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Return of Private Foundation

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

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

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

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation AstraZeneca HealthCare Foundation		A Employer identification number 51-0349682
Number and street (or P.O. box number if mail is not delivered to street address) P.O. Box 15437 A1C-324	Room/suite	B Telephone number 302-886-3000
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 19850-5437		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 9,101,315.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part 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 investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		2,003,685.		N/A	
2 Check ☐ If the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		136,212.	136,212.		Statement 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		<28,474.>			
b Gross sales price for all assets on line 6a		10,966,966.			
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		10.	0.		Statement 2
12 Total. Add lines 1 through 11		2,111,433.	136,212.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees Stmt 3		14,387.	0.		14,387.
b Accounting fees Stmt 4		9,750.	0.		9,750.
c Other professional fees Stmt 5		630,612.	38,476.		592,136.
17 Interest					
18 Taxes Stmt 6		1,276.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses Stmt 7		16,570.	7,920.		8,650.
24 Total operating and administrative expenses. Add lines 13 through 23		672,595.	46,396.		624,923.
25 Contributions, gifts, grants paid		2,681,292.			2,681,292.
26 Total expenses and disbursements. Add lines 24 and 25		3,353,887.	46,396.		3,306,215.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<1,242,454.>			
b Net investment income (if negative, enter -0-)			89,816.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	30,726.	23,590.	23,590.
	2 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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other Stmt 8	10,349,453.	9,073,397.	9,073,397.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ <u>Prepaid Excise Tax</u>)	0.	4,328.	4,328.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	10,380,179.	9,101,315.	9,101,315.	
Liabilities	17 Accounts payable and accrued expenses	90,447.	29,296.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)	1,465.	0.	
23 Total liabilities (add lines 17 through 22)	91,912.	29,296.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	10,128,513.	8,953,580.	
	25 Temporarily restricted	159,754.	118,439.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐			
	and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds	-		
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	10,288,267.	9,072,019.		
31 Total liabilities and net assets/fund balances	10,380,179.	9,101,315.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,288,267.
2 Enter amount from Part I, line 27a	2	<1,242,454.>
3 Other increases not included in line 2 (itemize) ▶ <u>Unrealized Gain on Investments</u>	3	26,206.
4 Add lines 1, 2, and 3	4	9,072,019.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	9,072,019.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Vanguard ST Bond Fund CG Dist	P	01/01/10	12/31/14
b Vanguard ST Bond Fund CG Dist	P	06/30/13	12/31/14
c Vanguard ST Bond Fund Sales	P	01/01/10	12/31/14
d JP Morgan Money Market Fund Sales	P	01/01/10	12/31/14
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,961.			3,961.
b 3,005.			3,005.
c 7,600,000.		7,635,440.	<35,440.>
d 3,360,000.		3,360,000.	0.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			3,961.
b			3,005.
c			<35,440.>
d			0.
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	<28,474.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	4,409,178.	13,371,394.	.329747
2012	4,981,986.	17,766,288.	.280418
2011	3,917,807.	21,871,784.	.179126
2010	2,616,580.	24,564,774.	.106518
2009	395,120.	1,269,808.	.311165

2 Total of line 1, column (d)	2	1.206974
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.241395
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	9,533,978.
5 Multiply line 4 by line 3	5	2,301,455.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	898.
7 Add lines 5 and 6	7	2,302,353.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	3,306,215.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

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)		1	898.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	898.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	898.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	5,604.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	5,604.	
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 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	4,706.	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ☒ 4,706. Refunded ☐ 0.	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d 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.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ☒ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☒ DE		
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) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► See Part XV	13	X	
14	The books are in care of ► AstraZeneca HealthCare Foundation, Telephone no. ► 302-885-4503 Located at ► 1800 Concord Pike, A1C-324, Wilmington, DE ZIP+4 ► 19850-5437			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ►	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 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
Kelly Services, Inc. 999 West Big Beaver Road, Troy, MI 48084-4782	Staffing	161,085.
Public Communications, Inc. - One East Wacker Drive Suite 2450, Chicago, IL 60601	Public Relations	134,045.
West Chester University Foundation 700 South High St, West Chester, PA 19383	Project Management Service	120,149.
Ciber, Inc. P.O. Box 912468, Denver, CO 80291-2468	IT / Project Management Services	105,380.

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,624,969.
b	Average of monthly cash balances	1b	54,196.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,679,165.
e	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	9,679,165.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	145,187.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,533,978.
6	Minimum investment return. Enter 5% of line 5	6	476,699.

Part XI**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	476,699.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	898.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	898.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	475,801.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	475,801.
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	475,801.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,306,215.
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:		
a	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	3,306,215.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	898.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,305,317.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				475,801.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011	2,839,196.			
d From 2012	4,101,588.			
e From 2013	3,745,400.			
f Total of lines 3a through e	10,686,184.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 3,306,215.				
a Applied to 2013, but not more than line 2a			0.	
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 2014 distributable amount				475,801.
e Remaining amount distributed out of corpus	2,830,414.			
5 Excess distributions carryover applied to 2014 (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	13,516,598.			
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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	13,516,598.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011	2,839,196.			
c Excess from 2012	4,101,588.			
d Excess from 2013	3,745,400.			
e Excess from 2014	2,830,414.			

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
See attached listing	None			2,681,292.
Total			3a	2,681,292.
b Approved for future payment				
None				
Total			3b	0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee

Date 4/15/15

▶ Assistant Treasurer

May the IRS discuss this return with the preparer shown below (see instr.)?

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Peter Kennedy	Peter Kennedy	04/02/15		P00571422
Firm's name ► Cover & Rossiter, P.A.			Firm's EIN ► 51-0232475	
Firm's address ► 62 Rockford Road, Suite 200 Wilmington, DE 19806			Phone no. (302) 656-6632	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

AstraZeneca HealthCare Foundation**51-0349682**

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Name of organization

Employer identification number

AstraZeneca HealthCare Foundation**51-0349682****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>AstraZeneca, LP</u> <u>P.O. Box 15437</u> <u>Wilmington, DE 19850-5437</u>	\$ <u>2,000,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

51-0349682

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization	Employer identification number
AstraZeneca HealthCare Foundation	51-0349682

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$

Use duplicate copies of Part III if additional space is needed

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

Form 990-PF	Dividends and Interest from Securities	Statement	1
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Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
J.P. Morgan Prime MM Fund	1,200.	0.	1,200.	1,200.	
Vanguard ST Bond Fund	135,012.	0.	135,012.	135,012.	
To Part I, line 4	136,212.	0.	136,212.	136,212.	

Form 990-PF	Other Income	Statement	2
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Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Misc Income	10.	0.	
Total to Form 990-PF, Part I, line 11	10.	0.	

Form 990-PF	Legal Fees	Statement	3
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal Fees	14,387.	0.		14,387.
To Fm 990-PF, Pg 1, ln 16a	14,387.	0.		14,387.

Form 990-PF	Accounting Fees	Statement	4
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	9,750.	0.		9,750.
To Form 990-PF, Pg 1, ln 16b	9,750.	0.		9,750.

Form 990-PF	Other Professional Fees	Statement	5
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting Fees	384,757.	38,476.		346,281.
IT Consulting - Website Maint.	105,380.	0.		105,380.
Professional Fees	722.	0.		722.
Grant Meeting Consultant	19,604.	0.		19,604.
Grant Research Consultant	120,149.	0.		120,149.
To Form 990-PF, Pg 1, ln 16c	630,612.	38,476.		592,136.

Form 990-PF	Taxes	Statement	6
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
990 PF Excise Tax	1,276.	0.		0.
To Form 990-PF, Pg 1, ln 18	1,276.	0.		0.

Form 990-PF	Other Expenses			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Professional Membership Fees	730.	0.		730.	
Insurance	1,434.	717.		717.	
Printing Expenses	14,406.	7,203.		7,203.	
To Form 990-PF, Pg 1, ln 23	16,570.	7,920.		8,650.	

Form 990-PF	Other Investments		Statement	8
Description	Valuation Method	Book Value	Fair Market Value	
Short-Term Bond Funds	FMV	9,073,397.	9,073,397.	
Total to Form 990-PF, Part II, line 13		9,073,397.	9,073,397.	

Form 990-PF	Part VIII - List of Officers, Directors Trustees and Foundation Managers	Statement 9
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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
James W. Blasetto, M.D., MPH, FACC C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Chairman / Trustee 3.00	0.	0.	0.
Raymond Parisi, Jr. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Emily Denney C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Vice President / Trustee 2.00	0.	0.	0.
Ann V. Booth-Barbarin C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Secretary / Trustee 2.00	0.	0.	0.
David E. White C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Treasurer 2.00	0.	0.	0.
Cindy Bertrando C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Treasurer / Trus 2.00	0.	0.	0.
Mr. Robert L. Busch C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Treasurer 0.00	0.	0.	0.
Mr. Robert Tortorello C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Treasurer 1.00	0.	0.	0.
Keith Burns C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Treasurer 0.00	0.	0.	0.
Ronald E. Pawlak C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Assistant Treasurer 0.00	0.	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

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John B. 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 29.00	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 10
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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 27, 2014

Restrictions and Limitations on Awards

See attached statement "Connections for Cardiovascular Health Criteria."

AstraZeneca HealthCare Foundation, Inc. EIN #51-0349682**2014 Foundation Grant Awardees - 990-PF Part XV, Line 3a***Connections for Cardiovascular HealthSM*

Recipient Organization	Foundation Status	Program name	Grant Amount
Ashland-Boyd County Health Department	Government Organization	Appalachian Partnership for Positive Living and Eating (A P P L E.)	\$ 223,000
Catherine's Health Center	509(a)(1)	Heart Smart Connections	160,916
Elkhorn Logan Valley Public Health Department	Government Organization	Operation Heart to Heart	250,000
Manna Ministries Inc	509(a)(1)	Heart 2 Heart Initiative	152,763
North Georgia HealthCare Center, Inc	509(a)(1)	POWER (Patient Outreach with Educational Resources)	204,435
OASIS Institute	509(a)(1)	SEE (Screening, Education and Exercise for) Heart Health	223,501
Presence Hospitals PRV dba: Presence Covenant Medical Center	509(a)(1)	The Cardiovascular Awareness and Risk Reduction Program	168,492
Saint Agnes Hospital Foundation, Inc	509(a)(3)	Heart-to-Heart	215,647
St John's Hospital of the Hospital Sisters of the Third Order of St Francis	509(a)(1)	Launching a 'Tele-Heart Pathway' in Disadvantaged Illinois Communities: Providing health literacy and personalized interventions to fragile and at-risk heart failure patients in their homes to support self-management, independence and optimal health	205,564
St. Mary's Health Wagon	509(a)(1)	Heart Health 1, 2, 3. Comprehensive Cardiovascular Disease Initiative for Diabetes Mellitus, Metabolic Syndrome, and Obesity	250,000
Sundance Research Institute	509(a)(1)	Honoring Your Heart on the Wind River Indian Reservation	197,952
West Virginia Health Right, Inc.	509(a)(1)	SCALE (Sustainable Changes and Lifestyle Enhancement)	191,028
Westminster Free Clinic	509(a)(1)	Corazones Sanos para Mi Familia (Healthy Hearts for My Family)	192,994

National Breast Cancer Awareness Month

National Breast Cancer Awareness Month Partners	N/A	Raise breast cancer awareness	<u>45,000</u>
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Total Grant Expense for 2014 \$ 2,681,292

To Form 990-PF Part I, line 25

The AstraZeneca HealthCare Foundation's *Connections for Cardiovascular HealthSM* 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 awarded grants 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 US-based, nonprofit organization with a 501(c) designation or a public school, government entity, or municipal institution that is eligible to accept tax-deductible, charitable contributions. Organizations which are 501(c)(3) that also have an IRS designation as a 509(a)(3) are ineligible for funding unless the organization is renewing previously awarded CCH program funding. 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 HealthSM* 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
 - Nonprofit with a 501(c) designation. (Organizations that have a 509(a)(3) designation are ineligible for funding unless the organization is renewing previously awarded CCH program funding.)
 - Public schools
 - Municipal institutions (e.g., city health department, municipal hospital, or county board of health)

- Applying organizations will be required to provide 1) a copy of their current IRS 990 form or documents that establish eligibility to receive charitable donations and 2) 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.
- Programs should be designed with funding for equipment less than 30% of the total budget for equipment that is integral to the specific program design and not for equipment that might support other ongoing, routine programs run by the organization. Equipment costs over 30% of the total funding request will not be considered. Incidental equipment and costs necessary to complete or sustain a project are allowed.
- The Foundation is currently accepting grant applications for multiyear funding up to two years. Programs that have received CCH funding in previous years may receive up to a maximum of three years (inclusive of any prior years of funding) of program funding over the program's lifetime. Only extraordinary applications will receive multiyear funding.
- There is no guarantee of funding beyond the initial grant award. Applicants who are approved for a multiyear Foundation grant award must meet program objectives and reapply annually for continued funding.
- If multiyear funding is not approved, the application will be considered for one year of funding for the amount represented in the first year. For this reason, multiyear program applicants should design program initiatives where results are independent from year to year and not dependent on a previous year's activity or future plans.
 - The minimum grant amount for the first year is \$150,000,
 - The maximum yearly request for multiyear grants is \$500,000

Program Design

- **Exclusions.** The Foundation does not fund programs that focus exclusively on the following:
 - Capital investments and unsolicited capital campaigns
 - Media/awareness campaigns
 - Enhancement of existing hospital services (e.g. inpatient case management) or hospital software systems
 - Professional education and/or training for healthcare professionals that is more than incidental to the program
 - Research or clinical trials
 - Healthcare Provider/Cardiologist salaries
 - Faith-based programs that are NOT open to the community-at-large.
- The Foundation does NOT support:
 - Cardiovascular initiatives outside the US or its territories

- Individuals
 - For-profit organizations
 - Endowments
 - Journals or advertising
 - Political causes, lobbying, fraternal, or social organizations
 - Religious organizations whose activities are not open to the general public
 - Nonprofit organizations that discriminate on the basis of age, race, color, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, or disability.
-
- **Preference**—the Foundation seeks programs that:
 - **Are focused on measurable results.** The program should demonstrate clear, defined and designated outcomes, measurements, and processes.
 - **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.
 - **Demonstrate sustainability.** Programs should be able to continue beyond potential grant period and potential AstraZeneca HealthCare Foundation funding.
-
- **Program Execution**
 - Prior written approval from the Foundation is required from grant awardees prior to making a major change in program objectives or scope. Some examples include, but are not limited to, program location, target audience, number of participants reached and tracked, and behavioral and/or clinical measures.
 - Award recipients will be required to complete progress reports to the Foundation according to deadlines and processes set forth in the Letter of Agreement. These requirements include:
 - Three-month progress report (November 2014 through January 2015)
 - Mid-year progress report including at least baseline measurements on approximately half the planned tracked participants and progress towards program outcomes (November 2014 through May 2015)
 - Comprehensive year-end report and program outcomes (November 2014 through December 31, 2015)
 - Regular program reports and other requirements, as set forth in the Letter of Agreement
 - The AstraZeneca HealthCare Foundation requires that all programs report on
 - At least baseline measurements on approximately half the planned tracked participants and progress toward program goals for

AstraZeneca Healthcare Foundation
EIN: 51-0349682
Form 990-PF
Tax Year Ended: December 31, 2014
Part XV, Line 2d

approximately half of the planned reached and unduplicated tracked participants by May 31, 2015.

- All program participants reached and tracked by December 31, 2015

For more information <http://www.astrazeneca-us.com/foundation/>