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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Doing Business As

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

2400 N STREET NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20037

F Name and address of principal officer

THOMAS E AREND JR ESQ

2400 N STREET NW

WASHINGTON,DC 20037

D Employer identification number

13-5641985

E Telephone number

(202) 375-6000

G Gross receipts \$ 76,952,932

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.CARDIOSOURCE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1952

M State of legal domicile

DC

Part I	Summary																																										
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>TO TRANSFORM CARDIOVASCULAR CARE AND IMPROVE HEART HEALTH</div>																																										
Revenue	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																																										
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>31</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>24</td></tr><tr><td>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>373</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>2,250</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>269,219</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-346,205</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	31	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	373	6 Total number of volunteers (estimate if necessary)	6	2,250	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	269,219	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-346,205																								
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Part II Signature Block

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

Sign Here

Signature of officer

2012-08-10

DATE

MICHAEL VOTAW CFO AND THOMAS E AREND, JR, INTERIM CSO & GC

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

JOYCE M UNDERWOOD

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00022361

Firm's name (or yours if self-employed), address, and ZIP + 4

BDO USA LLP

7101 WISCONSIN AVE SUITE 800

BETHESDA, MD 208144827

EIN 13-5381590

Phone no (301) 654-4900

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO TRANSFORM CARDIOVASCULAR CARE AND IMPROVE HEART HEALTH

2

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

Yes

No

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

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,287,001 including grants of \$ 319,986) (Revenue \$ 10,818,822)

ANNUAL SCIENTIFIC SESSION - THIS MEETING IS HELD ANNUALLY, PROGRAMS INCLUDE REPORTS OF ORIGINAL INVESTIGATIONS,LECTURES,CORE CURRICULA,PANEL DISCUSSIONS,CLINICAL DEMONSTRATIONS AND SELF ASSESSMENT

4b

(Code) (Expenses \$ 15,824,676 including grants of \$ 7,420) (Revenue \$ 19,312,861)

REGISTRY PRODUCTS & RESEARCH - RESOURCES FOR MEASURING AND QUANTIFYING OUTCOMES AND IDENTIFY GAPS IN THE DELIVERY OF QUALITY CARDIOVASCULAR PATIENT CARE

4c

(Code) (Expenses \$ 6,561,946 including grants of \$ 200) (Revenue \$ 1,186,399)

SCIENCE AND QUALITY IMPROVEMENT DEVELOPMENT OF CLINICAL GUIDELINES, BASED ON MEDICAL LITERATURE, THAT SET STANDARDS OF CARE IN US, SUPPLEMENTED BY TOOLS TO ASSIST PROVIDERS IN DELIVERING THE QUALITY OF CARE OUTLINED IN THE GUIDELINES

(Code) (Expenses \$ 3,778,541 including grants of \$ 751) (Revenue \$ 19,000)

LIFELONG LEARNING PORTFOLIO (ACADEMIC AFFAIRS)

(Code) (Expenses \$ 3,344,656 including grants of \$) (Revenue \$ 2,768,250)

LIFELONG LEARNING PORTFOLIO (E-BUS AND DIGITAL PRODUCTS)

(Code) (Expenses \$ 3,266,145 including grants of \$) (Revenue \$ 1,745,241)

JACC JOURNALS (PEER REVIEWED PUBLISHING)

(Code) (Expenses \$ 2,181,423 including grants of \$) (Revenue \$ 992,823)

MEMBER CHANNELS- NONPEER REVIEWED PUBLISHING

(Code) (Expenses \$ 1,393,436 including grants of \$) (Revenue \$ 100,000)

CARDIOSMART

(Code) (Expenses \$ 1,507,752 including grants of \$) (Revenue \$)

FEDERAL GRANTS

(Code) (Expenses \$ 5,126,783 including grants of \$) (Revenue \$ 3,994,919)

EDUCATIONAL PROGRAMS

(Code) (Expenses \$ 5,622,782 including grants of \$ 819,897) (Revenue \$ 1,404,293)

LEADERSHIP & GOVERNANCE, RESEARCH AWARDS, HEALTHCARE TECHNOLOGY, MAILING LIST, OTHER PROGRAMS AND AWARDS

4d

Other program services (Describe in Schedule O)



















(Expenses \$ 26,221,518 including grants of \$ 820,648) (Revenue \$ 11,024,526)

4e

Total program service expenses

\$ 59,895,141

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV 	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 and IV 	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a412
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a373
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
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?	7aNo
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?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
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
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MD , CA , FL , NC , DC , NM , WI , VA , TX , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 made 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

Check if Schedule O contains a response to any question in this Part VII

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,862,647	563,115	842,413

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN AUDIO VISUAL SOLUTIONS 1600 VICEROY SUITE 100 DALLAS, TX 752352306	AUDIO VISUAL	1,652,421
DUKE CLINICAL RESEARCH INST 2400 PRATT ST ROOM 0311 TERRACE LE DURHAM, NC 27705	ANALYSIS AND RESEARCH	1,506,948
VELIR STUDIOS 212 ELM STREET SUITE 401 SOMERVILLE, MA 02144	SITECORE BUILD OF ACC ORG	1,318,619
GES EXPOSITION SERVICES INC 7000 LINDEL RD LAS VEGAS, NV 89118	EXPOSITION SERVICES	942,942
VIVISIMO 1710 MURRAY AVE SUITE 300 PITTSBURG, PA 15217	DEVELOPMENT INTEGRATION AND SUPPORT OF V	900,881

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶105

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	3,742,565			
	e	Government grants (contributions)	1e	1,482,365			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,975,294			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			16,200,224		
Program Service Revenue			Business Code				
	2a	REG PROD & RESEARCH	900099	19,312,861	19,312,861		
	b	ANN SCI SESS/I2 SUMMIT	900099	11,026,822	10,818,822		208,000
	c	EDUCATIONAL PROGRAMS	900099	3,994,919	3,994,919		
	d	LIFELONG LEARNING PORT	900099	2,768,253	2,768,253		
	e	PEER REVIEWED PUBLISHI	900099	1,745,241	1,745,241		
	f	All other program service revenue		3,886,512	3,087,088	615,424	184,000
	g	Total. Add lines 2a-2f			42,734,608		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			7,079,634		7,079,634
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties			9,536,842		9,536,842
			(i) Real	(ii) Personal			
	6a	Gross rents	1,293,794				
	b	Less rental expenses	1,311,671				
	c	Rental income or (loss)	-17,877				
	d	Net rental income or (loss)			-17,877	-346,205	328,328
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	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	OTHER RENTAL INCOME	900099	107,830			107,830	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			107,830			
12	Total revenue. See Instructions			75,641,261	41,727,184	269,219	17,444,634

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,148,254	1,148,254		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,706,285	2,344,774	2,938,780	422,731
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	18,680,580	14,172,452	4,557,509	-49,381
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,534,571	1,757,899	740,030	36,642
9	Other employee benefits	3,138,538	1,872,661	1,218,927	46,950
10	Payroll taxes	1,802,978	1,279,975	501,193	21,810
11	Fees for services (non-employees)				
a	Management				
b	Legal	83,422	31,437	51,985	
c	Accounting	136,607	15,000	121,607	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	305,687		305,687	
g	Other	17,522,256	15,458,696	2,063,560	
12	Advertising and promotion	2,376,733	2,258,496	118,237	
13	Office expenses	1,118,281	1,078,985	38,544	752
14	Information technology	1,342,003	802,583	534,479	4,941
15	Royalties	273,513	270,861	2,652	
16	Occupancy	2,626,350	2,448,272	135,598	42,480
17	Travel	2,750,886	2,304,539	440,905	5,442
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,518,507	3,379,980	138,527	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,790,066	3,485,867	2,285,058	19,141
23	Insurance	310,808	51,014	259,794	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	HONORARIA AND EDITORIAL	2,796,268	2,778,820	17,448	
b	INDIRECT EXPENSE	217,969	217,969		
c	ALLOCATED DIRECT EXPENS	0	1,842,007	-1,842,007	
d					
e					
f	All other expenses	1,473,305	894,600	578,412	293
25	Total functional expenses. Add lines 1 through 24f	75,653,867	59,895,141	15,206,925	551,801
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			5,018,482	2	4,704,737
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			8,394,979	4	8,254,688
	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			334,569	8	231,593
	9	Prepaid expenses and deferred charges			2,715,298	9	2,692,053
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	151,211,583			
	b	Less: accumulated depreciation	10b	52,386,828	98,751,179	10c	98,824,755
	11	Investments—publicly traded securities			68,454,029	11	65,641,431
	12	Investments—other securities. See Part IV, line 11			17,837,081	12	14,321,781
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,297,375	15	1,275,381
16	Total assets. Add lines 1 through 15 (must equal line 34)			202,802,992	16	195,946,419	
Liabilities	17	Accounts payable and accrued expenses			9,238,285	17	10,418,221
	18	Grants payable				18	
	19	Deferred revenue			19,997,851	19	17,108,129
	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			25,201,209	23	23,416,197
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			11,573,708	25	27,402,850
	26	Total liabilities. Add lines 17 through 25			117,211,053	26	129,545,397
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			62,066,016	27	45,522,143
	28	Temporarily restricted net assets			18,538,797	28	15,366,433
	29	Permanently restricted net assets			4,987,126	29	5,512,446
	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			85,591,939	33	66,401,022
	34	Total liabilities and net assets/fund balances			202,802,992	34	195,946,419

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,641,261
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,653,867
3	Revenue less expenses Subtract line 2 from line 1	3	-12,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,591,939
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-19,178,311
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	66,401,022

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 separate basis, consolidated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

2011

Open to Public
Inspection

Name of the organization AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Employer identification number 13-5641985
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,875,891	8,417,935	10,910,448	12,321,144	16,871,635	67,397,053
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,229,029	36,468,569	40,222,250	41,649,151	41,727,186	190,296,185
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	49,104,920	44,886,504	51,132,698	53,970,295	58,598,821	257,693,238
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	8,344,895	10,775,472	12,079,431	15,792,334	10,206,314	57,198,446
c Add lines 7a and 7b	8,344,895	10,775,472	12,079,431	15,792,334	10,206,314	57,198,446
8 Public Support (Subtract line 7c from line 6.)						200,494,792

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	49,104,920	44,886,504	51,132,698	53,970,295	58,598,821	257,693,238
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,610,301	12,104,830	13,147,465	12,680,596	7,079,634	58,622,826
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,610,301	12,104,830	13,147,465	12,680,596	7,079,634	58,622,826
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,158,267	2,628,841	3,637,594	81,740	107,830	8,614,272
13 Total support (Add lines 9, 10c, 11 and 12.)	64,873,488	59,620,175	67,917,757	66,732,631	65,786,285	324,930,336
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	61.700 %	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	60.190 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	18 040 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	20 320 %
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME OTHER INCOME

Additional Data

Software ID:

Software Version:

EIN: 13-5641985

Name: AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 3,778,541 including grants of \$ 751) (Revenue \$ 19,000) LIFELONG LEARNING PORTFOLIO (ACADEMIC AFFAIRS)
(Code) (Expenses \$ 3,344,656 including grants of \$) (Revenue \$ 2,768,250) LIFELONG LEARNING PORTFOLIO (E-BUS AND DIGITAL PRODUCTS)
(Code) (Expenses \$ 3,266,145 including grants of \$) (Revenue \$ 1,745,241) JACC JOURNALS (PEER REVIEWED PUBLISHING)
(Code) (Expenses \$ 2,181,423 including grants of \$) (Revenue \$ 992,823) MEMBER CHANNELS- NONPEER REVIEWED PUBLISHING
(Code) (Expenses \$ 1,393,436 including grants of \$) (Revenue \$ 100,000) CARDIOSMART
(Code) (Expenses \$ 1,507,752 including grants of \$) (Revenue \$) FEDERAL GRANTS
(Code) (Expenses \$ 5,126,783 including grants of \$) (Revenue \$ 3,994,919) EDUCATIONAL PROGRAMS
(Code) (Expenses \$ 5,622,782 including grants of \$ 819,897) (Revenue \$ 1,404,293) LEADERSHIP & GOVERNANCE, RESEARCH AWARDS, HEALTHCARE TECHNOLOGY, MAILING LIST, OTHER PROGRAMS AND AWARDS

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

(A) Name and Title	(B) Average hours per week	(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			
ERIC R BATES MD TRUSTEE	3 00	X						0	0	0
ALFRED A BOVE MD TRUSTEE	3 00	X						56,875	0	0
RALPH G BRINDIS MD IMMEDIATE PAST PRESIDENT *	5 00	X		X				0	0	0
JOHN E BRUSH JR MD TRUSTEE	3 00	X						0	0	0
JOSEPH G CACCHIONE MD TRUSTEE	3 00	X						0	0	0
A JOHN CAMM MD TRUSTEE	3 00	X						0	0	0
RICHARD A CHAZAL MD TREASURER	4 00	X						30,000	0	0
GREGORY J DEHMER MD TRUSTEE	3 00	X						0	0	0
JOSEPH P DROZDA JR MD TRUSTEE *	3 00	X						0	0	0
ROBERT A GUYTON MD TRUSTEE	3 00	X						2,500	0	0
EILEEN M HANDBERG MD TRUSTEE	3 00	X						6,250	0	0
JOHN GORDON HAROLD MD VICE PRESIDENT	5 00	X		X				85,000	0	0
ROBERT A HARRINGTON MD TRUSTEE	3 00	X						3,750	0	0
DAVID R HOLMES JR MD PRESIDENT *	7 00	X		X				8,000	0	0
DIPTI ITCHHAPORIA MD TRUSTEE	3 00	X						0	30,000	0
RICHARD J KOVACS MD TRUSTEE	3 00	X						2,500	58,333	0
HARLAN M KRUMHOLZ MD TRUSTEE	3 00	X						1,000	0	0
GERARD R MARTIN MD TRUSTEE	3 00	X						1,000	0	0
CHARLES R MCKAY MD TRUSTEE *	3 00	X						0	0	0
WILLIAM J OETGEN MD TRUSTEE	3 00	X						10,000	0	0
ATHENA POPPAS MD TRUSTEE	3 00	X						0	3,250	0
GEORGE P RODGERS MD TRUSTEE	3 00	X						0	0	0
JOHN S RUMSFELD MD TRUSTEE *	3 00	X						58,557	0	0
E MURAT TUZCU MD TRUSTEE	3 00	X						19,000	0	0
C MICHAEL VALENTINE MD TRUSTEE	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
THAD F WAITES MD SECRETARY & CHAIR-BOARD OF GOV	7 00	X		X				0	85,000	0
MARY NORINE WALSH MD TRUSTEE	3 00	X						0	3,250	0
CAROLE A WARNES MD TRUSTEE	3 00	X						0	1,000	0
W DOUGLAS WEAVER MD TRUSTEE	3 00	X						0	0	0
STUART A WINSTON DO TRUSTEE	3 00	X						2,000	0	0
WILLIAM A ZOGBHI MD PRESIDENT-ELECT *	5 00	X		X				5,000	0	0
JOHN C LEWIN MD CHIEF EXECUTIVE OFFICER	40 00			X				566,326	0	140,320
THOMAS E AREND JR ESQ COO & GENERAL COUNSEL	40 00			X				359,117	0	47,179
MICHAEL A VOTAW CFO SR, VP-FINANCE & STRATEGY	40 00			X				307,000	0	47,207
KEVIN FITZPATRICK SR VP, BUSINES DEVELOPENT	55 00				X			349,000	0	47,207
JANET WRIGHT SR VP, SCIENCE & QUALITY	55 00				X			260,777	0	33,178
JOSEPH GREEN SR VP, PROFESSIONAL DEVELOPMENT & EDUCATION	55 00				X			179,071	0	29,457
JAMES FASULES SR VP, ADVOCACY	10 00				X			71,320	264,800	47,205
CATHLEEN GATES SR VP, MEMBERSHIP,HUMAN RESOURCES & OPERATIONS	40 00				X			241,570	100,200	47,202
KATHLEEN HEWITT ASSOCIATE VP, NCDR REGISTRIES	55 00				X			213,309	0	41,634
SUSAN SEARS HAMILTON ASSOCIATE VP, ANNUAL SCIENTIFIC SESSION	55 00				X			202,303	0	39,113
STEVE ERICKSON ASSOCIATE VP, MARKETING COMMUNICATION	55 00				X			258,000	0	44,232
JULIA CHANG VP, SCIENCE & QUALITY	55 00				X			215,488	0	34,363
ELIZABETH WILSON SR DIRECTOR, PUBLISHING	55 00				X			181,805	0	29,557
KONSTANTINOS DAMALAS SR VP, IT	55 00				X			238,000	0	42,663
BRADLEY ETTINGER ASSOCIATE VP, E-BUSINESS & DIGITAL PRODUCTS	55 00					X		212,508	0	41,778
JASON KREUTER DIRECTOR, TECHNOLOGY	55 00					X		172,964	0	29,084
HENRY SOLOMON CHIEF MEDICAL OFFICER	55 00					X		222,000	0	39,485
CATHERINE ORT-MABRY ASSOCIAE VP, MARKETING	50 00					X		156,603	17,282	28,292
BRENDA HINDLE SR DIRECTOR, SPECIAL PROJECTS	55 00					X		164,054	0	33,257

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

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>Yes</div> <div>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>Yes</div> <div>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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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?

Yes

No

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)?

Yes

No

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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part 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	

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	10,689,660	9,501,414	7,938,916	10,495,408	
b Contributions	525,320			575	
c Investment earnings or losses	-247,269	1,243,712	1,749,549	-2,453,666	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	969,027	55,466	187,051	103,401	
g End of year balance	9,998,684	10,689,660	9,501,414	7,938,916	

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶
- Permanent endowment ▶

55 000 %
- Term endowment ▶

45 000 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	608,087	13,692,455		14,300,542
b Buildings		64,061,132	14,950,017	49,111,115
c Leasehold improvements		26,378,868	5,879,755	20,499,113
d Equipment		41,477,550	31,557,056	9,920,494
e Other		4,993,491		4,993,491
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				98,824,755

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	75,641,261
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	75,653,867
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,606
4	Net unrealized gains (losses) on investments	4	-19,178,311
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-19,178,311
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-19,190,917

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	78,002,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-19,178,311
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	20,227,735
e	Add lines 2a through 2d	2e	1,049,424
3	Subtract line 2e from line 1	3	76,952,932
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	-1,311,671
c	Add lines 4a and 4b	4c	-1,311,671
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	75,641,261

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	97,115,640
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	20,150,102
e	Add lines 2a through 2d	2e	20,150,102
3	Subtract line 2e from line 1	3	76,965,538
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	-1,311,671
c	Add lines 4a and 4b	4c	-1,311,671
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	75,653,867

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO FULFILL THE EDUCATIONAL MISSION OF THE COLLEGE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACC AND ACCF FILE INFORMATION AND INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION AND IN VARIOUS STATES. WITH FEW EXCEPTIONS, THE COLLEGE IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2005. THE COLLEGE ADOPTED THE PROVISIONS OF ASC 740-10 UNCERTAIN TAX POSITIONS ON JANUARY 1, 2007. MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS NOR ANY PENALTIES AND INTEREST TO BE ACCRUED FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, AND, ACCORDINGLY, THERE IS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE COLLEGE IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2009 FORWARD.
PART XII, LINE 2D - OTHER ADJUSTMENTS		INCOME OF AFFILIATE IN CONSOL FINANCIALS 24,641,711 ELIMINATION ENTRY -4,413,976
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES INCLUDED ON ACCF 990 -1,311,671
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF AFFILIATE IN CONSOL FINANCIALS 24,564,078 ELIMINATION ENTRY -4,413,976
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES INCLUDED ON ACCF 990 -1,311,671

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of 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

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	0	0	PROGRAM SERVICE	PRODUCT SALE	
NORTH AMERICA	0	0	PROGRAM SERVICE	PRODUCT SALE	
SOUTH AMERICA	0	0	PROGRAM SERVICE	PRODUCT SALE	
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

[illegible]

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Supplemental Information

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

[illegible]

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

2011

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

2

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

3

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT AWARDS ARE FOR TRAVEL REIMBURSEMENTS TO VARIOUS ACCF RELATED MEETINGS AND RESEARCH RECIPIENTS OF TRAVEL AWARDS ARE REIMBURSED FOR ACTUAL TRAVEL EXPENDITURES UP TO THE MAXIMUM ALLOWED BY THE GRANT REIMBURSEMENTS ARE PAID BASED ON SUBMISSION OF ACTUAL RECEIPTS RESEARCH GRANT RECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS REPORTS AND ARE PAID BASED ON DELIVERABLES COMPLETED AS OUTLINED IN THE GRANT AWARD

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
ACCF/MERCK RESEARCH FELLOWSHIPS IN CV DISEASE	6	210,000			
ACCF/PFIZER CAREER DEVELOPMENT AWARDS	4	195,000			
YOUNG INVESTIGATORS AWARD	16	34,734			
DAVID LITTMAN MEMORIAL LECTURE AWARD	1	10,000			
ACCF/HANDE RUSSEK LECTURSHIP AWARD	11	10,577			
ACCF/WILLIAM F KEATING, EQUIRE ENDOWMENT FUND AWARD	2	65,000			
ST- DOUGLAS P ZIPES (YOUNG SCIENTIST AWARD)	1	1,000			
W PROCTOR HARVEY MD YTA	2	11,500			
END - MASERI -FLORIO END	1	913			
ACCF/GE HEALTHCARE DEVELOPMENT AWARDS	5	243,750			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
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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		
	<input type="checkbox"/> First-class or charter travel		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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	1b	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?	2	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		
	<input checked="" type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) 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?	5a	No
b	Any related organization?	5b	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?	6a	No
b	Any related organization?	6b	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	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[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

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)	528,779 0	26,382 0	11,165 0	126,035 0	14,285 0	706,646 0	0 0
THOMAS E AREND JR ESQ	(i) (ii)	320,117 0	30,000 0	9,000 0	30,625 0	16,554 0	406,296 0	0 0
MICHAEL A VOTAW	(i) (ii)	272,000 0	26,000 0	9,000 0	30,625 0	16,582 0	354,207 0	0 0
KEVIN FITZPATRICK	(i) (ii)	301,000 0	39,000 0	9,000 0	30,625 0	16,582 0	396,207 0	0 0
JANET WRIGHT	(i) (ii)	224,250 0	23,000 0	13,527 0	28,031 0	5,147 0	293,955 0	0 0
JOSEPH GREEN	(i) (ii)	148,946 0	21,000 0	9,125 0	18,063 0	11,394 0	208,528 0	0 0
JAMES FASULES	(i) (ii)	64,920 239,200	4,600 18,400	1,800 7,200	6,125 24,500	3,316 13,264	80,761 302,564	0 0
CATHLEEN GATES	(i) (ii)	215,670 89,100	19,600 8,400	6,300 2,700	21,438 9,188	11,603 4,973	274,611 114,361	0 0
KATHLEEN HEWITT	(i) (ii)	201,885 0	11,424 0	0 0	25,236 0	16,398 0	254,943 0	0 0
SUSAN SEARS HAMILTON	(i) (ii)	188,645 0	13,658 0	0 0	23,581 0	15,532 0	241,416 0	0 0
STEVE ERICKSON	(i) (ii)	229,000 0	20,000 0	9,000 0	28,625 0	15,607 0	302,232 0	0 0
JULIA CHANG	(i) (ii)	202,313 0	13,175 0	0 0	26,009 0	8,354 0	249,851 0	0 0
ELIZABETH WILSON	(i) (ii)	170,527 0	11,278 0	0 0	21,316 0	8,241 0	211,362 0	0 0
KONSTANTINOS DAMALAS	(i) (ii)	210,000 0	19,000 0	9,000 0	26,250 0	16,413 0	280,663 0	0 0
BRADLEY ETTINGER	(i) (ii)	203,024 0	9,484 0	0 0	25,378 0	16,400 0	254,286 0	0 0
JASON KREUTER	(i) (ii)	166,464 0	6,500 0	0 0	20,808 0	8,276 0	202,048 0	0 0
HENRY SOLOMON	(i) (ii)	206,000 0	16,000 0	0 0	25,750 0	13,735 0	261,485 0	0 0
CATHERINE ORT-MABRY	(i) (ii)	145,888 16,091	10,715 1,191	0 0	18,102 2,011	7,361 818	182,066 20,111	0 0

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				
BRENDA HINDLE	(i)	156,728	7,326	0	19,591	13,666	197,311	0
	(ii)	0	0	0	0	0	0	0

<div>Schedule K (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>	<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	
											2011	
	Name of the organization AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION										Employer identification number 13-5641985	

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		(i) Pool financing	
							Yes	No	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		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		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased								
3	Total proceeds of issue	39,200,000		12,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	39,200,000		12,000,000					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2006		2006					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	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	
		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 that may result in private business use of bond-financed property?		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6	Total of lines 4 and 5								
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	
		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 entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	SUN TRUST BANK		SUN TRUST BANK					
c	Term of hedge	30 0000000000000		28 0000000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
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?								
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				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Employer identification number 13-5641985
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ACCF'S SOLE MEMBER IS AMERICAN COLLEGE OF CARDIOLOGY

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL DISCLOSURE IS REQUIRED FOR ALL MEMBERS PARTICIPATING ON ACCF COMMITTEES, TASK FORCES, WORKING GROUPS, ETC

Identifier	Return Reference	Explanation
	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 IS REVIEWED WITH EXECUTIVE COMMITTEE PERIODICALLY

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -19,178,311

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII, LINE 1A, COLUMN B	AMERICAN COLLEGE OF CARDIOLOGY HOURS NAME 20 0 JOHN C LEWIN, M D 15 0 THOMAS E AREND, JR , ESQ 15 0 MICHAEL A VOTAW 3 0 ERIC R BATES, M D 3 0 ALFRED A BOVE, M D 5 0 RALPH G BRINDIS, M D 3 0 JOHN E BRUSH, JR M D 3 0 JOSEPH G CACCHIONE, M D 3 0 A JOHN CAMM, M D 4 0 RICHARD A CHAZAL, M D 3 0 GREGORY J DEHMER, M D 3 0 JOSEPH P DROZDA, JR , M D 3 0 ROBERT A GUYTON, M D 3 0 EILEEN M HANDBERG, M D 5 0 JOHN GORDON HAROLD, M D 3 0 ROBERT A HARRINGTON, M D 7 0 DAVID R HOLMES, JR , M D 3 0 DIPTI ITCHHAPORIA, M D 3 0 RICHARD J KOVACS, M D 3 0 HARLAN M KRUMHOLZ, M D 3 0 GERARD R MARTIN, M D 3 0 CHARLES R MCKAY, M D 3 0 WILLIAM J OETGEN, M D 3 0 ATHENA POPPAS, M D 3 0 GEORGE P RODGERS, M D 3 0 JOHN S RUMSFELD, M D 3 0 E MURAT TUZCU, M D 3 0 C MICHAEL VALENTINE, M D 7 0 THAD F WAITES, M D 3 0 MARY NORINE WALSH, M D 3 0 CAROLE A WARNES, M D 3 0 W DOUGLAS WEAVER, M D 3 0 STUART A WINSTON, D O 5 0 WILLIAM A ZOGHBI, M D 40 0 JAMES FASULES, M D 15 0 CATHLEEN GATES 5 0 CATHERINE ORT-MABRY

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION	FORM 990, PART VII, COLUMN A AND D	<p>* - THE HONORARIUM COMPENSATION PAID DIRECTLY TO THE TRUSTEES EMPLOYER FOR THEIR ROLE AS BOARD OFFICER OF AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION (3) BOARD OFFICER HONORARIA OF \$77,500 DIRECTLY PAID TO THE PERMANENTE MEDICAL GROUP FOR DR BRINDIS ROLE AS IMMEDIATE PAST PRESIDENT (9) HONORARIA OF \$3,000 DIRECTLY PAID TO RYAN HEADACHE CENTER /MERCY HEALTH RESEARCH FOR DR DROZDA ROLE AS CO-CHAIR A NEW ERA 20 ADVISORY BOARD COMMITTEE (14) BOARD OFFICER HONORARIA OF \$165,000 DIRECTLY PAID TO MAYO CLINIC FOR DR HOLMES ROLE AS PRESIDENT (19) HONORARIA OF \$50,000 DIRECTLY PAID TO HARBOR-UCLA MEDICAL FOUNDATION, INC FOR DR MCKAY ROLE AS ACCF NCDR SENIOR MEDICAL OFFICER OF ACCF NCDR (23) HONORARIA OF \$47,312 DIRECTLY PAID TO DEPARTMENT OF VETERANS AFFAIRS DENVER FOR DR RUMSFELD ROLE AS ACCF NCDR CHIEF SCIENTIFIC OFFICER (31) BOARD OFFICER HONORARIA OF \$100,000 DIRECTLY PAID TO THE METHODIST HOSPITAL PHYSICIAN ORGANIZATION FOR DR ZOGHB'S ROLE AS PRESIDENT-ELECT</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

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
(1) ACC LLC 1 2400 N ST NW WASHINGTON, DC 20037 20-2886183	PROPERTY MANAGEMENT	DC	1,293,794	393,190	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN COLLEGE OF CARDIOLOGY 2400 N ST NW WASHINGTON, DC 20037 31-1781555	ADVOCATE AND INFLUENCE POLICY FOR QUALITY CARDIOVASCULAR CARE	DC	501C(6)	N/A	N/A		No
(2) SCAIACC SCIENTIFIC MEETING CORPORATION 2400 N ST NW WASHINGTON, DC 20037 26-1235458	CONDUCT INTERVENTIONAL SCIENCE & EDUCATION MEETING	DC	501C(3)	509(A)(2)	N/A		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ACC SERVICES INC 2400 N ST NW WASHINGTON, DC 20037	CONSULTANCY FOR MEDICAL EDUCATION	DC	N/A	C		3,741	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

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	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF CARDIOLOGY	M		
(2) AMERICAN COLLEGE OF CARDIOLOGY	N		
(3) AMERICAN COLLEGE OF CARDIOLOGY	R	4,413,976	
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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