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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization American College of Cardiology Foundation		D Employer identification number 13-5641985	
		Doing Business As		E Telephone number (202) 375-6000	
		Number and street (or P O box if mail is not delivered to street address) 2400 N Street NW	Room/suite	G Gross receipts \$ 113,745,755	
		City or town, state or country, and ZIP + 4 Washington, DC 20037			
	F Name and address of principal officer John C Lewin MD 2400 N Street NW Washington, DC 20037		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶			
J Website: ▶ www.cardiosource.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 1952		M State of legal domicile DC

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities To advocate for quality cardiovascular care and educate Cardiovascular Professionals and improve patient care		
	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 3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5 35	
	6	Total number of volunteers (estimate if necessary)	6 2,25	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 968,43	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -235,74	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,888,692	15,797,523
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,876,838	41,362,183
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,904,958	814,710
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,392,675	12,987,132
			67,063,163	70,961,548
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,089,420	1,055,568
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,663,375	32,139,939
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 632,150		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	38,152,249	38,907,818
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	67,905,044	72,103,325
	19	Revenue less expenses Subtract line 18 from line 12	-841,881	-1,141,777
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	192,629,169	200,808,698
	21	Total liabilities (Part X, line 26)	128,747,520	119,105,359
	22	Net assets or fund balances Subtract line 21 from line 20	63,881,649	81,703,339

Part II		Signature Block			
Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2010-08-12</div> </div> <div>Date</div>	
	<div> <div></div> <div>Michael Votaw CFO and John C Lewin, MD, CEO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div> <div></div> <div>Joyce M Underwood CPA</div> </div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div></div> <div>BDO USA LLP</div> <div>7101 Wisconsin Ave Suite 800</div> <div>Bethesda, MD 208144827</div> </div> </div>			<div> <div>EIN</div> <div></div> </div>	
				<div> <div>Phone no</div> <div></div> <div>(301) 654-4900</div> </div>	

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

TO ADVOCATE FOR QUALITY CARDIOVASCULAR CARE-THROUGH EDUCATION, RESEARCH PROMOTION, DEVELOPMENT AND APPLICATION OF STANDARDS AND GUIDELINES, AND TO INFLUENCE HEALTH CARE POLICY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 10,133,504 including grants of \$ 1,055,568) (Revenue \$ 14,275,663)

Annual Scientific Session and i2 Summit- This meeting is held annually, programs include reports of original investigations, lectures, core curricula, panel discussions, clinical demonstrations and self assessment

4b

(Code) (Expenses \$ 16,883,574 including grants of \$) (Revenue \$ 18,699,957)

Registry Products & Research - Resources for measuring and quantifying outcomes and identify gaps in the delivery of quality cardiovascular patient care

4c

(Code) (Expenses \$ 8,161,679 including grants of \$) (Revenue \$ 4,529,795)

EDUCATION PROGRAMS - PROGRAMS HELD BY ACCF WHICH ARE TWO TO FIVE DAYS IN DURATION AND ARE DEVOTED TO SPECIFIC CARDIOVASCULAR TOPICS SOME OF WHICH ARE HELD IN COOPERATION WITH MEDICAL SCHOOLS, HOSPITALS AND OTHER RELATED TEACHING INSTITUTIONS

(Code) (Expenses \$ 6,548,524 including grants of \$) (Revenue \$ 4,966,923)

eBusiness & Digital Products - Online Products designed to improve the quality cardiovascular care by providing knowledge and tools, implementing quality initiatives, and supporting research that improves patient care and outcomes -SCIENCE AND QUALITY IMPROVEMENT - PROVIDE EDUCATIONAL PRODUCTS AND PROGRAMS DEALING WITH SUBJECTS IN THE FIELD OF CARDIOVASCULAR DISEASE -PEER REVIEWED PUBLISHING - EDUCATIONAL PUBLICATIONS IN THE FIELD OF CARDIOLOGY-RESEACH AWARDS- THESE AWARDS OFFER SUPPORT AND RECOGNITION FOR RESEARCH IN THE FIELD OF CARDIOLOGY-LEADERSHIP AND GOVERNANCE - RESOURCES FOR COORDINATING ACTIVITES OF THE PRESIDENTIAL TEAM, THE EXECUTIVE COMMITTEE, AND THE BOARD OF TRUSTEES - INFORMATICS - EDUCATE AND PROMOTE ELECTRONIC HEALTH RECORD (EHR) ADOPTION, PARTICIPATION AND USE TECHNOLOGY TO IMPROVE THE QUALITY OF PATIENT CARE

(Code) (Expenses \$ 4,671,120 including grants of \$) (Revenue \$ 571,021)

Science & Quality Improvement

(Code) (Expenses \$ 3,480,317 including grants of \$) (Revenue \$ 10,274,117)

Peer Reviewed Publishing

(Code) (Expenses \$ 6,095,980 including grants of \$) (Revenue \$ 1,537,635)

Leadership & Governance, Research Awards, Informatics

4d













Other program services (Describe in Schedule O)

(Expenses \$ 20,795,941 including grants of \$) (Revenue \$ 17,349,696)

4e

Total program service expenses \$ 55,974,698

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A Yes		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	403	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	355	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	30	
b	Enter the number of voting members that are independent . . .	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MD , CA , FL , NC , DC , NM , WI , VA , TX
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CARLTON DAVIDS cpa 2400 N Street NW Washington, DC 20037 (202) 375-6000

Part VII

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elliott M AntmanMD Trustee	5 00	X						750	0	0
Eric RBates MD Trustee	5 00	X						0	0	0
AJohn CammMD Trustee	5 00	X						0	0	0
Gregory J Dehmer MD Trustee	5 00	X						0	0	0
Paul LDouglassMD Trustee	5 00	X						0	0	0
James T Dove MD Trustee	10 00	X						19,375	0	0
Robert AGuytonMD Trustee	5 00	X						0	0	0
Robert A HarringtonMD Trustee	5 00	X						3,750	0	0
Jerry DKennettMD Trustee	5 00	X						0	6,300	0
Richard J Kovacs MD Trustee	5 00	X						0	30,000	0
Gerald R Martin MD Trustee	5 00	X						0	0	0
Charles RMcKayMD Trustee	5 00	X						0	0	0
Rick ANishimuraMD Trustee	5 00	X						1,250	0	0
Steven ENissenMD Trustee	5 00	X						0	0	0
Patrick TO'GaraMD Trustee	5 00	X						23,950	0	0
George PRodgersMD Trustee	5 00	X						0	0	0
John S Rumsfeld MD Trustee	15 00	X						50,000	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jane ESchauerMD Trustee	5 00	X						0	51,250	0
James EUdelsonMD Trustee	5 00	X						0	0	0
CMichael ValentineMD Trustee	5 00	X						1,000	0	0
Mary Norrre Walsh MD Trustee	5 00	X						0	0	0
Carole A Warnes MD Trustee	5 00	X						0	0	0
W Douglas Weaver MD Trustee	20 00	X						72,500	0	0
Kim Allan WilliamsMD Trustee	5 00	X						0	6,300	0
Stuart A Winston DO Trustee	5 00	X						0	0	0
John C Lewin MD Chief Executive Officer	55 00			X				531,120	0	122,862
Thomas E Arend Jr General Counsel & COO	55 00			X				334,695	0	46,019
Michael Votaw CFO, VP	55 00			X				279,843	0	45,733
Alfred ABoveMD President	30 00			X				148,750	0	0
Ralph G BrndisMD President- Elect	25 00			X				96,250	0	0
David RHolmes JrMD Vice-President	20 00			X				85,000	0	0
John G HaroldMD Sec & Chair, BOG	15 00			X				0	56,667	0
Richard AChazalMD Treasurer	10 00			X				0	30,000	0
Kevin Fitzpatrick Sr VP-Busines Dev	60 00				X			303,342	0	17,269
Janet Wright Sr VP-Science & Qual	60 00				X			312,017	0	32,278
Joseph Green Sr VP-Prof Dev & Edu	60 00				X			300,912	0	43,081
Cathleen Gates Sr VP-Mem, HR, & Ops	60 00				X			298,835	0	45,765
Richard Hays VP-IT	60 00				X			248,143	0	36,665
Bradley Ettinger AVP-e-Bus/Dig Prod	60 00				X			203,210	0	41,201
Kathleen Hewitt AVP-NCDR Reg	60 00				X			199,915	0	40,593
Susan Sears Hamilton AVP-Ann Sci Session	60 00				X			189,303	0	33,135
Patrick Hope Dir-Leg Policy	60 00				X			184,343	0	39,276
Steve Erickson AVP-Mrk Comm	60 00				X			176,032	0	27,275
Kristi Mitchell Sr Dir-Rsch & Qual	60 00				X			164,873	0	36,209
Elizabeth Wilson Sr Dir-Publishing	60 00				X			173,031	0	28,427
Elizabeth Yarboro AVP-Edu/Strat/Accred	60 00				X			177,714	0	29,152
Pat Miyamoto Sr Dir-Membership	60 00				X			158,845	0	26,890
James Fasules Sr VP-Advocacy	60 00					X		294,151	0	17,145
Jason Kreuter Dir-Technology	60 00					X		165,011	0	28,286
Matthew Fitzgerald AVP-Qual Prog	60 00					X		239,264	0	26,521
Richard Goldberg Sr Dir-Fin & Risk Mgmt	60 00					X		195,330	0	23,715
Bruce Becker Director-CVN	60 00					X		163,643	0	23,508
1b Total								5,796,147	180,517	811,005

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization87

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Duke University Medical Center 2400 PRATT ST ROOM 0311 Durham, NC 27705	CONSULTING	1,837,500
Freeman Audio Visual Solutions PO BOX 650519 Dallas, TX 76265	AUDIO VISUAL SERVICES	1,648,567
Duke Clinical Research Institute 2400 PRATT ST ROOM 0311 Durham, NC 27705	DATA ANALYTICAL SERVICES	1,099,455
KUSHNER & ASSOCIATES 3444 CLOUDCROFT DR Malibu, CA 90265	EVENT TRANSPORTATION SERVICES	870,596
VMD Systems Integrators Inc 8245 Boone Blvd Suite 200 Vienna, VA 22182	Tech support for data registry	732,238
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 75		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	4,887,075				
	e	Government grants (contributions)	1e	268,300				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,642,148				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			15,797,523			
Program Service Revenue			Business Code					
	2a	Reg Prod & Research	900,099	18,365,657	18,365,657			
	b	Ann Sci Sess/i2 Summit	900,099	13,756,246	13,756,246			
	c	educational programs	900,099	4,061,713	4,061,713			
	d	eBusiness & Dig Prod	900,099	3,153,603	3,153,603			
	e	Other	900,099	885,031	885,031			
	f	All other program service revenue		1,139,933		1,139,933		
	g	Total. Add lines 2a-2f			41,362,183			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			2,280,687		2,280,687	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties			9,521,034		9,521,034	
	6a	(i) Real		(ii) Personal				
		Gross Rents	1,345,744					
		b Less rental expenses	1,517,240					
		c Rental income or (loss)	-171,496					
	d	Net rental income or (loss)			-171,496		-171,496	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	39,800,990					
		b Less cost or other basis and sales expenses	41,266,967					
		c Gain or (loss)	-1,465,977					
	d	Net gain or (loss)			-1,465,977		-1,465,977	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances .		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code						
11a	Miscellaneous Income		900,099	3,118,863	3,118,863			
b	REVENUE RELATED TO EXP		900,099	518,731	518,731			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			3,637,594				
12	Total revenue. See Instructions			70,961,548	43,859,844	968,437	10,335,744	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,055,568	1,055,568		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,562,078	3,895,853	2,666,225	
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	18,758,644	12,660,364	5,784,609	313,671
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,234,788	1,588,047	617,440	29,301
9	Other employee benefits	2,879,056	1,930,392	902,702	45,962
10	Payroll taxes	1,705,373	1,176,533	505,702	23,138
11	Fees for services (non-employees)				
a	Management				
b	Legal	441,815	384,650	57,165	
c	Accounting	122,425		122,425	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	212,435		212,435	
g	Other	15,656,519	13,688,476	1,967,508	535
12	Advertising and promotion	3,278,625	2,789,907	460,598	28,120
13	Office expenses	1,010,723	833,685	173,466	3,572
14	Information technology	1,086,203	520,260	557,161	8,782
15	Royalties	469,147	469,147		
16	Occupancy	6,731,797	2,501,713	4,104,804	125,280
17	Travel	2,548,627	2,275,585	261,940	11,102
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,678,546	3,306,700	370,639	1,207
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,441,258	2,400,756		40,502
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Honoraria	1,897,047	1,891,336	4,881	830
b	Other Misc Expenses	445,029	4,246	440,657	126
c	Bank Service Charges	385,272	340,437	44,813	22
d	Bad Debts	177,534	53,034	124,500	
e	Allocated Direct Exp	-1,675,184	2,208,009	-3,883,193	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,103,325	55,974,698	15,496,477	632,150
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			7,928,247	2	5,462,277
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,679,165	4	12,610,971
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			302,773	8	486,715
	9	Prepaid expenses and deferred charges			2,539,369	9	2,319,654
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	139,581,859	102,057,874	10c	101,342,183
	b	Less accumulated depreciation	10b	38,239,676			
	11	Investments—publicly traded securities			53,454,799	11	61,310,356
	12	Investments—other securities See Part IV, line 11			11,454,423	12	16,025,947
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,212,519	15	1,250,595
	16	Total assets. Add lines 1 through 15 (must equal line 34)			192,629,169	16	200,808,698
Liabilities	17	Accounts payable and accrued expenses			7,725,729	17	9,435,613
	18	Grants payable				18	
	19	Deferred revenue			15,773,906	19	20,681,552
	20	Tax-exempt bond liabilities			51,200,000	20	51,200,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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			36,271,233	23	26,986,221
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			17,776,652	25	10,801,973
	26	Total liabilities. Add lines 17 through 25			128,747,520	26	119,105,359
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			42,066,308	27	57,784,039
	28	Temporarily restricted net assets			16,828,215	28	18,932,174
	29	Permanently restricted net assets			4,987,126	29	4,987,126
	Organizations that do not follow SFAS 117, 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			63,881,649	33	81,703,339
	34	Total liabilities and net assets/fund balances			192,629,169	34	200,808,698

Part XI Financial Statements and Reporting

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization American College of Cardiology Foundation	Employer identification number 13-5641985
---	--

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 **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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

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 in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,826,428	18,255,014	18,875,891	8,417,935	10,910,448	72,285,716
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,776,255	22,768,056	30,229,029	36,468,569	40,222,250	146,464,159
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	32,602,683	41,023,070	49,104,920	44,886,504	51,132,698	218,749,875
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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	6,047,816	6,414,371	8,344,895	10,775,472	12,758,609	44,341,163
cAdd lines 7a and 7b	6,047,816	6,414,371	8,344,895	10,775,472	12,758,609	44,341,163
8Public Support (Subtract line 7c from line 6)						174,408,712

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	32,602,683	41,023,070	49,104,920	44,886,504	51,132,698	218,749,875
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,941,899	12,234,150	13,610,301	12,104,830	13,147,465	63,038,645
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	11,941,899	12,234,150	13,610,301	12,104,830	13,147,465	63,038,645
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,440,636	2,158,267	2,628,841	3,637,594	9,865,338
13Total support (Add lines 9, 10c, 11 and 12)	44,544,582	54,697,856	64,873,488	59,620,175	67,917,757	291,653,858
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	59.800%
16Public support percentage from 2008 Schedule A, Part III, line 15	16	60.820%

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	21.610%
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	22.740%
19a33 1/3% support tests—2009. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization American College of Cardiology Foundation	Employer identification number 13-5641985
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items	
a	Revenues 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 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 XIV

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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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	7,938,916	10,495,408		
b	Contributions		575		
c	Investment earnings or losses	1,749,549	-2,453,666		
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	187,051	103,401		
g	End of year balance	9,501,414	7,938,916		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 52 490 % %

c

Term endowment ▶ 47 510 % %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	608,087	13,692,455		14,300,542
b Buildings	11,721,413	52,339,719	11,160,355	52,900,777
c Leasehold improvements		25,778,330	3,496,315	22,282,015
d Equipment		33,441,352	22,930,165	10,511,187
e Other		2,000,503	652,841	1,347,662
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				101,342,183

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,961,548
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,103,325
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,141,777
4	Net unrealized gains (losses) on investments	4	19,106,188
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	38,471
9	Total adjustments (net) Add lines 4 - 8	9	19,144,659
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,002,882

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	111,518,402
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	19,106,188
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	19,933,426
e	Add lines 2a through 2d	2e	39,039,614
3	Subtract line 2e from line 1	3	72,478,788
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	
b	Other (Describe in Part XIV)	4b	-1,517,240
c	Add lines 4a and 4b	4c	-1,517,240
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	70,961,548

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	93,515,520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	19,894,955
e	Add lines 2a through 2d	2e	19,894,955
3	Subtract line 2e from line 1	3	73,620,565
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	
b	Other (Describe in Part XIV)	4b	-1,517,240
c	Add lines 4a and 4b	4c	-1,517,240
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,103,325

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	To fulfill the educational mission of the college
Part X	Description of Uncertain Tax Positions Under FIN 48	The College adopted the provisions of ASC 740-10 Uncertain Tax Positions previously known as FASB Interpretation No. 48, Accounting for Uncertainty in Income Taxes on January 1, 2007. Management believes it has no material uncertain tax positions nor any penalties and interest have been accrued for the years ended December 31, 2009 and 2008, and, accordingly, there is no liability for unrecognized tax benefits. The College is still open to examination by taxing authorities from fiscal year 2007 forward.
Part XI, Line 8 - Other Adjustments		Change in affiliate net assets 38471
Part XII, Line 2d - Other Adjustments		income of affiliate in consol financials 24820501 contribution from affiliates -4887075
Part XII, Line 4b - Other Adjustments		Rental expenses included on ACCF 990 -1517240
Part XIII, Line 2d - Other Adjustments		Expenses of affiliate in consol financials 24782030 CONTRIB FROM AFFILIATE -4887075
Part XIII, Line 4b - Other Adjustments		Rental expenses included on ACCF 990 -1517240

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
American College of Cardiology Foundation

Employer identification number
13-5641985

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

American College of Cardiology Foundation

Employer identification number

13-5641985

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b	Any related organization?		No
	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?		No
b	Any related organization?		No
	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		No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Deferred compensation payments are grossed up

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization American College of Cardiology Foundation		Employer identification number 13-5641985
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	District of Columbia	53-6001131	254839P72	02-28-2005	39,200,000	Acquisition, renovation & furnishing of office at 2400 N Street		X		X
B	district of Columbia	53-6001131	254839P72	04-18-2007	12,000,000	Acquisition, renovation & furnishing of office at 2400 N Street		X		X

Part II

Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	39,200,000	12,000,000						
2	Gross proceeds in reserve funds								
3	Proceeds in refunding or defeasance escrows								
4	Other unspent proceeds								
5	Issuance costs from proceeds								
6	Working capital expenditures from proceeds								
7	Capital expenditures from proceeds	39,200,000	12,000,000						
8	Year of substantial completion	2006	2006						
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X				
10	Were the bonds issued as part of an advance refunding issue?		X		X				
11	Has the final allocation of proceeds been made?	X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X						

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	Sun Trust Bank		sun Trust Bank							
c	Term of hedge	30 00000000000000		28 00000000000000							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X						
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
American College of Cardiology Foundation

Employer identification number
13-5641985

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ACCF'S SOLE MEMBER IS AMERICAN COLLEGE OF CARDIOLOGY
Form 990, Part VI, Section B, line 11		ACCF GOVERNING BODY REVIEW OF THE 990 INCLUDES DETAILED REVIEWS BY THE AUDIT COMMITTEE, A GENERAL REVIEW BY THE BUDGET, FINANCE & INVESTMENT COMMITTEE AND EXECUTIVE COMMITTEE AND OPTIONAL REVIEW BY EACH BOARD OF TRUSTEE MEMBER
Form 990, Part VI, Section B, line 12c		ANNUAL DISCLOSURE IS REQUIRED FOR ALL MEMBERS PARTICIPATING ON ACCF COMMITTEES, TASK FORCES, WORKING GROUPS, ETC
Form 990, Part VI, Section B, line 15		ACCF REGULARLY REVIEWS COMPENSATION SURVEYS OF OTHER SIMILAR ORGANIZATIONS TO DETERMINE MARKET RATES FOR SAME/ OR SIMILAR FUNCTIONS AND POSITIONS THIS APPLIES TO ALL FULL-TIME AND PART-TIME EMPLOYEES ONLY THE CEO ANNUAL COMPENSATION, INCLUDING ANY PERFORMANCE AWARDS, IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES COMPENSATION PAID TO ACCF MEMBERS, INCLUDING BOARD OF TRUSTEES OFFICERS, IS GOVERNED BY A MEMBER COMPENSATION COMMITTEE POLICY THAT INCORPORATES IRS REQUIREMENTS FOR INDEPENDENT REVIEW, ESTABLISHING COMPARABILITY OF COMPENSATION WITH OTHER, SIMILAR POSITIONS AND/ OR MARKET RATES AND THE DOCUMENTING OF DELIBERATIONS AND OUTCOMES COMPENSATION FOR MEMBER-FILLED POSITIONS IS BASED ON AN AVERAGE HOURLY RATE FOR CARDIOLOGISTS, AS PUBLISHED FROM AN INDEPENDENT SOURCE, AND THE EXPECTED ANNUAL HOURLY TIME COMMITMENT AND/ OR, THE COMPENSATION AMOUNT IS DETERMINED BY USING THE MARKET COMPENSATION FOR SIMILAR, COMPARABLE POSITIONS COMPENSATION FOR ALL MEMBER HELD POSITIONS ARE REVIEWED BY AN INDEPENDENT (NON-COMPENSATED) MEMBER-ONLY COMPENSATION COMMITTEE TO ENSURE COMPLIANCE WITH IRS REQUIREMENTS THIS PROCESS WAS LAST APPLIED TO BOARD OF TRUSTEE OFFICER POSITIONS (I E PRESIDENT, PRESIDENT ELECT, IMMEDIATE PAST PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY/ BOARD OF GOVERNERS (BOG) CHAIR, BOG CHAIR ELECT AND IMMEDIATE PAST BOG CHAIR) periodically COMPENSATION FOR ALL OTHER MEMBER-FILLED POSITIONS REVIEWED with executive committee periodically
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS GOVERNING DOCUMENTS, SUCH AS BYLAWS, ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICY ARE POSTED ON ACCF MAIN WEBSITE, WWW ACC ORG AND ITS MEMBER PORTAL FINANCIAL STATEMENTS FINANCIAL STATEMENTS AND FEDERAL TAX RETURNS ARE AVAILABLE UPON REQUEST IN ADDITION, FEDERAL TAX AND INFORMATIONAL RETURNS ARE AVAILABLE ON WWW GUIDESTAR ORG
Form 990, Part XI, Line 2c	Oversight of audit	There have been no changes during the year in the process for oversight of the audit of the financial statements

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization American College of Cardiology Foundation	Employer identification number 13-5641985
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Part I

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

(a) Name, address, and EIN 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
ACC LLC 1 2400 n st nw Washington, DC 20037 20-2886183	Property management	DC	171,496	170,770	N/A

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
Amercan College of Cardiology 2400 n st nw washington, DC 20037 31-1781555 SCAIIACC Scientific Meeting Corporation	Advocate and influence policy for quality cardiovascular care	DC	501c(6)	n/a	N/A
2400 n st nw washington, DC 20037 26-1235458	Conduct interventional science & education meeting	DC	501c(3)	509(a)(2)	N/A

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ACC Services Inc 2400 n st nw washington, DC20037	Consultancy for medical education	DC	N/A	C	27,244		100 000 %

Part V

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

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	American College of Cardiology	N	6,212,984
(2)	American College of Cardiology	R	4,887,075
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 13-5641985

Name: American College of Cardiology Foundation

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John C Lewin MD	(i) (ii)457,335	62,400	11,385	108,225	14,637	653,982	
Thomas E Arend Jr	(i) (ii)306,695	19,000	9,000	28,750	17,269	380,714	
Michael Votaw	(i) (ii)255,843	15,000	9,000	28,750	16,983	325,576	
Kevin Fitzpatrick	(i) (ii)284,342	10,000	9,000		17,269	320,611	
Janet Wright	(i) (ii)296,017	7,000	9,000	24,529	7,749	344,295	
Joseph Green	(i) (ii)284,912	7,000	9,000	28,750	14,331	343,993	
Cathleen Gates	(i) (ii)277,335	12,500	9,000	28,750	17,015	344,600	
Richard Hays	(i) (ii)227,143	12,000	9,000	28,393	8,272	284,808	
Bradley Ettinger	(i) (ii)196,710	6,500		24,589	16,612	244,411	
Kathleen Hewitt	(i) (ii)191,915	8,000		23,989	16,604	240,508	
Susan Sears Hamilton	(i) (ii)182,303	7,000		22,931	10,204	222,438	
Patrick Hope	(i) (ii)182,643	1,700		22,830	16,446	223,619	
Steve Erickson	(i) (ii)169,332	6,700		21,167	6,108	203,307	
Kristi Mitchell	(i) (ii)158,373	6,500		19,797	16,412	201,082	
Elizabeth Wilson	(i) (ii)166,131	6,900		20,548	7,879	201,458	
Elizabeth Yarboro	(i) (ii)170,214	7,500		21,277	7,875	206,866	
Pat Miyamoto	(i) (ii)153,620	5,225		19,203	7,687	185,735	
James Fasules	(i) (ii)255,151	30,000	9,000		17,145	311,296	
Jason Kreuter	(i) (ii)163,411	1,600		20,426	7,860	193,297	
Matthew Fitzgerald	(i) (ii)149,395	76,994	12,875	14,006	12,515	265,785	
Richard Goldberg	(i) (ii)121,537	61,923	11,870	11,394	12,321	219,045	
Bruce Becker	(i) (ii)93,633	60,831	9,179	11,187	12,321	187,151	

Software ID:

Software Version:

EIN: 13-5641985

Name: American College of Cardiology Foundation

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
YOUNG INVESTIGATORS AWARD	7	13,653			
ACCF/MERCK RESEARCH FELLOWSHIPS IN CV DISEASE	8	240,000			
ACCF/GE HEALTHCARE DEVELOPMENT AWARDS	8	260,000			
ACCF/PFIZER CAREER DEVELOPMENT AWARDS	7	325,000			
ACCF/GUIDANT FOUNDATION FELLOWSHI & CAREER AWARD	4	146,250			
ACCF/WILLIAM F KEATING, ESQUIRE ENDOWMENT FUND AWARD	1	32,500			
ACCF/HANDE RUSSEK LECTURSHIP AWARD	3	14,455			
ACCF/W PROCTER HARVEY AWARD	10	10,610			
FIT LESGISLATIVE CONFERENCE TRAVEL AWARD	8	8,800			
DAVID LITTMAN MEMORIAL LECTURE AWARD	2	4,300			

Additional Data

Software ID:
Software Version:
EIN: 13-5641985
Name: American College of Cardiology Foundation

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Reg Prod & Research	900,099	18,365,657	18,365,657		
Ann Sci Sess/I2 Summit	900,099	13,756,246	13,756,246		
educational programs	900,099	4,061,713	4,061,713		
eBusiness & Dig Prod	900,099	3,153,603	3,153,603		
Other	900,099	885,031	885,031		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Honoraria	1,897,047	1,891,336	4,881	830
Other Misc Expenses	445,029	4,246	440,657	126
Bank Service Charges	385,272	340,437	44,813	22
Bad Debts	177,534	53,034	124,500	
Allocated Direct Exp	-1,675,184	2,208,009	-3,883,193	