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# Form **990-PF**

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2013 or tax year beginning		, and end	ling		
Nar	ne of	foundation				A Employer identification	number
		raZeneca HealthCare Fou		<del></del>		51-0349682	
		nd street (or PO box number if mail is not delivered to stree	t address)		Room/suite	B Telephone number	0.0
		. Box 15437				302-886-30	
_		own, state or province, country, and ZIP or foreign   mington, DE 19850–5437				C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmor public ch	oriti.	D 1. Foreign organizations	chack bara
u c	HIECK	Final return	Amended return	ittilet banic cii	arity	1. Poreigh organizations	, check here
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test,
н (	heck	type of organization: X Section 501(c)(3) e				1	
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		E If private foundation sta under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Account		X Accrua	<u> </u>	F If the foundation is in a	
(fr	om F		ther (specify)			under section 507(b)(1)	
_	\$	10,380,179. (Part I, colu	ımn (d) must be on cash b	oasis.)			
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	14,783.			N/A	
er.	2	Check X If the foundation is not required to attach Sch. 8					
<u> </u>	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	202,805.	202	,805.		Statement 1
ე >	5a	Gross rents					
_	b	Net rental income or (loss)		.,			
S S	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	72,474.	" <del></del>			
ē	_b	assets on line 6a			A 77 A	H-RE	FIVEN
3 E	7	Capital gain net income (from Part IV, line 2)			,474.	1	- A - M
<b>-</b> 2	8	Net short-term capital gain Income modifications				S MAR	2 1 001
2	102	Gross sales less returns and allowances					19 × 2014   9
DEN CONTRACTOR Rev	l .	Less Cost of goods sold				ARR	
8		Gross profit or (loss)				LYGU	SN. UT
	11	Other income					
	12	Total. Add lines 1 through 11	290,062.	275	,279.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
ģ		Pension plans, employee benefits		<u> </u>			
Se	16a	Legal fees					
Expense	b	Accounting fees	705 020		01.2		654 005
	1	Other professional fees Stmt 2	705,038.	30	,213.		674,825.
Ę	I	Interest Taxes Stmt 3	0 270		0.		
stra	1	Depreciation and depletion	8,378.	<del></del>			0.
Ē		Occupancy					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
₽d	21	Travel, conferences, and meetings					<del></del>
and Administrative	22	Printing and publications		<del></del>		-	
ā	1	Other expenses Stmt 4	19,315.		,487.		13,828.
atin	24	Total operating and administrative					
Operating		expenses. Add lines 13 through 23	732,731.	35	700.		688,653.
Ō	25	Contributions, gifts, grants paid	3,722,921.				3,722,921.
	26	Total expenses and disbursements.					
	L.	Add lines 24 and 25	4,455,652.	35	<u>,700.</u>		4,411,574.
	27	Subtract line 26 from line 12:	,				(
	1	Excess of revenue over expenses and disbursements	<4,165,590.		<del></del>	<del>  </del>	<b></b> '
		Net investment income (if negative, enter -0-)		239	,57 <u>9</u> .		
3235		Adjusted net income (if negative, enter -0-)				N/A	5 000 DE 10015
3235 10-1	0-13	LHA For Paperwork Reduction Act Notice, see	instructions.	_			Form <b>990-PF</b> (2013)

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P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	44,377.	30,726	30,726.
		Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	]		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		-	
		Less: allowance for doubtful accounts ▶	1		
Ŋ	8	Inventories for sale or use		· -	
Assets	9	Prepaid expenses and deferred charges			
ğ	10a	Investments - U.S. and state government obligations			
	I	Investments - corporate stock			
	1	Investments - corporate bonds		·	
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation	1		
	12	Investments - mortgage loans		<del></del>	
	13	Investments - other Stmt 5	14.593.146.	10,349,453.	10,349,453.
		Land, buildings, and equipment; basis ▶	21/333/2100		10/313/1331
	`	Less accumulated depreciation	1		
	15	Other assets (describe ▶			
	1	Total assets (to be completed by all filers - see the			-
		instructions. Also, see page 1, item 1)	14.637.523.	10.380.179.	10 380 179.
_	17	Accounts payable and accrued expenses	10.223.	90 447	10,380,179.
	18	Grants payable	20,223		<del>'</del>
s	19	Deferred revenue			-
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
liqe	21	Mortgages and other notes payable			7
Ë	22		19,471.	1,465.	<del>-</del>
			25/2/20		<del>'</del>
	23	Total liabilities (add lines 17 through 22)	29,694.	91,912.	
	-	Foundations that follow SFAS 117, check here	2370320	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	14,417,858.	10,128,513.	
Net Assets or Fund Balances	25	Temporarily restricted	189,971.	159,754.	
Bai	26	Permanently restricted	100,000	100,101	
P		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		<u> </u>	
Ass	29	Retained earnings, accumulated income, endowment, or other funds		<del></del> :	
ē	30	Total net assets or fund balances	14,607,829.	10,288,267.	
2	•		11,007,023.	_ 10,200,207	
	31	Total liabilities and net assets/fund balances	14,637,523.	10,380,179.	
				10,500,175	· · · · · · · · · · · · · · · · · · ·
LP	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	<del>-</del> -	
•		st agree with end-of-year figure reported on prior year's return)	. 00	1	14,607,829.
2		r amount from Part I, line 27a		2	<4,165,590.
		r increases not included in line 2 (itemize)		3	<del>24,165,590.</del>
		lines 1, 2, and 3		4	10,442,239.
		eases not included in line 2 (itemize) <u>Unrealized Los</u>	ses on Invest		153,972.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c			10,288,267.
<u>~</u>	. v.u	sees or raine semanass at one or your time 4 initias line of a Late ii.	oranni (D), illie oo		Form <b>990-PF</b> (2013)

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Part IV Capital Gains and Lo	osses for Tax on Inv	estment	Income							
(a) List and describe the k 2-story brick warehouse	and(s) of property sold (e.g., or common stock, 200 shs.	real estate, MLC Co.)		), b	low acquired - Purchase - Donation	(c) Date a (mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr.)		
1a Vanguard ST Bond F					P	01/03	L/10	12/31/13		
b Vanguard ST Bond F					<u> P</u>	06/30		12/31/13		
c Vanguard ST Bond F	<u>und Sales</u>				P	01/03	<u>L/10</u>	12/31/13		
<u>d</u>										
<u>e</u>				L.,	_			<u></u>		
(e) dross sales price	Depreciation allowed (or allowable)		t or other basis xpense of sale				ın or (loss (f) mınus	<u>(g)</u>		
a 33,081.								33,081.		
b 4,555.				_			·	4,555.		
<u>c</u> 9,065,000.			<u>9,030,16</u>	2.			<del></del>	34,838.		
<u>d</u>						<del></del>	·			
e	and the state of t	- f d-1 -	40/04/00							
Complete only for assets showing gain in					r	(I) Gains (Co ol. (k), but n	ol. (h) gain ot less tha	minus n -0-) or		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), ıf any	i	·	Losses (	from col. (	(h))		
	43 01 12/3 1/03							22 001		
<u>a</u>								33,081.		
<u>b</u>			<del></del>					4,555.		
<u>c</u>				_				34,838.		
d					<del></del>					
<u>e</u>				$\dashv$						
2 Capital gain net income or (net capital loss	If gain, also enter i							72,474.		
, , ,	( (		1	기	2		·	12,414.		
3 Net short-term capital gain or (loss) as de		(6):		٦						
If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8	(C).				2		N/A			
Part V Qualification Under	Section 4940(e) for I	Reduced	Tax on Net	Inv	estment in	come	14/13	<u> </u>		
If section 4940(d)(2) applies, leave this part be Was the foundation liable for the section 494:  If "Yes," the foundation does not qualify under  The Enter the appropriate amount in each column.	2 tax on the distributable amo r section 4940(e). Do not com	plete this pa	rt		<u>-</u>			Yes X No		
(a)		il dellons be	ore making any c					(d)		
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distr			(c) (d) Distribution ratio (col. (b) divided by col. (c))				vided by col. (c))		
2012		.,986.			,766,28					
2011		,807.			<u>,871,78</u>			.179126		
2010		5,580.			<u>,564,77</u>			.106518		
		,120.		_1	,269,80			.311165		
2008	82	2,222.			<u> 192,70</u>	8.		.426666		
2 Total of line 1, column (d)						2		1.303893		
3 Average distribution ratio for the 5-year bathe foundation has been in existence if les	•	n line 2 by 5,	or by the number	of ye	ars	3		.260779		
4 Enter the net value of noncharitable-use a	ssets for 2013 from Part X, lii	те 5				4	1	3,371,394.		
5 Multiply line 4 by line 3	·			•		5		3,486,979.		
	4D 444 0713									
6 Enter 1% of net investment income (1% of	11 Mart I, line 270)		• •		•	6		2,396.		
7 Add lines 5 and 6					•	7	_	3,489,375.		
8 Enter qualifying distributions from Part XI		lh and sa		a c 4	0/ toursts	8	-	4,411,574.		
If line 8 is equal to or greater than line 7, on See the Part VI instructions.	MICUN LIE DOX III PAIL VI, IINE	io, and comp	nete that part usin	ya I	/o Lax fale.					

_	990-RF (2013) AstraZeneca HealthCare Foundation 5 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		49682 e instru		Page 4 ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1		2,3	<u>96.</u>
	of Part I, line 27b				
C.	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		_	0.
3	Add lines 1 and 2	3	_	2,3	96.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		2,3	96.
6	Credits/Payments:				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 8,000.				
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		8,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	-	5,6	04.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax > 5,604. Refunded >	11	-		0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene ii	n		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	<b>&gt;</b>	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	i or			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		i		
	managers. ► \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	_	Х
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				ĺ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	. 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? Stmt 7		5	X	
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				ĺ
	By language in the governing instrument, or				ĺ
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state l	aw			1
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	DE		_		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_	1	
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	L
	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>x</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х
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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
`(1) Carry on propaganda, or otherwise attempt to influence legislation (section	ı 4945(e))?	Ye	es X No	i	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,			
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Y,	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or i				
the prevention of cruelty to children or animals?	or oddodaonar parpoood, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described		.3 (24) 110		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii ricguiations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			30	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ınad			
			🗀 "		
expenditure responsibility for the grant?		I/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	г			
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>                                     </u>	6b	<u>X</u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙		
b if "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d) Contributors to	4.55	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expe account,	nse other
(a) name and aboress	to position	`enter'-0-)	compensation	allowan	ces
See Statement 8		0.	0.		0.
				•	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			_
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expe account,	nșe
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	account, allowan	otner
NONE	TOVELOG TO POSITION				
		1			
Take I number of other employees paid out- #50,000		<u>l</u>	<u> </u>		
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>	000 DE	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter '	'NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Ciber, Inc.	IT / Project	
P.O. Box 912468, Denver, CO 80291-2468	Management Servi	ces 198,715.
Jacobstahl, Inc.		
315 East 65th Street, New York, NY 10065	Public Relations	97,034.
Yoh Services, LLC		
Dept AT 40151, Atlanta, GA 31192-0151	Staffing	90,799.
Kelly Services, Inc.		
999 West Big Beaver Road, Troy, MI 48084-4782	Staffing	53,558.
	1	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A		
·		
2		
3	-	
4		
<u> </u>	-	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2.	Amount
1 _ N/A _		
2		· -
All other program-related investments. See instructions.		
3		

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Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	is, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	13,505,774.
Ь	Average of monthly cash balances	1b	13,505,774. 69,245.
_	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	13,575,019.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	13,575,019.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	203,625.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,371,394.
6	Minimum investment return Enter 5% of line 5	6	668,570.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certai	
1	Minimum investment return from Part X, line 6	1	668,570.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	2,396.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	666,174.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	666,174.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	666,174.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,411,574.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,411,574.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<del></del>
	income. Enter 1% of Part I, line 27b	5	2,396.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,409,178.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	
	4940(e) reduction of tax in those years.	•	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				666,174.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008	Ì			
<b>b</b> From 2009				
<b>c</b> From 2010	,			
d From 2011 2,839,196.	İ			
e From 2012 4,101,588.				
f Total of lines 3a through e	6,940,784.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 4,411,574.				
a Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				666,174.
e Remaining amount distributed out of corpus	3,745,400.			<u>.</u>
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,686,184.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				<del></del>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract		<del>-</del>		
lines 4d and 5 from line 1. This amount must		Ļ		
be distributed in 2014				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	10,686,184.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011 2,839,196.				
d Excess from 2012 4,101,588.				
e Excess from 2013 3,745,400.				C 000 DE (0040)

Form **990-PF** (2013)

323601 10-10-13

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year See attached listing None 3,722,921. Total ▶ 3a 3,722,921. **b** Approved for future payment None **▶** 3b Total

Part XVI-A	Analysis of Income-Producing Activities	
------------	---	--

Enter gross amounts unless otherwise indicated.				y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	- Tunction income
a					
b	<u> </u>				
C			$\rightarrow$		
d					
e			<u> </u>		
	<u> </u>				
g Fees and contracts from government agencies	ļ	<u> </u>	<del></del>		
2 Membership dues and assessments	ļ		-++-		
3 Interest on savings and temporary cash					
Investments	<u> </u>		14	200 005	
4 Dividends and interest from securities			14	202,805.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			+ +-		
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal</li></ul>		<del></del>	<del>-  </del> -		
. ,	1		<b> </b>		
property 7 Other investment income					
8 Gain or (loss) from sales of assets other		<del></del>	<del>-  </del>		
than inventory			18	72,474.	
9 Net income or (loss) from special events				12,414.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					<del>-</del>
a					
b		<del></del>	-+		
c					
d		-			
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	275,279.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	275,279.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inco				Importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing fund	s for such purposes	).		

e No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							
-								
+								

Form **990-PF** (2013)

323621 10-10-13

Form 990					<u>re Foundatio</u>			<u>)349682</u>	_	ige 13
Part 2	XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Nor	charitable	1	
4 Did	the ore	·		of the follows	a with any other arganizat	tion described in east	en FO1(a) of		Voc	No
	-				g with any other organizat 7, relating to political orga		1011 50 1(6) 01		103	110
	•	, ,				iiiizatioiis				
<ul> <li>a Transfers from the reporting foundation to a noncharitable exempt organization of:</li> <li>(1) Cash</li> </ul>								1a(1)		Х
(2) Other assets								1a(2)		X
• •		sactions:						14(2)		
		of assets to a noncharita	ible exempt organizat	tion				1b(1)		x
		ases of assets from a no						1b(2)		X
		of facilities, equipment,						1b(3)		X
, ,		ursement arrangements						1b(4)		Х
• •		or loan guarantees						1b(5)		Х
• •		mance of services or me	embership or fundrai	sing solicitatio	ns			1b(6)		X
c Sh	aring of	facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees			1c		Х
d If ti	he answ	er to any of the above is	"Yes," complete the	following sche	dule. Column (b) should a	lways show the fair r	narket value of the g	oods, other ass	ets,	
or :	services	given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market va	lue in any transaction	or sharing arranger	nent, show in		
col		the value of the goods,								
(a) Line n	0 1	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transaction	ns, and sharing arr	angeme	ınts
			ļ	<u> N/A</u>						
		<del></del>			· · · · · · · · · · · · · · · · · · ·					
			ļ	<del></del>						
	_		ļ				·			
	-		<del> </del>	-						
			<del> </del>	<del>_</del>			<del></del>	<del></del>		
	_		<del> </del>		<del></del>		<del> </del>			
	+-						-			
	+	<del></del>	<del> </del>		<del></del>	<del>                                     </del>	<del></del> -			
	_						· · · · · · · · · · · · · · · · · · ·			
				<u> </u>						
		<del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·				<del>-</del>		
					·	<del></del>	<del></del>			
2a  s1	he foun	dation directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt organ	nizations described				
ın s	section :	501(c) of the Code (othe	r than section 501(c	)(3)) or in sect	ion 527?			Yes	X	No
b  f"	Yes," co	mplete the following sch	redule.						_	
		(a) Name of org	ganization		(b) Type of organization		(c) Description of rel	ationship		
		N/A			·					
	_									
					· · · · · · · · · · · · · · · · · · ·					
						<u> </u>				
	l la des		Abad I bassa assassa a dab				h			
Sian					g accompanying schedules an n taxpayer) is based on all info			May the IRS d	SCUSS	this er
Sign Here		Robert Later	.00.		13.24.14	deal d	Then	shown below	see ins	tr)?
	Sign	ature of officer or trustee	<u></u>			Title	Measurer	_ LXJ Yes		J No
	Joigii	Print/Type preparer's na		Preparer's s		Date	Check   If	PTIN		
					.g		self- employed			
Paid		Peter Kenn	nedv	Peter	Kennedy_	03/19/14		P00571	422	
Prep	arer	Firm's name ► Cov				100/12/12	Firm's EIN ► 5			
Use				,			J 5 5	_		
		Firm's address ▶ 62	Rockford	Road,	Suite 200					

Phone no. (302) 656-6632 Form **990-PF** (2013)

Wilmington, DE 19806

Form 990-PF Dividend	ds and	Inter	est	from	Secu	rities	Statement	1
Source	Gross Amount			ital Gains ividends	Column (A) Amount			
J.P. Morgan Prime MM Fund Vanguard ST Bond Fund	_	2,296. 200,509.			0.	2,296. 200,509.		
Total to Fm 990-PF, Part I, 1	ln 4 =	202,805.		0.	202,805.			
Form 990-PF (	ther I	Profes	sior	al F	ees		Statement	2
Description	Exper	a) nses Books		(b) (c) Net Invest- Adjusted ment Income Net Income				
Consulting Fees IT Consulting - Website Maint. Professional Fees Grant Marketing Consultant Grant Meeting Consultant Grant Research Consultant Graphic Design To Form 990-PF, Pg 1, ln 16c	218 81 14 72	2,126. 8,944. 9,250. 7,457. 4,152. 2,930. 179. 5,038.			,213. 0. 0. 0. 0. 0. 0. 0.		87,4 14,2 72,9	944. 250. 457. 152. 930.
= = = = = = = = = = = = = = = = = = =					, 213.			
Form 990-PF	Taxes			Statement	3			
Description	Exper	a) nses Books		(b) Inv	est-	(c) Adjusted Net Incom		
990 PF Excise Tax		8,378.			0.			0.
To Form 990-PF, Pg 1, ln 18		8,378.			0.			0.

Form, 990-PF	Other E	xpenses	Statement			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		(c) Adjusted Net Incom	(d) Charitable Purposes	
Publication of Grant Announcement Professional Membership Fees Insurance Printing Expenses	5,552. 2,790. 1,435. 9,538.	4,	0. 0. 718. 769.		5,55 2,79 71 4,76	90. 17.
To Form 990-PF, Pg 1, ln 23	19,315.	5,	487.		13,82	28.
Form 990-PF	Other Inv	estments			Statement	5
Description		luation ethod	Вос	ok Value	Fair Market Value	ī
Short-Term Bond Funds		FMV	1(	0,349,453.	10,349,45	53.
Total to Form 990-PF, Part II	, line 13		10	349,453.	10,349,45	53.
Form 990-PF	Other Lia	bilities			Statement	6
Description			воз	Amount	EOY Amount	
Due to Affiliate for Tax paym	ents			19,471.	1,46	65.
Total to Form 990-PF, Part II	, line 22			19,471.	1,46	55.
Form 990-PF Statement Termination,	Concerning				Statement	7

### Explanation

The total of the dispositions for the tax year is more than 25% of the fair market value of the net assets of the organization at the beginning of the tax year.

	st of Officers, D I Foundation Mana		State	ement 8
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
James W. Blasetto, M.D., MPH, FAC C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	CC Chairman / Tru 3.00	stee 0.	0.	0.
David P. Nicoli, Esq. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	President / Tr 2.00	ustee 0.	0.	0.
Ms. Emily Denney C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Vice-President 2.00	/ Trustee 0.	0.	0.
Ann V. Booth-Barbarin, Esq. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Secretary / Tr	ustee 0.	0.	0.
Mr. David E. White C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Treasurer 2.00	0.	0.	0.
Ms. Cindy Bertrando, CPA C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Trea 2.00	surer / Tru: 0.	0.	0.
Mr. Robert L. Busch C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Trea 0.00	surer 0.	0.	0.
Mr. Robert Tortorello C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Trea 1.00	surer	0.	0.
Mr. Keith Burns C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Trea 0.00	surer	0.	0.
Mr. Ronald E. Pawlak C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Trea	surer	0.	0.
Michael Miller, M.D., FACC, FAHA C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.

AstraZeneca HealthCare Foundation	n ** *		51-03	349682
John Buse, M.D., PhD. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
L. Kristin Newby, MD, MHS C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Richard Buckley C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	President / Trustee 2.00	0.	0.	0.
Howard Hutchinson, MD, FACC C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Timothy J. Gardner, M.D. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Ms. Joyce Jacobson C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Executive Director 40.00	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.

Form'990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

9

Name and Address of Person to Whom Applications Should be Submitted

Submit via website

Name of Grant Program

Connections for Cardiovascular Health

Email Address

See below

Form and Content of Applications

Applications are only accepted on the Foundation's website; www.astrazeneca-us.com/responsibility/astrazeneca-healthcare-foundation

Any Submission Deadlines

February 28, 2013

Restrictions and Limitations on Awards

See attached statement "Connections for Cardiovascular Health Criteria."

# AstraZeneca HealthCare Foundation, Inc. EIN #51-0349682

2013 Foundation Grant Awardees - 990-PF Part XV, Line 3a

Connections for Cardiovascular Health  $^{\rm SM}$ 

Recipient Organization	Foundation Status	Program name	Grant Amount
Allogiance Hoalth Foundation		Health Improvement Organization Project Access Community Hearts	<b>\$</b> 157,000
Allegiance Health Foundation	509(a)(3) Type II	Program	137,000
Ashland-Boyd County Health Department	Government Organization	Appalachian Partnership for Positive Living and Eating (A.P P.L E.)	213,000
Catherine's Health Center	509(a)(1)	Live Heart Smart	163,387
Christiana Care Health Services, Inc.	509(a)(1)	No Heart Left Behind	213,094
Dr Arenia C. Mallory Community Health Center, Inc.	509(a)(1)	Dr. Martha W. Davis Healthy Families Movement Program	228,445
Elkhorn Logan Valley Public Health		-	250,000
Department	Government Organization	Operation Heart to Heart Healthy Corner Store Network "Heart	200 200
The Food Trust	509(a)(1)	Smarts" Program	209,800
Foundation for Community Partnerships, Inc	509(a)(1)	Partnering for Youth Cardio-Fit Project	267,845
Manna Ministries, Inc	509(a)(1)	Heart 2 Heart Initiative	152,763
Matthew Walker Comprehensive Health Center	509(a)(1)	Dial Down Diabetes	173,210
North Georgia Healthcare Center	509(a)(2)	POWER (Patient Outreach With Education and Resources) Program	175,200
Palmetto Project, Inc	509(a)(1)	Heart & Soul	209,523
Poudre Valley Health System Foundation	509(a)(1)	Healthy Hearts Family Intervention	154,320
Saint Agnes Hospital Foundation, Inc.	509(a)(3) Type I	Heart-to-Heart	197,634
Sankofa Community Development		Contrada UEAL Designs	150,000
Corporation	509(a)(2)	Sankofa HEAL Project Heart Health 1, 2, 3. Comprehensive	
St Mary's Health Wagon		Cardiovascular Disease Initiative for Diabetes Mellitus, Metabolic	200,000
	509(a)(1)	Syndrome, and Obesity Honoring Your Heart on the Wind	
Sundance Research Institute, Inc.	509(a)(2)	River Indian Reservation	238,900
UnityPoint Health - Trinity Medical Center	509(a)(1)	HEART Helping Everyone Access heaRt Treatment	187,270
Whittier Street Health Center, Inc.	509(a)(2)	The Whittier Connections for Cardiovascular Care	150,768
National Breast Cancer Awareness M			
Ivational Dreast Cancer Awareness in	nui		
National Breast Cancer Awareness Month Partners	N/A	Raise breast cancer awareness	45,000
		Total Grants	\$3,737,159
		CCH Grant Return	(14,238)
		Total Grant Expense for 2013	\$3,722,921
		T	o Form 990-PF Part I, line 25

IN: 51-0349682 orm 990-PF

ax Year Ended: December 31, 2013

'art XV. Line 2d

## Connections for Cardiovascular Health<sup>SM</sup> Criteria

The AstraZeneca HealthCare Foundation's Connections for Cardiovascular Health<sup>SM</sup> program awards Foundation grants of \$150,000 and more annually to US-based, nonprofit 501(c)(3) organizations or similar nonprofit organizations working to improve cardiovascular health in their communities.

The intent of the grants awarded is to support innovative initiatives or programs at the community level to help improve cardiovascular health in the community during the grant year and subsequent years. Our intent is to maximize the benefit to patients and we will review each application with that in mind.

To qualify for a Foundation grant, an organization is required to be a 501(c)(3) or similar nonprofit organization, based in the United States, and eligible to receive charitable donations. The nonprofit organization must be engaged in charitable work at the community level or otherwise. The program must address the Foundation's Connections for Cardiovascular Health mission and meet four key criteria:

- 1. Address patient cardiovascular health issues within the United States and its territories
- 2. Recognize and work to address an unmet need related to cardiovascular health in the community
- 3. Respond to the urgency around addressing cardiovascular health issues including cardiovascular disease or conditions contributing to cardiovascular disease
- 4. Improve the quality of patients' and non-professional caregivers' lives in connection with the services provided and work done

Foundation grant applications that meet the criteria and describe innovative initiatives with clearly defined outcomes, measurable results and processes will be considered for funding. Applicants must demonstrate sustainability plans for the initiative so that it can continue to improve cardiovascular health after the Foundation grant funds are expended.

### **Organizational Criteria**

- The organization and its program must be based in the United States and its territories.
- The foundation provides grants to organizations that are:
  - o Nonprofit with a 501(c)(3) designation
  - o Public schools
  - o Municipal institutions (e.g. city health department, municipal hospital, or county board of health)
- Applying organizations will be required to provide a copy of their current IRS 990 form or documents that establish eligibility to receive charitable donations as well as audited financials for the past fiscal year.

#### **Funding**

- The majority of Foundation grants are between \$150,000 and \$250,000. There is a yearly maximum cap amount of \$1.5 million per program.
- An organization with current funding does not have to wait until that funding has ended to submit another application for a new program.
- Incidental equipment and costs necessary to complete or sustain a project are allowed.
- Programs should be designed with funding for equipment less than 30% of the total budget. Exceptions will only be considered when the equipment is integral to the specific program design (e.g., tele-monitoring equipment, first responder equipment, BP monitoring equipment).
- Multi-year funding grant applications up to three years are accepted. Only extraordinary applications will receive multi-year funding.

ax Year Ended: December 31, 2013

'art XV. Line 2d - continued

## Connections for Cardiovascular Health<sup>SM</sup> Criteria

- o If multi-year funding is not approved, the application will be considered for one year funding for the amount represented in the first year. For this reason, multi-year program applicants should design program initiatives where results are independent from year to year and not dependent on previous year's activity or future plans.
- o The <u>minimum</u> grant amount for the first year is \$150,000 and \$500,000 is the maximum yearly request for multi-year grants.

### **Program Design**

- Exclusions. The Foundation does not fund programs that focus exclusively on the following:
  - o Capital investments and unsolicited capital campaigns
  - o Media/awareness campaigns
  - o Enhancement of existing hospital services (e.g. inpatient case management) or hospital software systems
  - o Professional education and/or training for healthcare professionals that is more than incidental to the program
  - o Research or clinical trials
  - o Healthcare Provider/Cardiologist salaries
  - o Faith-based programs that are NOT open to the community-at-large.
- The Foundation does NOT support:
  - o Cardiovascular initiatives outside the US or its territories
  - o Individuals
  - o For-profit organizations
  - o Endowments
  - o Journals or advertising
  - o Political causes, lobbying, fraternal, or social organizations
  - o Religious organizations whose activities are not open to the general public
  - o Nonprofit organizations that discriminate on the basis of race, gender, creed, culture, age, national origin, physical disability, sexual orientation, or status as a military veteran
- **Preference**—the Foundation seeks programs that:
  - o Are focused on measurable results. The program should demonstrate clear, defined and designated outcomes, measurements and processes.
  - o **Provide an innovative approach.** The program should find innovative ways relevant to the program, population, and goals to maximize benefits for the patients and impact to the community.
  - o Demonstrate sustainability. Programs should be able to continue beyond potential grant period and potential AstraZeneca HealthCare Foundation funding.