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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
WASHINGTON, DC 20037

D Employer identification number
13-5641985

E Telephone number
(202) 375-6000

G Gross receipts $ 110,076,154

F Name and address of principal officer
SHALOM JACOBOVITZ
2400 N STREET NW
WASHINGTON,DC 20037

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CARDIOSOURCE ORG

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

L Year of formation 1952

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO TRANSFORM CARDIOVASCULAR CARE AND IMPROVE HEART HEALTH TO ADVOCATE FOR QUALITY CARDIOVASCULAR CARE AND EDUCATE CARDIOVASCULAR PROFESSIONALS AND IMPROVE PATIENT CARE

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

Activities & Governance

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 2013 (Part V, line 2a)	**5**	454
6	Total number of volunteers (estimate if necessary)	**6**	2,250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	805,904
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-312,756

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	21,133,861	25,855,268
9	Program service revenue (Part VIII, line 2g)	46,651,209	51,137,366
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,313,638	10,499,320
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,879,359	11,883,762
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,978,067	99,375,716
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	654,437	938,149
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,441,010	36,978,921
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶452,717		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	49,667,810	47,834,135
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	82,763,257	85,751,205
19	Revenue less expenses Subtract line 18 from line 12	-1,785,190	13,624,511

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	204,737,010	219,226,606
21	Total liabilities (Part X, line 26)	132,499,489	115,884,996
22	Net assets or fund balances Subtract line 21 from line 20	72,237,521	103,341,610

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 — 2014-10-16 Date

▶ MICHAEL VOTAW CFO AND SHALOM JACOBOVITZ, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOYCE M UNDERWOOD				P00022361

Firm's name ▶ BDO USA LLP — Firm's EIN ▶ 13-5381590

Firm's address ▶ 7101 WISCONSIN AVE SUITE 800
BETHESDA, MD 208144827 — Phone no (301) 654-4900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 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 $ 19,345,500 including grants of $ 5,300) (Revenue $ 25,477,918)

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

4b (Code) (Expenses $ 12,527,669 including grants of $ 298,515) (Revenue $ 11,040,520)

ANNUAL SCIENTIFIC SESSION AND I2 SUMMIT- THIS MEETING IS HELD ANNUALLY, PROGRAMS INCLUDE REPORTS OF ORIGINAL INVESTIGATIONS,LECTURES,CORE CURRICULA,PANEL DISCUSSIONS,CLINICAL DEMONSTRATIONS AND SELF ASSESSMENT

4c (Code) (Expenses $ 8,002,080 including grants of $ 219) (Revenue $ 1,204,745)

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 $ 4,687,625 including grants of $ 750) (Revenue $ 3,906,589)

EDUCATIONAL PROGRAMS

(Code) (Expenses $ 3,785,658 including grants of $) (Revenue $ 3,485,637)

LIFELONG LEARNING PORTFOLIO (E-BUS AND DIGITAL PRODUCTS)

(Code) (Expenses $ 3,782,417 including grants of $) (Revenue $)

LIFELONG LEARNING PORTFOLIO-ACADEMIC AFFAIRS

(Code) (Expenses $ 3,506,586 including grants of $ 5,500) (Revenue $ 2,184,912)

JACC JOURNALS (PEER REVIEWED PUBLISHING)

(Code) (Expenses $ 2,125,652 including grants of $) (Revenue $ 247,290)

MEMBER CHANNESL- NONPEER REVIEWED PUBLISHING

(Code) (Expenses $ 2,808,310 including grants of $) (Revenue $ 838)

CARDIOSMART

(Code) (Expenses $ 6,146,837 including grants of $ 509) (Revenue $ 2,216,592)

FEDERAL GRANTS, HEALTHCARE TECHNOLOGY, MAILING LIST, OTHER PROGRAMS AND AWARDS, BOG MEMBER LEADERSHIP

(Code) (Expenses $ 1,544,628 including grants of $ 1,939) (Revenue $)

LEADERSHIP & GOVERNANCE

(Code) (Expenses $ 707,203 including grants of $ 625,417) (Revenue $)

RESEARCH AWARDS

4d Other program services (Describe in Schedule O)

(Expenses $ 29,094,916 including grants of $ 634,115) (Revenue $ 12,041,858)

4e **Total program service expenses** ▶ 68,970,165

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	454		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD , CA , FL , NC , DC , NM , VA , PA , GA , NJ , WI

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ CARLTON DAVIDS CPA 2400 N STREET NW
WASHINGTON, DC 20037 (202) 375-6000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								6,950,940	302,561	953,733

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 168

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN AUDIO VISUAL SOLUTIONS 1600 VICEROY STE 100 DALLAS TX 752352306	ANNUAL MEETING AUDIO VISUAL SERVICES	1,654,903
THE SOC OF THORACIC SURGEON 633 N SAINT CLAIR STREET - STE 232 CHICAGO IL 60611	ASCENT STUDY PROJECT/TVT REGISTRY	1,549,071
DUKE UNIVERSITY 1525 WEST WT HARRIS BLVD - 2C2 CHARLOTTE NC 282602651	SCIENTIFIC ABSTRACT STS/TVT/CATHPCI/	1,210,572
GES EXPOSITION SERVICES INC 7000 LINDEL RD LAS VEGAS NV 89118	EXPOSITION SERVICES	1,176,671
FIGMD INC 2225 GREENBAY DRIVE HONOVER PARK IL 60133	TECHNICAL SUPPORT/PINNACLE REGISTRY	1,127,500

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 ▶ 91

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	4,465,249			
	e	Government grants (contributions)	1e	152,189			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,237,830			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		25,855,268			
Program Service Revenue			Business Code				
	2a	REG PROD & RESEARCH	900099	25,477,918	25,477,918		
	b	ANN SCI SESS/I2 SUMMIT	900099	11,040,520	11,040,520		
	c	EDUCATIONAL PROGRAMS	900099	3,906,589	3,906,589		
	d	LIFELONG LEARNING PORT	900099	3,485,637	3,485,637		
	e	ADVERTISING	541800	1,372,325		1,117,660	254,665
	f	All other program service revenue		5,854,377	5,854,377		
	g	**Total.** Add lines 2a–2f . . . . . ▶		51,137,366			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,674,757		-77,811	1,752,568
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		11,851,073			11,851,073
			(i) Real / (ii) Personal				
	6a	Gross rents	407,502 /				
	b	Less rental expenses	654,958 /				
	c	Rental income or (loss)	-247,456 /				
	d	Net rental income or (loss) . . . . . ▶		-247,456		-233,945	-13,511
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,120,043 / 11,750,000				
	b	Less cost or other basis and sales expenses	5,177,133 / 4,868,347				
	c	Gain or (loss)	1,942,910 / 6,881,653				
	d	Net gain or (loss) . . . . . ▶		8,824,563			8,824,563
Other Revenue	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 INCOME	900099	280,145			280,145
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		280,145			
	12	**Total revenue.** See Instructions . . . . . ▶		99,375,716	49,765,041	805,904	22,949,503

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	938,149	938,149		
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	6,462,110	3,686,255	2,775,855	
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	23,902,902	17,593,357	5,990,554	318,991
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,390,794	1,803,552	557,898	29,344
9 Other employee benefits	2,202,278	1,106,637	1,052,341	43,300
10 Payroll taxes	2,020,837	1,487,544	515,154	18,139
11 Fees for services (non-employees)				
a Management				
b Legal	290,023	63,873	226,150	
c Accounting	111,365		111,365	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	230,225		230,225	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,445,224	16,307,241	2,137,983	
12 Advertising and promotion	2,108,746	1,956,735	152,009	2
13 Office expenses	1,173,742	1,027,459	144,995	1,288
14 Information technology	1,278,107	620,991	647,021	10,095
15 Royalties . .	395,618	395,618		
16 Occupancy	3,062,270	2,718,211	327,765	16,294
17 Travel	3,995,634	3,463,189	529,114	3,331
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,408,158	4,241,001	167,157	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,773,545	5,197,226	2,567,498	8,821
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HONORARIA	3,333,711	3,324,389	9,322	
b OTHER	691,945	148,632	540,201	3,112
c RENT-SPACE	535,822	531,553	4,269	
d ALLOCATED DIRECT EXPENS	0	2,358,553	-2,358,553	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	85,751,205	68,970,165	16,328,323	452,717
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		15,902,776	2	6,490,110
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,891,912	4	16,509,407
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		532,805	8	304,161
	9	Prepaid expenses and deferred charges		3,869,944	9	3,526,672
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 152,326,574			
	b	Less accumulated depreciation	10b 59,966,953	98,544,719	10c	92,359,621
	11	Investments—publicly traded securities		63,827,832	11	79,051,271
	12	Investments—other securities See Part IV, line 11		9,870,501	12	19,651,081
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,296,521	15	1,334,283
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		204,737,010	16	219,226,606
Liabilities	17	Accounts payable and accrued expenses		14,666,170	17	12,487,635
	18	Grants payable			18	
	19	Deferred revenue		19,432,151	19	22,886,392
	20	Tax-exempt bond liabilities		53,200,000	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		21,631,185	23	65,112,849
	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		23,569,983	25	15,398,120
	26	**Total liabilities.** Add lines 17 through 25		132,499,489	26	115,884,996
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		49,584,469	27	72,439,507
	28	Temporarily restricted net assets		17,476,370	28	25,698,221
	29	Permanently restricted net assets		5,176,682	29	5,203,882
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		72,237,521	33	103,341,610
	34	Total liabilities and net assets/fund balances		204,737,010	34	219,226,606

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	99,375,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,751,205
3	Revenue less expenses Subtract line 2 from line 1	3	13,624,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,237,521
5	Net unrealized gains (losses) on investments	5	8,072,262
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,407,316
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,341,610

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

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?

	Yes	No
(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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,910,448	12,321,144	16,646,635	21,133,861	25,855,268	86,867,356
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	40,222,250	41,649,151	41,727,186	45,373,350	50,331,462	219,303,399
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	51,132,698	53,970,295	58,373,821	66,507,211	76,186,730	306,170,755
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	12,079,431	15,792,334	10,206,314	15,576,968	12,396,750	66,051,797
c Add lines 7a and 7b	12,079,431	15,792,334	10,206,314	15,576,968	12,396,750	66,051,797
8 **Public support** (Subtract line 7c from line 6)						240,118,958

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	51,132,698	53,970,295	58,373,821	66,507,211	76,186,730	306,170,755
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,147,465	12,680,596	7,079,634	12,422,156	13,603,641	58,933,492
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,147,465	12,680,596	7,079,634	12,422,156	13,603,641	58,933,492
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)	3,637,594	81,740	107,830	77,809	280,145	4,185,118
13 **Total support.** (Add lines 9, 10c, 11, and 12)	67,917,757	66,732,631	65,561,285	79,007,176	90,070,516	369,289,365

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** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	**15**	65 020 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	**16**	62 110 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	**17**	15 960 %
18 Investment income percentage from **2012** Schedule A, Part III, line 17	**18**	16 950 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT $ 3,637,594 2010 AMOUNT $ 81,740 2011 AMOUNT $ 107,830 2012 AMOUNT $ 77,809 2013 AMOUNT $ 280,145

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	10,595,222	9,998,684	10,689,660	9,501,414	7,938,916
b	Contributions	27,200	64,236	525,320		
c	Net investment earnings, gains, and losses	1,427,342	1,354,026	-247,269	1,243,712	1,749,549
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	253,113	821,724	969,027	55,466	187,051
g	End of year balance	11,796,651	10,595,222	9,998,684	10,689,660	9,501,414

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 44 110 %
- c Temporarily restricted endowment ▶ 55 890 %

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

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,692,455		13,692,455
b Buildings		52,339,719	10,257,180	42,082,539
c Leasehold improvements		27,999,102	8,320,789	19,678,313
d Equipment		46,735,334	33,741,757	12,993,577
e Other		11,559,964	7,647,227	3,912,737
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				92,359,621

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS-HEDGED EQUITY	15,060,255	F
(B) ALTERNATIVE INVESTMENTS-PRIVATE EQUITY	3,018,041	F
(C) ALTERNATIVE INVESTMENTS-REAL ESTATE/COMMODITY	1,572,785	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	19,651,081	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION PLAN LIABILITY	542,213
LIABILITY UNDER INTEREST RATE SWAP	6,288,009
DUE TO AMERICAN COLLEGE OF CARDIOLOGY	8,567,898
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	15,398,120

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	138,029,884
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	8,072,262		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	29,926,948		
e	Add lines **2a** through **2d**			2e	37,999,210
3	Subtract line **2e** from line **1**			3	100,030,674
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 XIII)	4b	-654,958		
c	Add lines **4a** and **4b**			4c	-654,958
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	99,375,716

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	106,898,449
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 XIII)	2d	20,492,286		
e	Add lines **2a** through **2d**			2e	20,492,286
3	Subtract line **2e** from line **1**			3	86,406,163
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 XIII)	4b	-654,958		
c	Add lines **4a** and **4b**			4c	-654,958
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	85,751,205

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	TO FULFILL THE EDUCATIONAL MISSION OF THE COLLEGE
PART X, LINE 2	ACCF FILES INFORMATION AND INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION AND IN VARIOUS STATES UNDER ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS NOR ANY PENALTIES AND INTEREST TO BE ACCRUED FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, AND, ACCORDINGLY, THERE IS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS ACCF IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2010 FORWARD
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME OF AFFILIATE IN CONSOL FINANCIALS 24,984,881 LESS ELIMINATING ENTRIES -4,465,249 UNREALIZED SWAP AGREEMENTS 9,407,316
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES INCLUDED ON ACCF 990 -654,958
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF AFFILIATE IN CONSOL FINANCIALS 24,957,535 LESS ELIMINATION ENTRY -4,465,249
PART XII, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES INCLUDED ON ACCF 990 -654,958

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	PROGRAM SERVICE	PRODUCT SALE	
(2) NORTH AMERICA	0	0	PROGRAM SERVICE	PRODUCT SALE	
(3) SOUTH AMERICA	0	0	PROGRAM SERVICE	PRODUCT SALE	
(4) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		13,299,000
(5)					
3a Sub-total	0	0			13,299,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			13,299,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 13-5641985
Name: AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Part V **Supplemental Information**

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2	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

Additional Data

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	7	262,500			
ACCF/PFIZER CAREER DEVELOPMENT AWARDS	2	97,500			
ST- DOUGLAS P ZIPES (YOUNG SCIENTIST AWARD)	1	1,000			
YOUNG INVESTIGATORS AWARD	20	43,317			
ACCF/WILLIAM F KEATING, EQUIRE ENDOWMENT FUND AWARD	2	52,500			
ACCF/GE HEALTHCARE DEVELOPMENT AWARDS	1	32,500			
ISCTR FELLOWSHIP	2	70,000			
DAVID LITTMAN MEMORIAL LECTURE AWARD	1	10,000			
ACCF/HANDE RUSSEK LECTURSHIP AWARD	12	13,291			
DAIICHI CAREER DEVELOPMENT AWARDS	1	35,000			
END-MASERI-FLORIO END	2	7,279			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	- FIRST CLASS TRAVEL PERMITTED FOR INTERNATIONAL TRAVEL TO THE PRESIDENTIAL TEAM THIS TRAVEL IS NECESSARY TO CARRY ON THE BUSINESS OF THE COLLEGE - COMPANIONS TRAVEL - THIS BENEFIT IS ONLY PERMISSIBLE FOR THE BOARD PRESIDENT THE BOARD PRESIDENT'S COMPANION IS PART OF THE OFFICIAL BUSINESS ACTIVITIES DURING THE MEETING - DEFERRED COMPENSATION PAYMENTS ARE GROSSED UP

Additional Data

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 G HAROLD MD MACC PRESIDENT	(I)	161,250	0	0	0	0	161,250	0
	(II)	0	0	0	0	0	0	0
JACOBOVITZ SHALOM CHIEF EXECUTIVE OFFICER	(I)	418,461	336,460	8,000	0	19,267	782,188	0
	(II)	0	0	0	0	0	0	0
AREND THOMAS COO & GENERAL COUNSEL	(I)	384,140	49,938	9,000	31,875	28,014	502,967	0
	(II)	0	0	0	0	0	0	0
FITZPATRICK KEVIN SVP, BUSINESS DEVELOPMENT	(I)	311,535	62,807	9,000	31,875	26,783	442,000	0
	(II)	0	0	0	0	0	0	0
GATES CATHLEEN CHIEF PEOPLE OFFICER & SVP	(I)	276,655	59,416	8,100	28,688	25,239	398,098	0
	(II)	30,739	6,602	900	3,187	2,804	44,232	0
OETGEN WILLIAM SVP, SCIENCE & QUALITY	(I)	310,500	57,235	9,000	25,500	13,053	415,288	0
	(II)	0	0	0	0	0	0	0
VOTAW MICHAEL SVP, CFO, FINANCE & STRATEGY	(I)	294,975	57,648	9,000	31,875	28,011	421,509	0
	(II)	0	0	0	0	0	0	0
BELIVEAU MARY ELLEN SVP, LIFELONG LEARNING DIVISION	(I)	310,357	52,654	21,549	26,314	26,783	437,657	0
	(II)	0	0	0	0	0	0	0
ERICKSON STEVE SVP, MARKETING & COMMUNICATIONS	(I)	236,899	46,591	9,000	29,627	16,756	338,873	0
	(II)	0	0	0	0	0	0	0
DAMALAS KONSTANTINOS SVP, TECHNOLOGY & BUSINESS SERVICES	(I)	217,350	25,215	9,000	27,168	47,494	326,227	0
	(II)	0	0	0	0	0	0	0
CHANG JULIA VP, SCIENCE & QUALITY	(I)	228,429	14,950	0	22,843	16,832	283,054	0
	(II)	0	0	0	0	0	0	0
KERCHNER STEVE CHIEF DIGITAL OFFICER	(I)	214,962	10,000	8,250	0	26,674	259,886	0
	(II)	0	0	0	0	0	0	0
SIBLEY JANICE AVP, ACADEMIC AFFAIRS	(I)	217,308	14,800	0	21,731	2,811	256,650	0
	(II)	0	0	0	0	0	0	0
HEWITT KATHLEEN AVP, NCDR	(I)	205,923	17,500	0	25,741	15,253	264,417	0
	(II)	0	0	0	0	0	0	0
SEARS HAMILTON SUSAN AVP, ANNUAL SCIENTIFIC SESSION	(I)	192,418	11,600	0	24,052	7,459	235,529	0
	(II)	0	0	0	0	0	0	0
MIYAMOTO PAT AVP, MEMBERSHIP STRATEGY & SERV	(I)	17,680	1,800	0	2,210	932	22,622	0
	(II)	159,120	16,200	0	19,890	8,384	203,594	0
KAHN SHARMAN SR DIR, HUMAN RESOURCES	(I)	165,500	20,500	0	20,687	3,727	210,414	0
	(II)	0	0	0	0	0	0	0
WILSON ELIZABETH DIRECTOR, GOVERNANCE & EXTERNAL REL	(I)	175,643	8,000	0	21,955	9,638	215,236	0
	(II)	0	0	0	0	0	0	0
WALKER THOMAS SR DIRECTOR, IT - INFRA & SUPPORT	(I)	164,048	18,000	0	20,506	14,975	217,529	0
	(II)	0	0	0	0	0	0	0
CHRISTENSEN BARBARA SR DIR, REGISTRY SERVICES	(I)	161,401	12,000	0	20,175	9,213	202,789	0
	(II)	0	0	0	0	0	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				
DONNELLAN JOYCE SR DIR, LIFELONG LEARNING PORTFOLIO	(I) (II)	187,200 0	17,530 0	0 0	12,960 0	18,139 0	235,829 0	0 0
ETTINGER BRADLEY AVP, COMMUNICATIONS	(I) (II)	189,159 0	7,000 0	0 0	23,645 0	15,766 0	235,570 0	0 0
ORT-MABRY CATHERINE AVP, MARKETING	(I) (II)	175,153 0	12,000 0	0 0	21,894 0	8,013 0	217,060 0	0 0
CARPER BRUCE SR DIR, TECHNOLOGY SERVICES	(I) (II)	163,116 0	11,000 0	0 0	16,872 0	20,389 0	211,377 0	0 0
KREUTER JASON DIRECTOR, HEALTHCARE TECHNOLOGY	(I) (II)	166,464 0	7,000 0	0 0	20,808 0	9,246 0	203,518 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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	06-29-2005	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 legally 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 escrows				
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	2007		

		A		B		C		D	
		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 of bond-financed property?	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?	X		X					
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 ▶		1 200 %		1 200 %				
6	Total of lines 4 and 5		1 200 %		1 200 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	SUN TRUST BANK		SUN TRUST BANK					
c	Term of hedge	30 000000000000		28 000000000000					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Employer identification number
13-5641985

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ACCF'S SOLE MEMBER IS AMERICAN COLLEGE OF CARDIOLOGY

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

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

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 2,168,961 MANAGEMENT AND GENERAL EXPENSES 105,101 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,274,062 CONT SERV/GENERAL PROGRAM SERVICE EXPENSES 6,846,397 MANAGEMENT AND GENERAL EXPENSES 745,187 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,591,584 CONT SERV/SUBGRANT PROGRAM SERVICE EXPENSES 756,147 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 756,147 TEMPORARY EMPLOYEES PROGRAM SERVICE EXPENSES 642,079 MANAGEMENT AND GENERAL EXPENSES 114,266 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 756,345 INDEPENDENT CONTRACTORS PROGRAM SERVICE EXPENSES 1,140,388 MANAGEMENT AND GENERAL EXPENSES 207,204 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,347,592 TECH CONT PROGRAM SERVICE EXPENSES 1,342,871 MANAGEMENT AND GENERAL EXPENSES 306,194 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,649,065 CONT SERV/ A-V PROGRAM SERVICE EXPENSES 1,856,195 MANAGEMENT AND GENERAL EXPENSES 38,739 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,894,934 CONT SERV/DECORATION PROGRAM SERVICE EXPENSES 524,615 MANAGEMENT AND GENERAL EXPENSES 21,899 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 546,514 CONT SERV/SECURITY PROGRAM SERVICE EXPENSES 385,208 MANAGEMENT AND GENERAL EXPENSES 318,851 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 704,059 OTHER PROGRAM SERVICE EXPENSES 644,380 MANAGEMENT AND GENERAL EXPENSES 280,542 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 924,922

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED SWAP AGREEMENTS 9,407,316

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

Return Reference	Explanation
FORM 990, PART VII, COLUMN A AND D SUPPLEMENTAL COMPENSATION INFORMATION	* - THE HONORARIUM COMPENSATION PAID DIRECTLY TO THE TRUSTEES EMPLOYER FOR THEIR ROLE AS BOARD OFFICER OF AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION (18) HONORARIA OF 48,572 00 DIRECTLY PAID TO DEPARTMENT OF VETERANS AFFAIRS FOR DR RUMSFELD ROLE OF ACCF NCDR CHIEF SCIENFIFIC OFFICER (21) BOARD OFFICER HONORARIA OF $147,000 00 DIRECTLY PAID TO BRIGHAM AND WOMEN'S HOSPITAL, INC FOR DR O'GARA ROLE AS PRESIDENT-ELECT (26) BOARD OFFICER HONORARIA OF $30,000 00 DIRECTLY PAID TO THE METHODIST DEBAKEKEY CARDIOLOGY ASSOCIATES FOR DR ZOGHBI ROLE AS IMMEDIATE PAST PRESIDENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACC LLC 1 2400 N ST NW WASHINGTON, DC 20037 20-2886183	PROPERTY MANAGEMENT	DC	407,502	416,418	AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ACC SERVICES INC 2400 N ST NW WASHINGTON, DC 20037 26-3635709	CONSULTANCY FOR MEDICAL EDUCATION	DC	AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	C		52,718	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF CARDIOLOGY	M		
(2) AMERICAN COLLEGE OF CARDIOLOGY	N		
(3) AMERICAN COLLEGE OF CARDIOLOGY	R	4,465,249	AFFILIATE REVENUE LESS EXPENSES

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-5641985
Name: AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ATHENA POPPAS MD FACC TRUSTEE	3 00 3 00	X						0	0	0
C MICHAEL VALENTINE MD FACC TREASURER	4 00 4 00	X		X				30,000	0	0
CAROLE A WARNES MD FACC TRUSTEE	3 00 3 00	X						0	1,000	0
DAVID C MAY MD PHD FACC SECRETARY/CHAIR BOARD OF GOVENORS	6 00 6 00	X		X				0	85,000	0
DAVID R HOLMES JR MD MACC TRUSTEE	3 00 3 00	X						4,833	0	0
DIPTI ITCHHAPORIA MD FACC TRUSTEE	3 00 3 00	X						0	0	0
E MURAT TUZCU MD FACC TRUSTEE	3 00 3 00	X						750	0	0
EILEEN HANDBERG PHD FACC TRUSTEE	3 00 3 00	X						3,750	0	0
GEORGE DANGAS MD PHD FACC TRUSTEE	3 00 3 00	X						0	0	0
GEORGE P RODGERS MD FACC TRUSTEE	3 00 3 00	X						0	0	0
GERARD R MARTIN MD FACC TRUSTEE	3 00 3 00	X						0	0	0
GREGORY J DEHMER MD FACC TRUSTEE	3 00 3 00	X						0	0	0
HARLAN KRUMHOLZ MD SM FACC TRUSTEE	3 00 3 00	X						29,250	0	0
HOWARD T WALPOLE JR MD MBA FACC TRUSTEE	3 00 3 00	X						0	0	0
HUON H GRAY MD FACC TRUSTEE	3 00 3 00	X						0	0	0
JOHN E BRUSH JR MD FACC TRUSTEE	3 00 3 00	X						0	0	0
JOHN G HAROLD MD MACC PRESIDENT	12 00 12 00	X		X				161,250	0	0
JOHN RUMSFELD MD PHD FACC TRUSTEE	3 00 3 00	X						59,288	0	0
JOSEPH CACCHIONE MD FACC TRUSTEE	3 00 3 00	X						0	0	0
JOSEPH P DROZDA JR MD FACC TRUSTEE	3 00 3 00	X						0	0	0
PATRICK T O'GARA MD FACC PRESIDENT-ELECT	9 00 9 00	X		X				6,750	0	0
RALPH G BRINDIS MD MPH MACC TRUSTEE	3 00 3 00	X						55,250	0	0
RICHARD J KOVACS MD FACC TRUSTEE	3 00 3 00	X						0	0	0
ROBERT A HARRINGTON MD FACC TRUSTEE	3 00 3 00	X						3,250	0	0
STUART A WINSTON DO FACC TRUSTEE	3 00 3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM A ZOGHBI MDMACC INTERMEDIATE PAST PRESIDENT	7 00 7 00	X		X				77,000	0	0
KIM A WILLIAMS SR MD FACC VICE PRESIDENT	7 00 7 00	X						102,000	3,000	0
BLAIR D ERB JR MD FACC TRUSTEE	3 00 3 00	X						0	0	0
MICHAEL J MACK MD FACC TRUSTEE	3 00 3 00	X						750	0	0
MICHAEL MANSOUR MD FACC TRUSTEE	3 00 3 00	X						0	0	0
DEBRA L NESS MS TRUSTEE	3 00 3 00	X						0	0	0
JACOBOVITZ SHALOM CHIEF EXECUTIVE OFFICER	55 00			X				762,921	0	19,267
AREND THOMAS COO & GENERAL COUNSEL	55 00			X				443,078	0	59,889
FITZPATRICK KEVIN SVP, BUSINESS DEVELOPMENT	55 00			X				383,342	0	58,658
GATES CATHLEEN CHIEF PEOPLE OFFICER & SVP	49 50 5 50			X				344,171	38,241	59,918
OETGEN WILLIAM SVP, SCIENCE & QUALITY	55 00			X				376,735	0	38,553
VOTAW MICHAEL SVP, CFO, FINANCE & STRATEGY	55 00			X				361,623	0	59,886
BELIVEAU MARY ELLEN SVP, LIFELONG LEARNING DIVISION	55 00				X			384,560	0	53,097
ERICKSON STEVE SVP, MARKETING & COMMUNICATIONS	55 00				X			292,490	0	46,383
DAMALAS KONSTANTINOS SVP, TECHNOLOGY & BUSINESS SERVICES	55 00				X			251,565	0	74,662
CHANG JULIA VP, SCIENCE & QUALITY	55 00				X			243,379	0	39,675
KERCHNER STEVE CHIEF DIGITAL OFFICER	55 00				X			233,212	0	26,674
SIBLEY JANICE AVP, ACADEMIC AFFAIRS	55 00				X			232,108	0	24,542
HEWITT KATHLEEN AVP, NCDR	55 00				X			223,423	0	40,994
SEARS HAMILTON SUSAN AVP, ANNUAL SCIENTIFIC SESSION	55 00				X			204,018	0	31,511
MIYAMOTO PAT AVP, MEMBERSHIP STRATEGY & SERV	5 50 49 50				X			19,480	175,320	31,416
KAHN SHARMAN SR DIR, HUMAN RESOURCES	55 00				X			186,000	0	24,414
WILSON ELIZABETH DIRECTOR, GOVERNANCE & EXTERNAL REL	55 00				X			183,643	0	31,593
WALKER THOMAS SR DIRECTOR, IT - INFRA & SUPPORT	55 00				X			182,048	0	35,481
CHRISTENSEN BARBARA SR DIR, REGISTRY SERVICES	55 00				X			173,401	0	29,388

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNELLAN JOYCE SR DIR, LIFELONG LEARNING PORTFOLIO	55 00					X		204,730	0	31,099
ETTINGER BRADLEY AVP, COMMUNICATIONS	55 00					X		196,159	0	39,411
ORT-MABRY CATHERINE AVP, MARKETING	55 00					X		187,153	0	29,907
CARPER BRUCE SR DIR, TECHNOLOGY SERVICES	55 00					X		174,116	0	37,261
KREUTER JASON DIRECTOR, HEALTHCARE TECHNOLOGY	55 00					X		173,464	0	30,054