-6000949	STATE OF TX	263,273.	0.			RESEARCH

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UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - PO BOX 841753 - DALLAS, TX 75284	75-6002868	STATE OF TX	807,436.	0.			RESEARCH
UNIVERSITY OF TEXAS, ARLINGTON 219 WEST MAIN STREET ARLINGTON, TX 76019	75-6000121	STATE OF TX	125,406.	0.			RESEARCH
UNIVERSITY OF TEXAS, DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	STATE OF TX	22,394.	0.			RESEARCH
UNIVERSITY OF TEXAS, SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	STATE OF TX	46,579.	0.			RESEARCH
UNIVERSITY OF TEXAS, TYLER 3900 UNIVERSITY BOULEVARD TYLER, TX 75799	75-1396988	STATE OF TX	125,406.	0.			RESEARCH
UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS - PO BOX 72327 - CLEVELAND, OH 44192	34-6401483	STATE OF OH	93,159.	0.			RESEARCH
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE, SUITE 408 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	628,820.	0.			RESEARCH
UNIVERSITY OF UTAH HEALTHCARE 540 ARAPEEN DRIVE, SUITE 250 SALT LAKE CITY, UT 84108	87-6000525	501(C)(3)	14,650.	0.			EMERGENCY EQUIPMENT UPGRADE
UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE - PO BOX 400195 - CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VA	1,331,989.	0.			RESEARCH

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UNIVERSITY OF WASHING ROC CLINICAL TRIAL CENTER - 1107 NORTHEAST 45TH STREET, SUITE 505 - SEATTLE, WA 98105	91-6001537	501(C)(3)	500,000.	0.			OUTCOME DATABASE REGISTRY
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	STATE OF WA	1,606,986.	0.			RESEARCH
UNIVERSITY OF WISCONSIN, MADISON 21 NORTH PARK STREET MADISON, WI 53715	39-6006492	STATE OF WI	1,029,725.	0.			RESEARCH
UNIVERSITY OF WYOMING 1000 EAST UNIVERSITY AVENUE LARAMIE, WY 82071	83-6000331	STATE OF WY	125,406.	0.			RESEARCH
UPSTREAM PUBLIC HEALTH 240 NORTH BROADWAY, SUITE 215 PORTLAND, OR 97227	42-1579435	501(C)(3)	114,681.	0.			CHILDHOOD OBESITY INITIATIVE
VALLEY AMBULANCE SERVICES INC 422 SOUTH BELTLINE HIGHWAY EAST SCOTTSBLUFF, NE 69361	47-0555059	CITY OF SCOTTSBL	26,331.	0.			DEFIBRILLATORS AND MONITORS
VALLEY COUNTY AMBULANCE 125 SOUTH 15TH STREET ORD, NE 68862	47-6006515		25,467.	0.			DEFIBRILLATORS AND MONITORS
VALLEY COUNTY HEALTH SYSTEM 2707 L STREET ORD, NE 68862	47-0485275	501(C)(3)	11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
VANDERBILT UNIVERSITY 1400 18TH AVENUE SOUTH NASHVILLE, TN 31192	62-0476822	501(C)(3)	2,183,813.	0.			RESEARCH

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VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND - PO BOX 843039 - RICHMOND, VA 23284	54-6001758	STATE OF VA	137,946.	0.			RESEARCH
VIRGINIA POLYTECHNIC INSTITUTE 300 TURNER STREET NORTHWEST BLACKSBURG, VA 24061	54-6001805	STATE OF VA	452,357.	0.			RESEARCH
VOICES FOR ALABAMA'S CHILDREN PO BOX 4576 MONTGOMERY, AL 36103	58-2020321	501(C)(3)	321,616.	0.			CHILDHOOD OBESITY INITIATIVE
WAKE FOREST UNIVERSITY MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	458,450.	0.			RESEARCH
WARROAD RESCUE UNIT 121 MAIN AVENUE NORTHEAST WARROAD, MN 56763	41-6005618		27,663.	0.			DEFIBRILLATORS AND MONITORS
WASHINGTON UNIVERSITY, SCHOOL OF MEDICINE - 700 ROSEDALE AVENUE - ST. LOUIS, MO 63112	43-0653611	501(C)(3)	534,655.	0.			RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD STREET, 13TH FLOOR DETROIT, MI 48202	38-6028429	STATE OF MI	387,658.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)(3)	292,733.	0.			RESEARCH
WELLS COMMUNITY AMBULANCE SERVICE 35 WEST FRANKLIN PO BOX 2 WELLS, MN 56097	41-1757045		26,440.	0.			DEFIBRILLATORS AND MONITORS

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WEST PARK HOSPITAL DISTRICT 707 SHERIDAN AVENUE CODY, WY 82414	83-0321641	501(C)(3)	17,067.	0.			DEFIBRILLATORS AND MONITORS
WESTBROOK AMBULANCE SERVICE PO BOX 367 WESTBROOK, MN 56183	41-6005636		26,440.	0.			DEFIBRILLATORS AND MONITORS
WIDENER UNIVERSITY 1 UNIVERSITY PLACE CHESTER, PA 19013	23-1386178	501(C)(3)	118,240.	0.			RESEARCH
WINNEBAGO TRIBAL PO BOX 687 WINNEBAGO, NE 68071	47-0489118		25,170.	0.			DEFIBRILLATORS AND MONITORS
WINONA HEALTH SERVICES PO BOX 5600 WINONA, MN 55987	41-0713914		11,996.	0.			EMERGENCY EQUIPMENT UPGRADE
WINTHROP-UNIVERSITY HOSPITAL ASSOCIATION - 259 1ST STREET - MINEOLA, NY 11501	11-1633486	501(C)(3)	177,360.	0.			RESEARCH
WOLSEY EMS ASSOCIATION INC PO BOX 336 WOLSEY, SD 57384	47-1282792		24,793.	0.			DEFIBRILLATORS AND MONITORS
WORDEN FIRE DEPARTMENT PO BOX 369 WORDEN, MT 59088	23-7050486	CITY OF WORDEN	23,525.	0.			DEFIBRILLATORS AND MONITORS
WRIGHT STATE UNIVERSITY, DAYTON 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	STATE OF OH	161,236.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING MEDICAL CENTER AMBULANCE 1233 EAST 2ND STREET CASPER, WY 82601	83-0279242	501(C)(3)	40,475.	0.			DEFIBRILLATORS AND MONITORS
YALE UNIVERSITY 309 EDWARDS STREET NEW HAVEN, CT 06511	06-0646973	501(C)(3)	1,539,528.	0.			RESEARCH AND CHILDHOOD OBESITY INITIATIVE
YMCA OF GREATER BOSTON INC. 316 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103551	501(C)(3)	25,000.	0.			COMMUNITY IMPACT GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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
LECURE HONORARIA	10	12,500.	0.		
TRAVEL STIPENDS TO SCIENTIFIC CONFERENCES	73	45,475.	0.		
INVESTIGATOR AND SCIENCE RESEARCH PRIZES	223	214,023.	0.		
STUDENT SCHOLARSHIPS	66	151,250.	0.		

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

PART I, LINE 2:

RESEARCH GRANTS ARE AWARDED BY THE AMERICAN HEART ASSOCIATION ANNUALLY AND
PAID TO THE GRANTEE'S INSTITUTION QUARTERLY OVER THE MULTI-YEAR LIFE OF THE
AWARD. GRANTEES ARE REQUIRED TO SUBMIT REPORTS OF SCIENTIFIC PROGRESS
ANNUALLY PRIOR TO ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. THESE REPORTS
MAY BE REVIEWED BY VOLUNTEER COMMITTEES COMPRISED PRIMARILY OF ACTIVE AND
EXPERIENCED RESEARCHERS. AN ANNUAL FINANCIAL REPORT IS REQUIRED PRIOR TO
ISSUING EACH SUBSEQUENT YEAR'S PAYMENTS. FINANCIAL REPORTS ARE REQUIRED TO
BE FILED WITHIN 90 DAYS OF THE END OF EACH GRANT YEAR AND ARE REVIEWED BY

Part IV Supplemental Information

AHA.

PART I, LINE 2

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

ASSOCIATION RESEARCH AWARDS MUST BE LIMITED TO NON-PROFIT INSTITUTIONS.

SUCH INSTITUTIONS INCLUDE: MEDICAL, OSTEOPATHIC AND DENTAL SCHOOLS, VETERINARY SCHOOLS, SCHOOLS OF PUBLIC HEALTH, PHARMACY SCHOOLS, NURSING SCHOOLS, UNIVERSITIES AND COLLEGES, PUBLIC AND VOLUNTARY HOSPITALS AND

OTHER NON-PROFIT INSTITUTIONS THAT CAN DEMONSTRATE THE ABILITY TO CONDUCT THE PROPOSED RESEARCH. APPLICATIONS WILL NOT BE ACCEPTED FOR WORK WITH FUNDING TO BE ADMINISTERED THROUGH ANY FEDERAL INSTITUTION OR

WORK TO BE PERFORMED BY A FEDERAL EMPLOYEE WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION EMPLOYEES. THE RESEARCH COMMITTEE SHOULD

SCRUTINIZE THE AVAILABLE RESOURCES AS THEY RELATE TO LOCAL, STATE OR NATIONAL NEEDS.

INDIVIDUAL ELIGIBILITY FOR AWARDS

THE PRINCIPAL INVESTIGATOR MUST HOLD A DOCTORAL OR APPROPRIATE ADVANCED DEGREE AT THE TIME THE AWARD IS ACTIVATED FOR FELLOWSHIPS AND, FOR

GRANTS, AT THE TIME OF APPLICATION. EXCEPTIONS MUST BE DOCUMENTED IN WRITING BY THE RESEARCH COMMITTEE OF REFERENCE AND APPROVED BY THE AHA RESEARCH COMMITTEE.

THE BASIC REQUIREMENTS OF ELIGIBILITY FOR ALL AMERICAN HEART ASSOCIATION RESEARCH PROGRAMS, NATIONAL CENTER OR AFFILIATE ARE GIVEN

Part IV Supplemental Information

BELOW.

PREDOCTORAL FELLOWSHIPS

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

POSTDOCTORAL FELLOWSHIPS

INDIVIDUALS WHO HAVE OBTAINED A PH.D., M.D., D.O. OR EQUIVALENT DEGREE BY THE TIME OF AWARD ACTIVATION AND WHO SEEK ADDITIONAL RESEARCH TRAINING UNDER THE SUPERVISION OF A SPONSOR/PRECEPTOR/MENTOR PRIOR TO EMBARKING ON A CAREER OF INDEPENDENT RESEARCH. THIS AWARD IS NOT INTENDED FOR INDIVIDUALS OF FACULTY RANK. EXCEPTION: MD'S OR MD/PHD'S WITH CLINICAL RESPONSIBILITIES WHO NEED INSTRUCTOR OR SIMILAR TITLE TO SEE PATIENTS, BUT WHO DEVOTE AT LEAST 80% FULL-TIME TO RESEARCH TRAINING.

MENTORED CLINICAL & POPULATION RESEARCH AWARD

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,

Part IV Supplemental Information

PO1); CERTAIN AHA AWARDS (BGIA, SDG, EIA, GIA); OR AN AWARD EQUIVALENT

TO THE ABOVE (AN INDEPENDENT INVESTIGATOR AWARD). INTERDISCIPLINARY

RESEARCH TEAMS ARE ELIGIBLE. ALL PRINCIPAL INVESTIGATORS MUST ALSO

IDENTIFY A MENTOR WITH AN EARNED DOCTORATE AND A TRACK RECORD OF HIGH

QUALITY CLINICAL INVESTIGATION.

NATIONAL FELLOW-TO-FACULTY TRANSITION AWARD

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

M.D./PHD., D.O. OR EQUIVALENT DOCTORAL DEGREE AND WHO SEEK ADDITIONAL

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

EMBARCKING 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.)

Part IV Supplemental Information

THE MENTOR MAY HOLD AN M.D., PH.D., D.O. OR OTHER EQUIVALENT DEGREE.

BECAUSE OF THE STRONG MENTORING COMPONENT OF THIS AWARD AND THE IMPORTANCE OF DEVELOPING A MEANINGFUL RELATIONSHIP BETWEEN AWARDEE AND MENTOR, AN INDIVIDUAL MENTOR MAY SPONSOR ONLY ONE APPLICANT TO THE PROGRAM PER YEAR.

BEGINNING GRANT-IN-AID

FACULTY/STAFF MEMBERS INITIATING INDEPENDENT RESEARCH CAREERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT ACTIVATION, APPLICANTS MUST HOLD A FACULTY/STAFF RANK UP TO AND INCLUDING ASSISTANT PROFESSOR (OR EQUIVALENT).

SCIENTIST DEVELOPMENT GRANT

INDIVIDUALS INITIATING INDEPENDENT RESEARCH CAREERS. AT APPLICATION, APPLICANTS MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT ACTIVATION, APPLICANT MUST HOLD A FACULTY/STAFF POSITION. APPLICANT'S FACULTY RANK SHALL BE UP TO AND INCLUDING ASSISTANT PROFESSOR (OR EQUIVALENT) AT APPLICATION. APPLICATIONS MAY BE SUBMITTED IN THE FINAL YEAR OF A POSTDOCTORAL RESEARCH FELLOWSHIP OR IN THE INITIAL YEARS OF THE INDEPENDENT RESEARCH CAREER.

AT TIME OF AWARD ACTIVATION, NO MORE THAN FOUR YEARS WILL HAVE ELAPSED SINCE APPLICANT'S FIRST FULL-TIME FACULTY/STAFF APPOINTMENT AT THE

Part IV Supplemental Information

LEVEL OF ASSISTANT PROFESSOR OR ITS EQUIVALENT. A PIVOTAL REQUIREMENT

IS THE DEMONSTRATION THAT THE AWARD WILL PROMOTE INDEPENDENT STATUS FOR

THE APPLICANT. APPLICANT SHALL HAVE RECEIVED NO PRIOR NATIONAL-LEVEL

GRANT AS OF TIME OF SCIENTIST DEVELOPMENT GRANT ACTIVATION.

ESTABLISHED INVESTIGATOR AWARD

AT TIME OF APPLICATION, FACULTY/STAFF MEMBERS AT THE MID-LEVEL STAGES

OF THEIR INDEPENDENT RESEARCH CAREERS. AT APPLICATION, APPLICANTS MUST

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

INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. AT THE TIME OF AWARD

ACTIVATION, THE INVESTIGATOR MUST BE AT LEAST FOUR (4) YEARS BUT NO

MORE THAN NINE (9) YEARS (I.E., EIGHT YEARS AND 12 MONTHS SINCE THE

FIRST FACULTY/STAFF APPOINTMENT AT THE LEVEL OF ASSISTANT PROFESSOR OR

EQUIVALENT (INCLUDING, BUT NOT LIMITED TO, RESEARCH ASSISTANT

PROFESSOR, RESEARCH SCIENTIST, STAFF SCIENTIST, ETC.) INSTRUCTOR

POSITIONS (OR EQUIVALENT POSITIONS) DO NOT COUNT TOWARD THE FOUR OR

NINE YEARS OF ELIGIBILITY.

APPLICANTS MUST HAVE CURRENT NATIONAL-LEVEL FUNDING AS PRINCIPAL

INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E.G. VA MERIT AWARD,

NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH). NIH "K" SERIES

AWARDS ARE NOT CONSIDERED EQUIVALENT TO AN R01.

GRANT-IN-AID

FACULTY/STAFF MEMBERS CONDUCTING INDEPENDENT RESEARCH AT TIME OF

APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M.D.,

Part IV Supplemental Information

PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION.

SPECIAL AWARDS/PILOT PROGRAMS

ELIGIBILITY IS DETERMINED BY AN AFFILIATE OR THE NATIONAL CENTER BASED UPON SPECIAL LOCAL OR NATIONAL CIRCUMSTANCES. THE FUNDING COMPONENT MUST REQUEST AND RECEIVE APPROVAL FROM THE AHA RESEARCH COMMITTEE TO DEVELOP AND IMPLEMENT A PILOT RESEARCH PROGRAM FOR A LIMITED PERIOD OF TIME.

AFFILIATE SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP

TO BE ELIGIBLE FOR THIS PROGRAM, UNDERGRADUATE STUDENTS SHOULD BE CURRENTLY CLASSIFIED AT THE JUNIOR OR SENIOR ACADEMIC STATUS AT THE TIME OF AWARD ACTIVATION. STUDENTS MUST BE ENROLLED FULL-TIME IN AN UNDERGRADUATE DEGREE PROGRAM, AT THE TIME OF APPLICATION, IN EITHER A FOUR-YEAR COLLEGE OR UNIVERSITY, OR A TWO-YEAR INSTITUTION WITH PLANS TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY BY THE FALL SEMESTER IMMEDIATELY FOLLOWING THE SUMMER PROGRAM. STUDENTS MAY EITHER BE ATTENDING AN INSTITUTION WITHIN THE AFFILIATE, OR BE A RESIDENT OF ONE OF THESE STATES.

AFFILIATE MEDICAL STUDENT RESEARCH PROGRAM - 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

Part IV Supplemental Information

TARGETS PRE-DOCTORAL M.D., D.O., D.D.S., PHARM.D. AND D.V.M. (OR EQUIVALENT) 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 MD BUT ARE ENROLLED IN AN MD PROGRAM, HEALTHCARE PROFESSIONALS WITH DOCTORAL DEGREES, PH.D., D.O., D.D.S., PHARM.D. AND D.V.M. (OR EQUIVALENT) IN AN MD PROGRAM WHO SEEK RESEARCH TRAINING WITH A SPONSOR/MENTOR PRIOR TO EMBARKING ON A RESEARCH CAREER.

SCHEDULE I, PART IV - CONTINUED

NATIONAL INNOVATIVE RESEARCH GRANT

ALL LEVELS OF FACULTY/STAFF MEMBERS CONDUCTING RESEARCH AT TIME OF APPLICATION. AT APPLICATION, PRINCIPAL INVESTIGATOR MUST HOLD AN M.D., PH.D., D.O. OR EQUIVALENT DOCTORAL DEGREE AND MUST MEET INSTITUTIONAL REQUIREMENTS FOR GRANT SUBMISSION. ELIGIBILITY FOR THE INNOVATIVE RESEARCH AWARD IS NOT RESTRICTED BASED UPON EXPERIENCE LEVEL OR SENIORITY. SENIORITY WILL NOT BE USED AS A CRITERION IN EVALUATING AN APPLICATION'S MERIT.

NATIONAL 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

Part IV Supplemental Information

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

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

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

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

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

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

NATIONAL MENTOR/AHA MENTEE AWARD

AT TIME OF APPLICATION, INDEPENDENT INVESTIGATORS HOLDING A

FACULTY/STAFF APPOINTMENT EQUIVALENT TO ASSOCIATE OR FULL PROFESSOR.

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

DEGREE. APPLICANTS MUST HAVE CURRENT NATIONAL-LEVEL FUNDING AS

PRINCIPAL INVESTIGATOR ON AN R01 GRANT OR ITS EQUIVALENT (E.G. VA MERIT

AWARD, NSF GRANT, OR PI ON PROGRAM PROJECT GRANT FROM NIH).

NATIONAL 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

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

Part IV Supplemental Information

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 NATIONALS HOLDING PERMANENT

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

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

CITIZENSHIP AND IMMIGRATION SERVICES) AND WHO HAVE RECEIVED

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

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

HEART ASSOCIATION CITIZENSHIP CRITERIA THROUGHOUT THE DURATION OF THE

AWARD.

THE NATIONAL CENTER 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HEART ASSOCIATION, INC.

Employer identification number
13-5613797

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY BROWN	(i)	695,571.	384,569.	32,153.	303,622.	27,512.	1,443,427.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUNDER JOSHI	(i)	385,411.	142,450.	8,492.	50,477.	13,001.	599,831.	0.
CAO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNNE DARROUZET	(i)	224,034.	62,438.	0.	27,692.	17,351.	331,515.	0.
EVP - CORP SEC/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSE MARIE ROBERTSON	(i)	433,706.	159,100.	28,538.	36,400.	10,133.	667,877.	24,058.
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MEIGHAN GIRGUS	(i)	388,719.	143,560.	4,975.	50,400.	1,201.	588,855.	0.
CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LESLIE UPTON	(i)	366,266.	135,050.	2,146.	47,405.	6,878.	557,745.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL WEAMER	(i)	450,574.	118,965.	33,303.	36,400.	18,722.	657,964.	27,451.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID MARKIEWICZ	(i)	397,598.	0.	8,000.	51,724.	12,874.	470,196.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHLEEN ROGERS	(i)	387,275.	84,056.	114,049.	50,588.	17,351.	653,319.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN HARKER	(i)	379,975.	102,297.	938.	50,038.	18,722.	551,970.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JEREMY BEAUCHAMP	(i)	293,352.	68,250.	8,000.	38,298.	17,351.	425,251.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MIDGE EPSTEIN	(i)	396,501.	111,000.	23,736.	36,400.	18,722.	586,359.	20,117.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NICOLE SAPIO	(i)	322,064.	84,988.	8,780.	41,711.	13,001.	470,544.	0.
EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN J. MEINERS	(i)	339,732.	95,183.	33.	44,192.	13,001.	492,141.	0.
EVP - ECC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GERALD JOHNSON	(i)	345,925.	87,413.	0.	6,101.	13,001.	452,440.	0.
CHIEF DIVERSITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) EDUARDO SANCHEZ	(i)	293,816.	81,169.	297.	0.	12,342.	387,624.	0.
CHIEF MEDICAL OFFICER - PREVENTION	(ii)	0.	0.	0.	0.	0.	0.	0.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ROGER SANTONE EVP - TECHNOLOGY	(i)	280,000.	74,055.	2,179.	0.	18,722.	374,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARK SCHOEBERL EVP - ADVOCACY & HEALTH QUALITY	(i)	272,535.	77,256.	2,179.	36,400.	18,722.	407,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TANYA EDWARDS SVP - FIELD CAMPAIGNS	(i)	254,421.	92,885.	2,146.	36,400.	17,351.	403,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A

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, TANYA EDWARDS, SUNDER JOSHI,

KATHLEEN ROGERS, ROGER SANTONE, MARK SCHOEBERL, 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 BY AHA WERE NOT

CAPPED. THE RETIREMENT RESTORATION PLAN SEEKS TO MAKE WHOLE, UPON A

SPECIFIED VESTING DATE, THOSE PARTICIPANTS WHOSE COMPENSATION IS SUCH

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.

THAT THE ALLOWABLE QUALIFIED RETIREMENT CONTRIBUTION IS CAPPED DURING
THEIR SERVICE TO AHA. ONCE A PARTICIPANT IS VESTED, THE RESTORATION
PLAN BALANCE (THAT ACCUMULATED OVER MANY YEARS AND INCLUDES
GAINS/LOSSES FROM THE MARKET) IS PAID OUT TO THE PARTICIPANT IN A LUMP
SUM. AFTER THE PARTICIPANT HAS PASSED HIS OR HER VESTING DATE, ANY
CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE RESTORATION PLAN IS PAID
TO THE EMPLOYEE AT THE END OF THE YEAR IN A LUMP SUM. THE PAYMENT IS
CONSIDERED EARNED INCOME WITH APPLICABLE TAXES WITHHELD. IF THE
EMPLOYEE LEAVES AHA PRIOR TO REACHING HIS OR HER VESTING DATE, THE
ACCOUNT BALANCE IS FORFEITED. DURING THE CALENDAR YEAR, SOME ELIGIBLE
PARTICIPANTS IN AHA'S RETIREMENT RESTORATION PLAN REACHED THEIR VESTING
DATE OR HAD PREVIOUSLY REACHED THEIR VESTING DATE AND RECEIVED LUMP SUM
PAYMENTS FROM THE PLAN. PREVIOUSLY VESTED, MICHAEL WEAMER RECEIVED
\$27,451, MIDGE EPSTEIN RECEIVED \$20,117 AND ROSE MARIE ROBERTSON
RECEIVED \$24,058.

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

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.

ASSOCIATION AND CREATE A SENSE OF SHARED OWNERSHIP TO ACHIEVE THE
STRATEGIC PLAN AND FURTHER THE MISSION. THE INCENTIVE PLAN IS DESIGNED
AS PART OF THE TOTAL CASH COMPENSATION PROVIDED TO THE SENIOR
EXECUTIVES. THE TOTAL CASH COMPENSATION HAS BEEN DETERMINED AS
REASONABLE BY THE COMPENSATION AND BENEFITS COMMITTEE AND OUTSIDE
INDEPENDENT COMPENSATION CONSULTANTS. THE INCENTIVE PLAN FOCUSES ON
BROAD CRITERIA, WHICH ARE QUALITATIVE IN NATURE - ASSOCIATION REVENUE
GOALS, AND A MISSION GOAL. AWARD OPPORTUNITIES FOR SENIOR MANAGEMENT
AND THE CEO RANGE FROM 0%-40% AND 0%-60%, RESPECTIVELY.

THE BOARD HAS APPROVED THE IMPLEMENTATION OF A LONG TERM INCENTIVE PLAN
FOR THE SENIOR EXECUTIVE TEAM TO ENSURE A LONG-TERM FOCUS AND THE
CONTINUED DEDICATION TO ACHIEVE KEY PRIORITIES THAT WILL HELP THE
ORGANIZATION GROW AND SERVE THE COMMUNITY IN PURSUIT OF THE MISSION.
THE LONG TERM INCENTIVE PLAN ESTABLISHES COMMON PERFORMANCE OBJECTIVES
FOR EACH PARTICIPANT TO ENSURE A UNIFIED FOCUS FOR THE SENIOR EXECUTIVE
TEAM. ALL GOALS ARE ESTABLISHED AT THE ORGANIZATION-WIDE LEVEL. THE
INCENTIVE IS BASED ON TWO CRITERIA, ASSOCIATE REVENUE GOALS AND MISSION
GOALS. AWARD OPPORTUNITIES UNDER THE LONG TERM INCENTIVE PLAN RANGE

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.

FROM 0%-15% FOR THE SENIOR EXECUTIVE TEAM AND 0% - 70% FOR THE CEO. NO

AMOUNTS HAVE BEEN PAID OR ACCRUED UNDER THE LONG TERM INCENTIVE PLAN AS

THE MEASUREMENT DATE AND/OR GOALS HAVE NOT YET OCCURED.

SCHEDULE J, PART II

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.

\$213,333 OF THE AMOUNT THAT IS REFLECTED IN SCHEDULE J, PART II, LINE

(I) COLUMN (C) IS AN ANNUALIZED ACCRUAL OF THE BOARD-APPROVED RETENTION

AGREEMENT. NO AMOUNT WAS ACTUALLY PAID TO THE CEO DURING THE YEAR UNDER

THIS AGREEMENT, AS THE TERMS OF THAT AGREEMENT HAVE NOT YET BEEN

SATISFIED.

SCHEDULE J, PART II

IN 2014, KATHLEEN ROGERS ASSUMED THE ROLE OF EVP FOR THE WESTERN STATES

AFFILIATE. SHE RECEIVED TAXABLE RELOCATION ASSISTANCE OF \$106,143.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1,161	416,861.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,350.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles	X	301	363,749.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	374	7,979,978.	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	2,111	771,831.	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AD COUNCIL AD)	X	1	70,051,533.	FAIR MARKET VALUE
26 Other (TRAVEL)	X	1,844	2,497,147.	FAIR MARKET VALUE
27 Other (RECREATION)	X	5,383	2,170,434.	FAIR MARKET VALUE
28 Other (FOOD & DRINK)	X	5,873	1,900,831.	FAIR MARKET VALUE

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) (2014)

Part II

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

PART I, OTHER TYPES OF PROPERTY:

TANGIBLE PERSONAL PROPERTY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 7497

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1307666.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

PERSONAL SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3234

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 644960.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

MISCELLANEOUS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1862

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 421937.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, LINE 32B:

THE ASSOCIATION RECEIVES THE PROCEEDS FROM THE SALE OF DONATED VEHICLES

THAT ARE RECEIVED AND PROCESSED BY INSURANCE AUTO AUCTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

AMERICAN HEART ASSOCIATION, INC.

Employer identification number

13-5613797

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

RESEARCH SUPPORT

SINCE 1949, THE AMERICAN HEART ASSOCIATION HAS FUNDED MORE THAN \$3.7

BILLION FOR PROJECTS THAT EXPLORE THE PREVENTION, DETECTION AND

TREATMENT OF CARDIOVASCULAR DISEASES AND STROKE. IN 2014-15:

- THE AHA PROVIDED MORE THAN \$133 MILLION IN FUNDING FOR NEARLY 1,000

NEW RESEARCH AWARDS.

- THE AHA ANNOUNCED THE FIRST PATHWAY GRANTEES AND CHALLENGE GRANTEES

FOR OUR CARDIOVASCULAR GENOME PHENOME STUDY. THESE ARE EXCITING STEPS

FORWARD FOR THIS GROUNDBREAKING INITIATIVE THAT IS BUILDING ON THE

STRONG LEGACIES OF THE FRAMINGHAM HEART STUDY AND THE JACKSON HEART

STUDY TO CREATE BETTER-TARGETED, SAFER AND MORE EFFECTIVE TREATMENTS IN

FIGHTING COMMON DISEASES SUCH AS ATHEROSCLEROSIS AND HYPERTENSION.

- THE AHA ALSO ANNOUNCED TWO NEW NETWORKS FOR OUR STRATEGICALLY FOCUSED

RESEARCH PLATFORM, FOCUSED ON WOMEN'S HEALTH AND HEART FAILURE. THESE

TWO NETWORKS JOIN PREVIOUSLY ANNOUNCED NETWORKS FOR PREVENTION,

DISPARITIES AND HYPERTENSION.

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

PUBLIC HEALTH

MULTICULTURAL MARKETS

THE AMERICAN HEART ASSOCIATION IS COMMITTED TO IMPROVING THE

CARDIOVASCULAR HEALTH OF EVERY MEMBER OF OUR NATION'S INCREASINGLY

DIVERSE POPULATION.

- THE AHA LAUNCHED COMMUNITY TO CLINIC, CLINIC TO COMMUNITY, AN

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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INITIATIVE FOCUSED ON HYPERTENSION IN AFRICAN-AMERICANS, WHO HAVE AN ESPECIALLY HIGH RISK OF DEVELOPING THIS KEY RISK FACTOR. THE INITIATIVE IS A COLLABORATION BETWEEN CLINICS, HEALTHCARE PROVIDERS, COMMUNITY ORGANIZATIONS, AND VOLUNTEER HEALTH MENTORS. IT HELPS PATIENTS TRACK THEIR BLOOD PRESSURE NUMBERS AND MONITOR THEM OVER TIME.

- A SCIENTIFIC STATEMENT PUBLISHED IN CIRCULATION: JOURNAL OF THE AMERICAN HEART ASSOCIATION WAS THE FIRST COMPREHENSIVE OVERVIEW OF CARDIOVASCULAR DISEASE IN HISPANICS IN THE UNITED STATES. THE REPORT EMPHASIZED THE NEED FOR CULTURALLY APPROPRIATE HEALTH CARE TO ADDRESS RISK AMONG HISPANICS.

- THE AHA WAS PROUD TO CONTRIBUTE AS A SCIENTIFIC ADVISOR FOR THE 2015 GREEN COMMUNITIES CRITERIA, WHICH PROVIDE A NATIONAL STANDARD FOR AFFORDABLE HOUSING DEVELOPERS TO PROMOTE HEALTH AND WELL-BEING THROUGH REDUCED EXPOSURE TO ENVIRONMENTAL POLLUTANTS, AND IMPROVED CONNECTIVITY TO SERVICES AND WALKABLE NEIGHBORHOODS. THE CRITERIA ALSO HARNESS THE POWER OF DESIGN TO IMPROVE RESIDENTS' HEALTH THROUGH NEW MANDATORY "ACTIVE DESIGN" REQUIREMENTS INCLUDING SIMPLE, COST-EFFECTIVE MEASURES LIKE IMPROVING STAIRWELL ACCESS AND VISIBILITY.

- THE AHA BEGAN WORKING WITH TELEMUNDO ON A NEW HEALTH AWARENESS CAMPAIGN CALLED PREVENIR ES VIVIR. THE CAMPAIGN IS DESIGNED TO HELP CONSUMERS LEARN SIMPLE STEPS TO PREVENT MAJOR CHRONIC ILLNESSES. WE'RE SERVING AS SCIENCE ADVISORS FOR CAMPAIGN CONTENT FOCUSED ON CARDIOVASCULAR DISEASES AND STROKE.

- THE AHA PRESENTED 16 SCHOLARSHIPS OF \$2,500 EACH THROUGH OUR GO RED FOR WOMEN MULTICULTURAL SCHOLARSHIP PROGRAM. THIS IS THE FOURTH CONSECUTIVE YEAR OF THIS CAMPAIGN TO SUPPORT THE CAREERS OF DIVERSE NURSING AND MEDICAL STUDENTS AND ADDRESS IMPORTANT GAPS IN TREATMENT.

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STRATEGIC ALLIANCES & PARTNERSHIPS

- IN 2014-15, THE AHA CELEBRATED ITS 30TH ANNIVERSARY OF ITS WORK WITH THE AMERICAN COLLEGE OF CARDIOLOGY PUBLISHING JOINT GUIDELINES FOR THE DIAGNOSIS AND TREATMENT OF HEART DISEASE. TO MARK THE OCCASION, THE AHA PUBLISHED A SPECIAL REPORT ON "THE EVOLUTION AND FUTURE OF OUR GUIDELINES."

- THE AHA JOINED FORCES WITH THE CHILDREN'S HEART FOUNDATION FOR A TWO-YEAR COLLABORATION THAT WILL FOCUS ON INNOVATIVE RESEARCH ON CONGENITAL HEART DEFECTS.

- THE AHA'S PARTNERSHIP WITH THE NATIONAL FOOTBALL LEAGUE CONTINUED TO MAKE A STRONG CONNECTION WITH KIDS AS WE PROMOTED THE BENEFITS OF PHYSICAL ACTIVITY THROUGH THE PLAY 60 INITIATIVE. ALSO, THE AHA DEVELOPED ENHANCEMENTS TO THE PLAY 60 APP, WHICH BECAME THE MOST DOWNLOADED APP AMONG CHILDREN ON ITUNES.

CONSUMER PUBLICATIONS

- THE AHA CREATED A NEW ONLINE SUPPORT NETWORK TO ADDRESS THE EMOTIONAL NEEDS OF PATIENTS, CAREGIVERS AND FAMILY MEMBERS. THE NETWORK INCLUDES A MONITORED ONLINE COMMUNITY FOR PEOPLE TO ASK QUESTIONS, DISCUSS THEIR CONCERNS, AND FIND ENCOURAGEMENT AND INSPIRATION.

- THE AHA FOOD CERTIFICATION PROGRAM ISSUED NEW, MORE STRINGENT CERTIFICATION CRITERIA FOR ADDED SUGAR, SODIUM, TOTAL CALORIES AND DIETARY FIBER.

- THE AHA'S TEACHING GARDENS INITIATIVE CONTINUED TO REACH NEW COMMUNITIES ACROSS THE COUNTRY, AND NOW HAS BEEN IMPLEMENTED IN MORE THAN 330 SCHOOLS. ALSO, WE CREATED AN ONLINE GARDEN COMMUNITY FOR GARDENING ENTHUSIASTS TO CONNECT AND SHARE TIPS.

- THE AMERICAN HEART ASSOCIATION'S CEO ROUNDTABLE PUBLISHED AN ADVISORY

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IN CIRCULATION: JOURNAL OF THE AMERICAN HEART ASSOCIATION, SUPPORTING THE EFFECTIVENESS OF WORKPLACE WELLNESS PROGRAMS TO IMPROVE THE HEALTH OF THE 155 MILLION AMERICANS EMPLOYED IN OUR COUNTRY TODAY. ALSO, THE CEO ROUNDTABLE RELEASED THE RESULTS OF A NIELSEN SURVEY, WHICH FOUND A DISCONNECT BETWEEN PEOPLE'S PERCEPTIONS OF THEIR HEALTH AND THEIR ACTUAL HEALTH STATUS. THREE-QUARTERS OF EMPLOYEES REPORT BEING IN VERY GOOD OR GOOD HEALTH, BUT 42% OF THESE EMPLOYEES HAVE BEEN DIAGNOSED WITH A CHRONIC CONDITION, INCLUDING HIGH CHOLESTEROL OR HIGH BLOOD PRESSURE. AT THE SAME TIME, THE SURVEY ALSO REVEALED THAT CEOS AND SENIOR LEADERSHIP HAVE A SIGNIFICANT IMPACT WHEN IT COMES TO GETTING EMPLOYEES ENGAGED AND REAPING THE BENEFITS OF WORKPLACE HEALTH PROGRAMS.

- IN 2014-15, THE AMERICAN HEART ASSOCIATION ADDED TWO NEW HEART-HEALTHY COOKBOOKS TO OUR PORTFOLIO OF AWARD-WINNING CONSUMER PUBLICATIONS. "GRILL IT, BRAISE IT, BROIL IT" AND "GO FRESH."

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

PROFESSIONAL EDUCATION

EMERGENCY CARDIOVASCULAR CARE

- IN 2014-15, OUR EMERGENCY CARDIOVASCULAR CARE (ECC) PROGRAM TRAINED MORE THAN 17 MILLION PEOPLE ACROSS THE WORLD IN CARDIOPULMONARY RESUSCITATION, THE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS AND OTHER LIFESAVING TECHNIQUES.

- IN FEBRUARY 2015 IN DALLAS, ECC HOSTED THE INTERNATIONAL CONSENSUS ON CPR AND ECC SCIENCE CONFERENCE (ILCOR), WHICH BROUGHT TOGETHER MORE THAN 200 OF THE WORLD'S LEADING EXPERTS IN THE FIELD. THEIR DISCUSSIONS WILL FORM THE BASIS FOR INTERNATIONAL CPR GUIDELINES TO BE PUBLISHED

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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LATE IN 2015.

- IN JUNE, AHA STAFF AND VOLUNTEERS CONVENED IN NEW YORK'S TIMES SQUARE

TO SET A NEW GUINNESS WORLD RECORD FOR THE MOST PEOPLE EVER 700 TO

TAKE PART IN A CPR TRAINING RELAY.

QUALITY OF CARE/SYSTEMS OF CARE

THE AMERICAN HEART ASSOCIATION IS CONSTANTLY WORKING TO PUT SYSTEMS IN

PLACE TO GUARANTEE THE BEST POSSIBLE CARE FOR EVERY PATIENT, EVERY DAY.

- 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 2,100 HOSPITALS, WITH

MODULES FOCUSED ON ATRIAL FIBRILLATION, HEART FAILURE, STROKE, AND

RESUSCITATION.

- MISSION: LIFELINE, WHICH IMPROVES COORDINATION BETWEEN HOSPITALS AND

LOCAL EMS SYSTEMS TO ACCELERATE TREATMENT TIMES FOR HEART ATTACK

PATIENTS, HAS BEEN IMPLEMENTED IN MORE THAN 800 LOCAL EMS SYSTEMS AND

NOW REACHES MORE THAN 83% OF THE U.S. POPULATION.

- OUR PROFESSIONAL SCIENTIFIC MEMBERSHIP CONTINUED TO GROW, REACHING

ITS CURRENT TOTAL OF MORE THAN 33,000 MEMBERS REPRESENTING 74

SPECIALTIES AND 114 COUNTRIES.

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

COMMUNITY SERVICE

PUBLIC ADVOCACY

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

TO DRIVE PUBLIC POLICY DESIGNED TO IMPROVE CARDIOVASCULAR HEALTH. IN

Name of the organization AMERICAN HEART ASSOCIATION, INC.	Employer identification number 13-5613797
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2014-15, OUR EFFORTS CONTRIBUTED TO PROGRESS IN KEY AREAS INCLUDING:

- THE ADOPTION IN FIVE STATES OF LEGISLATION REQUIRING CPR TRAINING AS

A PREREQUISITE FOR HIGH SCHOOL GRADUATION.

- LAWS PASSED IN 10 STATES AND THE DISTRICT OF COLUMBIA REQUIRING THE

DESIGNATION OF HOSPITALS CERTIFIED AS STROKE TREATMENT CENTERS, WHICH

HELPS LOCAL EMS SYSTEMS RAPIDLY IDENTIFY QUALIFIED TO PROVIDE OPTIMAL

EMERGENCY CARE.

- THE PASSAGE OF TOBACCO TAX INCREASES IN THREE STATES, AND LEGISLATION

BANNING SMOKING IN RESTAURANTS, BARS AND CASINOS IN NEW ORLEANS.

- THE FOOD AND DRUG ADMINISTRATION'S DETERMINATION THAT PARTIALLY

HYDROGENATED OILS, THE PRIMARY DIETARY SOURCE OF ARTIFICIAL TRANS FAT

IN PROCESSED FOODS, ARE NOT "GENERALLY RECOGNIZED AS SAFE."

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

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

OF WORK TO FIGHT CHILDHOOD OBESITY. THROUGH ITS FIRST TWO 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. WE HAVE ALSO PROVIDED GUIDANCE

TO MORE THAN 100 CAMPAIGNS ACROSS 26 STATES.

- IN SEPTEMBER, THE AHA WAS ANNOUNCED AS ONE OF FIVE RECIPIENTS OF

GRANTS AWARDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO

NATIONALLY IMPLEMENT COMMUNITY-BASED CHRONIC DISEASE PROGRAMS. THE AHA

INITIATIVE, ACCELERATING NATIONAL COMMUNITY HEALTH OUTCOMES THROUGH

REINFORCING PARTNERSHIPS PROGRAM (ANCHOR PARTNERSHIPS PROGRAM), WILL

RECEIVE \$3 MILLION ANNUALLY OVER THE NEXT THREE YEARS, FOR A TOTAL OF

\$9 MILLION. WORKING IN TARGETED MARKETS, WE'LL SUPPORT COMPREHENSIVE

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COMMUNITY-LEVEL PUBLIC HEALTH PLANS TO REDUCE TOBACCO USE, IMPROVE NUTRITION, AND INCREASE PHYSICAL ACTIVITY.

GLOBAL INITIATIVES

- CARDIOVASCULAR DISEASES AND STROKE AREN'T STOPPED BY NATIONAL BORDERS. WE'RE SHARING OUR KNOWLEDGE AND RESOURCES TO CONTRIBUTE TO SOLUTIONS TO HELP REDUCE SUFFERING AND MORTALITY AROUND THE WORLD.

- WE CONTINUED TO OPEN NEW INTERNATIONAL TRAINING CPR TRAINING CENTERS, REACHING A TOTAL OF MORE THAN 660 FACILITIES IN 72 COUNTRIES. AND WE OPENED NEW REGIONAL OFFICES IN DUBAI AND INDIA.

- THE AHA IMPLEMENTED OUR GET WITH THE GUIDELINES INITIATIVE TO IMPROVE QUALITY OF CARE AT MORE THAN 150 HOSPITALS IN CHINA.

- WE EXPANDED OUR ONLINE EDUCATIONAL OFFERINGS TO INCLUDE CONTENT IN EIGHT LANGUAGES - ARABIC, ENGLISH, GERMAN, ITALIAN, JAPANESE, POLISH, PORTUGUESE AND SPANISH.

- AMERICAN HEART ASSOCIATION CEO NANCY BROWN WAS A MEMBER OF THE U.S. GOVERNMENT DELEGATION FOR THE 2014 UNITED NATIONS GENERAL ASSEMBLY'S HIGH-LEVEL MEETING ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES. ADDITIONALLY, THE FOLLOWING AHA VOLUNTEER LEADERS TOOK PART IN THE MEETING: AHA 2014-15 PRESIDENT ELLIOTT ANTMAN, MD; AHA 2013-14 PRESIDENT MARIELL JESSUP, MD; AND AHA 2010-11 PRESIDENT RALPH SACCO, MD. TO COINCIDE WITH THE MEETING, THE ASSOCIATION PUBLISHED A TASK FORCE STATEMENT ON "SUSTAINABLE DEVELOPMENT GOALS AND THE FUTURE OF CARDIOVASCULAR HEALTH" IN CIRCULATION: JOURNAL OF THE AMERICAN HEART ASSOCIATION. THE PAPER URGED THE UNITED NATIONS' 193 MEMBER STATES TO INCLUDE NONCOMMUNICABLE DISEASES AS A PRIORITY IN THE POST-2015 SUSTAINABLE DEVELOPMENT GOALS.

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CUSTOMER RELATIONS

- THE ASSOCIATION STRIVES TO ANTICIPATE, UNDERSTAND, MEET AND EXCEED OUR CUSTOMERS' NEEDS AND EXPECTATIONS. IN 2014-2015, THE MULTI-CHANNEL NATIONAL ENGAGEMENT CENTER SERVED MORE THAN 227,000 MULTIMEDIA CONTACTS AND 18,000 PROFESSIONAL CUSTOMERS, ASSISTED MORE THAN 97,000 PEOPLE SEEKING INFORMATION ON CPR CLASSES, AND PROCESSED MORE THAN 34,000 DATA ENTRY FORMS, BUSINESS REPLY CARDS AND EMAILS.

EXPENSES \$ 49,414,424. INCL GRANTS OF \$ 4,261,777. REVENUE \$ 25,432,226.

FORM 990, PART VI, SECTION A, LINE 4:

IN ACCORDANCE WITH WIDELY ACCEPTED BEST PRACTICES, THE BOARD APPOINTED A TASK FORCE TO REVIEW ITS BYLAWS IN FEBRUARY OF 2014. ACCORDINGLY, THE BYLAWS TASK FORCE RECOMMENDED CHANGES TO STREAMLINE GOVERNANCE OPERATIONS OF THE AHA AND TO ENSURE COMPLIANCE WITH RECENT CHANGES IN NEW YORK LAW.

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 HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE POLICY IS BINDING ON ALL VOLUNTEERS, STAFF AND COMPONENTS OF AHA. A

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CONFLICT OF INTEREST QUESTIONNAIRE WHICH INCLUDES THE CONFLICT OF INTEREST

POLICY, STANDARDS AND ETHICS POLICY, IS REQUIRED TO BE COMPLETED BY ALL AHA

BOARD OF DIRECTORS MEMBERS, COMMITTEE, SUBCOMMITTEE, TASK FORCE, WRITING

GROUP MEMBERS, DESIGNATED STAFF, AND AHA SPOKESPERSONS UPON THEIR

APPOINTMENT, AND TO OFFICERS AND JOURNAL EDITORS PRIOR TO THEIR ELECTION OR

APPOINTMENT. AFTER THE INITIAL COMPLETION OF THE CONFLICT OF INTEREST

DISCLOSURE QUESTIONNAIRE, VOLUNTEERS AND DESIGNATED STAFF ARE REQUESTED TO

UPDATE IT WHENEVER MATERIAL CHANGES OCCUR IN THEIR AHA ROLE, EMPLOYMENT OR

OTHER RELATIONSHIP IDENTIFIED AS RELEVANT ON THE DISCLOSURE QUESTIONNAIRE.

AHA HAS IDENTIFIED THE FOLLOWING AREAS IN ITS POLICY TO BE POTENTIAL

CONFLICTS OF INTEREST: DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP

WITH, ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY

TRANSACTION WITH AHA; THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY

OR OTHER ASSET; EMPLOYMENT, OR RENDITION OF SERVICES, PERSONAL OR

OTHERWISE; THE AWARD OF ANY GRANT, CONTRACT, OR SUBCONTRACT; OR THE

INVESTMENT OR DEPOSIT OF ANY FUNDS OF AHA.

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

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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 INSURE

THAT AHA COMPLIES WITH THE INTERMEDIATE SANCTION & REBUTTABLE PRESUMPTION

POLICY. FOR PURPOSES OF THE 2014-15 FISCAL YEAR, THE COMPENSATION REVIEW

OF THE CEO BY THE COMPENSATION COMMITTEE WAS LAST COMPLETED IN SEPTEMBER OF

2014.

KEY FACTORS THAT ARE CONSIDERED BY THE COMPENSATION COMMITTEE WITH RESPECT

TO COMPENSATION ARE AS FOLLOWS: COMPENSATION PHILOSOPHY, EXPERIENCE AND

QUALIFICATIONS OF THE CANDIDATE, MARKET COMPETITIVENESS, AND COMPENSATION

REQUIREMENTS AND HISTORY OF THE CANDIDATE. COMPONENTS OF COMPENSATION THAT

ARE ROUTINELY REVIEWED BY THE COMPENSATION COMMITTEE INCLUDE BASE SALARY,

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

PERQUISITES.

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

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

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

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

THE AMERICAN HEART ASSOCIATION (AHA) MAKES AVAILABLE THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS, THREE MOST RECENT YEARS OF THE FORM 990 AND THE CONFLICT OF INTEREST POLICY ON AHA'S INTERNET WEBSITE, WWW.HEART.ORG. THE AHA DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.

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

POST-RETIREMENT ADJUSTMENT (ASC 715)	-203,445.
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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

2014

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMHAS, LLC - 13-5613797 7272 GREENVILLE AVENUE DALLAS, TX 75231	INVESTMENTS	DELAWARE	-217,908.	64,087,714.	AMERICAN HEART ASSOCIATION, INC.

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

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

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

Schedule R (Form 990) 2014

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 11 CHARITABLE REMAINDER TRUSTS	C	1,171,526.	CASH CONTRIBUTIONS RECEIVED
(2) 23 VARIOUS PERPETUAL TRUSTS	C	1,242,435.	CASH CONTRIBUTIONS RECEIVED
(3) AMHAS, LLC	B	2,800,000.	CAPITAL CONTRIBUTION
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

SCHEDULE R, PART I

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

SCHEDULE R, PART IV

THESE RELATED ENTITIES ARE TRUSTS IN WHICH THE AMERICAN HEART ASSOCIATION HAS A GREATER THAN 50% BENEFICIAL INTEREST. THE EIN AND STATE OF LEGAL DOMICILE VARY BY TRUST.