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Form 990-PF

## Return of Private Foundation

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

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning

, and ending

Name of foundation

A Employer identification number

AstraZeneca HealthCare Foundation

51-0349682

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

P.O. Box 15437 A1C-324

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☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 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 foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationF If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

I Fair market value of all assets at end of year

J Accounting method:

☐ Cash☒ Accrual

(from Part II, col. (c), line 16)

☐ Other (specify)

\$ 6,420,691. (Part I, column (d) must be on cash basis.)

## 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                                                 | 0.           |         | N/A     |             |
| 2   | Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |              |         |         |             |
| 3   | Interest on savings and temporary cash investments                                           |              |         |         |             |
| 4   | Dividends and interest from securities                                                       | 57,392.      | 57,392. |         | Statement 1 |
| 5a  | Gross rents                                                                                  |              |         |         |             |
| b   | Net rental income or (loss)                                                                  |              |         |         |             |
| 6a  | Net gain or (loss) from sale of assets not on line 10                                        | 473.         |         |         |             |
| b   | Gross sales price for all assets on line 6a                                                  | 2,775,473.   |         |         |             |
| 7   | Capital gain net income (from Part IV, line 2)                                               |              | 473.    |         |             |
| 8   | Net short-term capital gain                                                                  |              |         |         |             |
| 9   | Income modifications                                                                         |              |         | 44,336. |             |
| 10a | Gross sales less returns and allowances                                                      |              |         |         |             |
| b   | Less: Cost of goods sold                                                                     |              |         |         |             |
| c   | Gross profit or (loss)                                                                       |              |         |         |             |
| 11  | Other income                                                                                 |              |         |         |             |
| 12  | Total. Add lines 1 through 11                                                                | 57,865.      | 57,865. | 44,336. |             |
| 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 2                                                                            | 14,123.      | 0.      |         | 13,424.     |
| b   | Accounting fees Stmt 3                                                                       | 10,000.      | 0.      |         | 10,000.     |
| c   | Other professional fees Stmt 4                                                               | 692,691.     | 47,590. |         | 643,163.    |
| 17  | Interest                                                                                     |              |         |         |             |
| 18  | Taxes Stmt 5                                                                                 | 52.          | 0.      |         | 0.          |
| 19  | Depreciation and depletion                                                                   |              |         |         |             |
| 20  | Occupancy                                                                                    |              |         |         |             |
| 21  | Travel, conferences, and meetings                                                            |              |         |         |             |
| 22  | Printing and publications                                                                    |              |         |         |             |
| 23  | Other expenses Stmt 6                                                                        | 49,700.      | 5,102.  |         | 44,643.     |
| 24  | Total operating and administrative expenses. Add lines 13 through 23                         | 766,566.     | 52,692. |         | 711,230.    |
| 25  | Contributions, gifts, grants paid                                                            | 1,993,539.   |         |         | 1,993,539.  |
| 26  | Total expenses and disbursements. Add lines 24 and 25                                        | 2,760,105.   | 52,692. |         | 2,704,769.  |
| 27  | Subtract line 26 from line 12:                                                               |              |         |         |             |
| a   | Excess of revenue over expenses and disbursements                                            | <2,702,240.> |         |         |             |
| b   | Net investment income (if negative, enter -0-)                                               |              | 5,173.  |         |             |
| c   | Adjusted net income (if negative, enter -0-)                                                 |              |         | 44,336. |             |

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LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

| 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                                                                                                          | 23,590.                                                                                         | 83,510.        | 83,510.               |
|                                                                                                  | 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                                                                                                        |                                                                                                 |                |                       |
|                                                                                                  | Liabilities                                                                                                                            | 11 Investments - land, buildings, and equipment basis                                           |                |                       |
| Less: accumulated depreciation                                                                   |                                                                                                                                        |                                                                                                 |                |                       |
| 12 Investments - mortgage loans                                                                  |                                                                                                                                        |                                                                                                 |                |                       |
| 13 Investments - other Stmt 8                                                                    |                                                                                                                                        | 9,073,397.                                                                                      | 6,332,527.     | 6,332,527.            |
| 14 Land, buildings, and equipment: basis                                                         |                                                                                                                                        |                                                                                                 |                |                       |
| Less: accumulated depreciation                                                                   |                                                                                                                                        |                                                                                                 |                |                       |
| 15 Other assets (describe Prepaid Excise Tax)                                                    |                                                                                                                                        | 4,328.                                                                                          | 4,654.         | 4,654.                |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                                                                        | 9,101,315.                                                                                      | 6,420,691.     | 6,420,691.            |
| 17 Accounts payable and accrued expenses                                                         |                                                                                                                                        | 29,296.                                                                                         | 29,933.        |                       |
| 18 Grants payable                                                                                |                                                                                                                                        |                                                                                                 |                |                       |
| Net Assets or Fund Balances                                                                      | 19 Deferred revenue                                                                                                                    |                                                                                                 |                |                       |
|                                                                                                  | 20 Loans from officers, directors, trustees, and other disqualified persons                                                            |                                                                                                 |                |                       |
|                                                                                                  | 21 Mortgages and other notes payable                                                                                                   |                                                                                                 |                |                       |
|                                                                                                  | 22 Other liabilities (describe)                                                                                                        |                                                                                                 |                |                       |
|                                                                                                  | 23 Total liabilities (add lines 17 through 22)                                                                                         | 29,296.                                                                                         | 29,933.        |                       |
| Net Assets or Fund Balances                                                                      | Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                                                                                                 |                |                       |
|                                                                                                  | 24 Unrestricted                                                                                                                        | 8,953,580.                                                                                      | 6,322,569.     |                       |
|                                                                                                  | 25 Temporarily restricted                                                                                                              | 118,439.                                                                                        | 68,189.        |                       |
|                                                                                                  | 26 Permanently restricted                                                                                                              |                                                                                                 |                |                       |
|                                                                                                  | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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                                                                                                   | 9,072,019.                                                                                      | 6,390,758.     |                       |
| 31 Total liabilities and net assets/fund balances                                                | 9,101,315.                                                                                                                             | 6,420,691.                                                                                      |                |                       |

## 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 | 9,072,019.   |
| 2 Enter amount from Part I, line 27a                                                                                                                         | 2 | <2,702,240.> |
| 3 Other increases not included in line 2 (itemize) See Statement 7                                                                                           | 3 | 44,714.      |
| 4 Add lines 1, 2, and 3                                                                                                                                      | 4 | 6,414,493.   |
| 5 Decreases not included in line 2 (itemize) Unrealized Loss on Investments                                                                                  | 5 | 23,735.      |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                      | 6 | 6,390,758.   |

**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<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1a Vanguard ST Bond Fund CG Dist                                                                                                   | P                                                | 06/30/15                             | 12/24/15                         |
| b JP Morgan Money Market Fund Sales                                                                                                | P                                                | Various                              | Various                          |
| c                                                                                                                                  |                                                  |                                      |                                  |
| d                                                                                                                                  |                                                  |                                      |                                  |
| e                                                                                                                                  |                                                  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 473.                |                                            |                                                 | 473.                                         |
| b 2,775,000.          |                                            | 2,775,000.                                      | 0.                                           |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| a                         |                                      |                                                 | 473.                                                                                            |
| b                         |                                      |                                                 | 0.                                                                                              |
| c                         |                                      |                                                 |                                                                                                 |
| d                         |                                      |                                                 |                                                                                                 |
| e                         |                                      |                                                 |                                                                                                 |

|                                                                                                                                                                                 |   |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 2 Capital gain net income or (net capital loss)                                                                                                                                 | 2 | 473. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>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<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 2014                                                              | 3,305,317.                            | 9,533,978.                                | .346688                                                  |
| 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                                                  |

|                                                                                                                                                                                |   |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | 1.242497   |
| 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 | .248499    |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5                                                                                                 | 4 | 8,139,484. |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 2,022,654. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 52.        |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 2,022,706. |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 2,704,769. |

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.

**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 <input type="checkbox"/> and enter "N/A" on line 1.<br>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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                           |    | 1      | 52.      |
| 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      | 52.      |
| 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      | 52.      |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |        |          |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015                                                                                                                                                                    | 6a | 4,706. |          |
| 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  | 4,706. |          |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 | 4,654. |          |
| 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax                                                                                                                                                                   | 11 | 4,654. | Refunded |
|                                                                                                                                                                                                                                        |    |        | 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   |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br>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   |
| 1c 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:<br>(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?<br>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?                                                                                                                                                                                                                                                                             |     | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>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:<br>• By language in the governing instrument, or<br>• 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 2015 or the taxable year beginning in 2015 (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   |

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities** (continued)

|                                                                                                                                                                                                                                                                                                                                    | Yes | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 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?<br>Website address ▶ See Part XV                                                                                                                                                                            | 13  | X   |
| 14 The books are in care of ▶ AstraZeneca HealthCare Foundation, Telephone no. ▶ 302-885-4503<br>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<br>and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                          | 15  | N/A |
| 16 At any time during calendar year 2015, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | 16  | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>                                                                                                                                                           | 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 2015?                                                                                                                                                                                                                                                                                                                                                                             | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶                                                                                                                                                                                                                                                                                                                 |     |    |
| 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                       | 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.<br>▶                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| b If "Yes," did it have excess business holdings in 2015 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 2015.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 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 2015?                                                                                                                                                                                                                                                                                                                                   | 4b  | X  |

Form 990-PF (2015)

**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**

Organizations relying on a current notice regarding disaster assistance check here ☐

5b

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

6b

X

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

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

7b

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

**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

Form 990-PF (2015)

**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.<br>999 West Big Beaver Road, Troy, MI 48084-4782                | Staffing                      | 241,855.         |
| Public Communications, Inc. - One East Wacker<br>Drive Suite 2450, Chicago, IL 60601 | Public Relations              | 205,579.         |
| West Chester University Foundation<br>700 South High St, West Chester, PA 19383      | Project Management<br>Service | 170,530.         |
|                                                                                      |                               |                  |
|                                                                                      |                               |                  |
|                                                                                      |                               |                  |

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.

Form 990-PF (2015)



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

|          |                                                                                                             |           |            |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |           |            |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 8,185,052. |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 78,384.    |
| <b>c</b> | Fair market value of all other assets                                                                       | <b>1c</b> |            |
| <b>d</b> | Total (add lines 1a, b, and c)                                                                              | <b>1d</b> | 8,263,436. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> | 0.         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  | 0.         |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 8,263,436. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>  | 123,952.   |
| <b>5</b> | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 8,139,484. |
| <b>6</b> | Minimum investment return. Enter 5% of line 5                                                               | <b>6</b>  | 406,974.   |

**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.)

|           |                                                                                                    |           |          |
|-----------|----------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                      | <b>1</b>  | 406,974. |
| <b>2a</b> | Tax on investment income for 2015 from Part VI, line 5                                             | <b>2a</b> | 52.      |
| <b>b</b>  | Income tax for 2015. (This does not include the tax from Part VI.)                                 | <b>2b</b> |          |
| <b>c</b>  | Add lines 2a and 2b                                                                                | <b>2c</b> | 52.      |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                              | <b>3</b>  | 406,922. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                          | <b>4</b>  | 44,336.  |
| <b>5</b>  | Add lines 3 and 4                                                                                  | <b>5</b>  | 451,258. |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                             | <b>6</b>  | 0.       |
| <b>7</b>  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 451,258. |

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

|          |                                                                                                                                   |           |            |
|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                        |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | <b>1a</b> | 2,704,769. |
| <b>b</b> | Program-related investments - total from Part IX-B                                                                                | <b>1b</b> | 0.         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | <b>2</b>  |            |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                              |           |            |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                    | <b>3a</b> |            |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                             | <b>3b</b> |            |
| <b>4</b> | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                        | <b>4</b>  | 2,704,769. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | <b>5</b>  | 52.        |
| <b>6</b> | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                    | <b>6</b>  | 2,704,717. |

**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.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2015 from Part XI, line 7                                                                                                                       |               |                            |             | 451,258.    |
| <b>2</b> Undistributed income, if any, as of the end of 2015                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2014 only                                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2015:                                                                                                                         |               |                            |             |             |
| <b>a</b> From 2010                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2011                                                                                                                                                                | 2,839,196.    |                            |             |             |
| <b>c</b> From 2012                                                                                                                                                                | 4,101,588.    |                            |             |             |
| <b>d</b> From 2013                                                                                                                                                                | 3,745,400.    |                            |             |             |
| <b>e</b> From 2014                                                                                                                                                                | 2,830,414.    |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 13,516,598.   |                            |             |             |
| <b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$                                                                                                            | 2,704,769.    |                            |             |             |
| <b>a</b> Applied to 2014, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| <b>d</b> Applied to 2015 distributable amount                                                                                                                                     |               |                            |             | 451,258.    |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 2,253,511.    |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))                                         | 0.            |                            |             | 0.          |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 15,770,109.   |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| <b>c</b> 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.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions                                                                                                         |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016                                                              |               |                            |             | 0.          |
| <b>7</b> 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.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a                                                                                              | 15,770,109.   |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| <b>a</b> Excess from 2011                                                                                                                                                         | 2,839,196.    |                            |             |             |
| <b>b</b> Excess from 2012                                                                                                                                                         | 4,101,588.    |                            |             |             |
| <b>c</b> Excess from 2013                                                                                                                                                         | 3,745,400.    |                            |             |             |
| <b>d</b> Excess from 2014                                                                                                                                                         | 2,830,414.    |                            |             |             |
| <b>e</b> Excess from 2015                                                                                                                                                         | 2,253,511.    |                            |             |             |



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

| Recipient                            | 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     |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Name and address (home or business)  |                                                                                                           |                                |                                  |            |
| <b>a Paid during the year</b>        |                                                                                                           |                                |                                  |            |
| See attached listing                 | None                                                                                                      |                                |                                  | 1,993,539. |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
| <b>Total</b>                         |                                                                                                           |                                | ▶ <b>3a</b>                      | 1,993,539. |
| <b>b Approved for future payment</b> |                                                                                                           |                                |                                  |            |
| None                                 |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
|                                      |                                                                                                           |                                |                                  |            |
| <b>Total</b>                         |                                                                                                           |                                | ▶ <b>3b</b>                      | 0.         |



## Part XVII

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| <b>1</b> | 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?                                                                                                                                          |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |    |
|          | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | X  |
|          | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | X  |
| <b>b</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  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | X  |
| <b>d</b> | 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. |       |    |

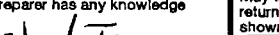
[illegible]

**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. |                                                                                                      |                                                                                                                       |                                                 | May the IRS discuss this return with the preparer shown below (see Instr. 7)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                        | <br>Signature of officer or trustee                                                                                                                                                                                                 | 4/1/16<br>Date                                                                                       | <br>Assistant Treasurer<br>Title |                                                 |                                                                                                                                                      |
| Paid Preparer Use Only | Print/Type preparer's name                                                                                                                                                                                                                                                                                             | Preparer's signature                                                                                 | Date                                                                                                                  | Check <input type="checkbox"/> if self-employed | PTIN                                                                                                                                                 |
|                        | Peter Kennedy                                                                                                                                                                                                                                                                                                          | <br>Peter Kennedy | 03/23/16                                                                                                              |                                                 | P00571422                                                                                                                                            |
|                        | Firm's name ▶ Cover & Rossiter, P.A.                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                       | Firm's EIN ▶ 51-0232475                         |                                                                                                                                                      |
|                        | Firm's address ▶ 62 Rockford Road, Suite 200<br>Wilmington, DE 19806                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                       | Phone no. (302) 656-6632                        |                                                                                                                                                      |

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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 Investment Income | (c) Adjusted Net Income |
|---------------------------|--------------|-------------------------|-----------------------|---------------------------|-------------------------|
| J.P. Morgan Prime MM Fund | 5,405.       | 0.                      | 5,405.                | 5,405.                    |                         |
| Vanguard ST Bond Fund     | 51,987.      | 0.                      | 51,987.               | 51,987.                   |                         |
| To Part I, line 4         | 57,392.      | 0.                      | 57,392.               | 57,392.                   |                         |

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Form 990-PF Legal Fees Statement 2

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| Description                | (a) Expenses Per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| Legal Fees                 | 14,123.                | 0.                        |                         | 13,424.                 |
| To Fm 990-PF, Pg 1, ln 16a | 14,123.                | 0.                        |                         | 13,424.                 |

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Form 990-PF Accounting Fees Statement 3

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| Description                  | (a) Expenses Per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| Accounting Fees              | 10,000.                | 0.                        |                         | 10,000.                 |
| To Form 990-PF, Pg 1, ln 16b | 10,000.                | 0.                        |                         | 10,000.                 |

|             |                         |           |   |
|-------------|-------------------------|-----------|---|
| Form 990-PF | Other Professional Fees | Statement | 4 |
|-------------|-------------------------|-----------|---|

| Description                    | (a)<br>Expenses<br>Per Books | (b)<br>Net Invest-<br>ment Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|--------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Consulting Fees                | 475,901.                     | 47,590.                           |                               | 426,373.                      |
| IT Consulting - Website Maint. | 20,613.                      | 0.                                |                               | 20,613.                       |
| Grant Meeting Consultant       | 25,647.                      | 0.                                |                               | 25,647.                       |
| Grant Research Consultant      | 170,530.                     | 0.                                |                               | 170,530.                      |
| To Form 990-PF, Pg 1, ln 16c   | 692,691.                     | 47,590.                           |                               | 643,163.                      |

|             |       |           |   |
|-------------|-------|-----------|---|
| Form 990-PF | Taxes | Statement | 5 |
|-------------|-------|-----------|---|

| Description                 | (a)<br>Expenses<br>Per Books | (b)<br>Net Invest-<br>ment Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| 990 PF Excise Tax           | 52.                          | 0.                                |                               | 0.                            |
| To Form 990-PF, Pg 1, ln 18 | 52.                          | 0.                                |                               | 0.                            |

|             |                |           |   |
|-------------|----------------|-----------|---|
| Form 990-PF | Other Expenses | Statement | 6 |
|-------------|----------------|-----------|---|

| Description                  | (a)<br>Expenses<br>Per Books | (b)<br>Net Invest-<br>ment Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Professional Membership Fees | 4,380.                       | 0.                                |                               | 4,380.                        |
| Insurance                    | 1,435.                       | 718.                              |                               | 717.                          |
| Printing Expenses            | 43,840.                      | 4,384.                            |                               | 39,501.                       |
| Office Expense               | 45.                          | 0.                                |                               | 45.                           |
| To Form 990-PF, Pg 1, ln 23  | 49,700.                      | 5,102.                            |                               | 44,643.                       |



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|             |                                                |           |   |
|-------------|------------------------------------------------|-----------|---|
| Form 990-PF | Other Increases in Net Assets or Fund Balances | Statement | 7 |
|-------------|------------------------------------------------|-----------|---|

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| Description                                        | Amount  |
|----------------------------------------------------|---------|
| Prior Year Change in Prepaid Excise Tax Adjustment | 378.    |
| Grants paid in prior year returned in current year | 44,336. |
| Total to Form 990-PF, Part III, line 3             | 44,714. |

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|             |                   |           |   |
|-------------|-------------------|-----------|---|
| Form 990-PF | Other Investments | Statement | 8 |
|-------------|-------------------|-----------|---|

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| Description                            | Valuation Method | Book Value | Fair Market Value |
|----------------------------------------|------------------|------------|-------------------|
| Short-Term Bond Funds                  | FMV              | 6,332,527. | 6,332,527.        |
| Total to Form 990-PF, Part II, line 13 |                  | 6,332,527. | 6,332,527.        |

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|             |                                                                             |           |   |
|-------------|-----------------------------------------------------------------------------|-----------|---|
| Form 990-PF | Part VIII - List of Officers, Directors<br>Trustees and Foundation Managers | Statement | 9 |
|-------------|-----------------------------------------------------------------------------|-----------|---|

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| Name and Address                                                                             | Title and<br>Avrg Hrs/Wk           | Compen-<br>sation | Employee<br>Ben Plan Expense<br>Contrib Account |
|----------------------------------------------------------------------------------------------|------------------------------------|-------------------|-------------------------------------------------|
| James W. Blasetto, M.D., MPH, FACC<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437 | Chairman / Trustee<br>3.00         | 0.                | 0. 0.                                           |
| Richard Buckley<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                    | President / Trustee<br>2.00        | 0.                | 0. 0.                                           |
| Ann V. Booth-Barbarin<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437              | Secretary / Trustee<br>2.00        | 0.                | 0. 0.                                           |
| David E. White<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                     | Treasurer<br>2.00                  | 0.                | 0. 0.                                           |
| Cindy Bertrando<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                    | Assistant Treasurer / Trus<br>2.00 | 0.                | 0. 0.                                           |

## AstraZeneca HealthCare Foundation

51-0349682

|                                                                                            |                             |    |    |    |
|--------------------------------------------------------------------------------------------|-----------------------------|----|----|----|
| Mr. Robert L. Busch<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437              | Assistant Treasurer<br>0.00 | 0. | 0. | 0. |
| Mr. Robert Tortorello<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437            | Assistant Treasurer<br>1.00 | 0. | 0. | 0. |
| Keith Burns<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                      | Assistant Treasurer<br>0.00 | 0. | 0. | 0. |
| Ronald E. Pawlak<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                 | Assistant Treasurer<br>0.00 | 0. | 0. | 0. |
| Raymond Parisi, Jr.<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437              | Trustee<br>2.00             | 0. | 0. | 0. |
| John McKenna<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437                     | Trustee<br>2.00             | 0. | 0. | 0. |
| Michael Miller, M.D., FACC, FAHA<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437 | Trustee<br>2.00             | 0. | 0. | 0. |
| John B. Buse, M.D., PhD.<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437         | Trustee<br>2.00             | 0. | 0. | 0. |
| L. Kristin Newby, MD, MHS<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437        | Trustee<br>2.00             | 0. | 0. | 0. |
| Howard Hutchinson, MD, FACC<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437      | Trustee<br>2.00             | 0. | 0. | 0. |
| Timothy J. Gardner, M.D.<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437         | Trustee<br>2.00             | 0. | 0. | 0. |
| Ms. Joyce Jacobson<br>C/O AZHCF; P.O. Box 15437<br>Wilmington, DE 19850-5437               | Executive Director<br>29.00 | 0. | 0. | 0. |

Totals included on 990-PF, Page 6, Part VIII

|    |    |    |
|----|----|----|
| 0. | 0. | 0. |
|----|----|----|

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|             |                                          |              |
|-------------|------------------------------------------|--------------|
| Form 990-PF | Grant Application Submission Information | Statement 10 |
|             | Part XV, Lines 2a through 2d             |              |

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Name and Address of Person to Whom Applications Should be Submitted

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Submit via website

Name of Grant Program

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Connections for Cardiovascular Health

Email Address

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See below

Form and Content of Applications

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Applications are only accepted on the Foundation's website;  
[www.astrazeneca-us.com/responsibility/astrazeneca-healthcare-foundation](http://www.astrazeneca-us.com/responsibility/astrazeneca-healthcare-foundation)

Any Submission Deadlines

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February 26, 2015

Restrictions and Limitations on Awards

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See attached statement "Connections for Cardiovascular Health Criteria."

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

***The AstraZeneca HealthCare Foundation's Connections for Cardiovascular Health<sup>SM</sup>***

program awards Foundation grants from \$150,000 to \$180,000 annually to U.S.-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 aim is for funded programs to maximize the benefit to participants, and we will review each application with that in mind.

To qualify for a Foundation grant, an organization is required to be a U.S.-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 that are 501(c)(3) and also have an IRS designation as a 509(a)(3) are ineligible for 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 Health<sup>SM</sup> 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 participants' 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 to show that the program 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:
  - Nonprofits with a 501(c) designation. (Organizations that have a 509(a)(3) designation are ineligible for 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. (If audited financials are not available, unaudited financial statements may be submitted. The Connections for Cardiovascular

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

Health<sup>SM</sup> program preference is to provide funding to organizations that have both a current audited financial statement and IRS Form 990 available.)

- After submitting the application, organizations cannot make substantive changes to their tax status. Once selected for a grant award, organizations cannot reassign, transfer or credit their grant to another entity, including any related entity, without prior written approval by the Foundation. Any changes in an organization's tax status after submitting the application or being selected for a grant award must be reported immediately and may impact the organization's eligibility to receive the grant.

**Funding**

- The Foundation funds grants between \$150,000 and \$180,000.
- 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 will not fund vehicle purchases.
- Costs over 10% in the budget category "Other" will not be considered.
- The Foundation will only fund requests for a single year of funding. There is no guarantee of funding beyond the initial grant award. Applicants who are approved for a Foundation grant award must meet program objectives and reapply annually for continued funding.
- 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.

**Program Design**

- **Exclusions.** The Foundation does NOT fund programs that focus exclusively on the following:
  - Capital investments and unsolicited capital campaigns
  - Media/awareness campaigns
  - Hospital software systems, hospital in-patient programs or enhancement of existing hospital services
  - 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 United States or its territories
  - Individuals
  - For-profit organizations
  - Endowments
  - Journals or advertising

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

- 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 participants and impact to the community.
  - **Demonstrate sustainability.** Programs should be able to continue beyond the potential grant period and potential AstraZeneca HealthCare Foundation funding.
- **Participant goals.** Programs must be designed to reach at least 100 unduplicated tracked participants by year-end.

**Program Execution**

- Prior written approval from the Foundation is required from Grant Awardees prior to making a major change in program objectives, budget 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 submit regular program reports and other requirements to the Foundation according to deadlines and processes set forth in the Letter of Agreement. These requirements include:
  - Three-Month progress report (November 2015 through January 2016)
  - Mid-Year progress report (November 2015 through May 2016)
  - Comprehensive Year-End report and program outcomes (November 2015 through December 31, 2016)
  - The AstraZeneca HealthCare Foundation requires that all programs:
    - Demonstrate measurement outcomes at both the mid-year (May 2016) and year-end (December 2016) time frames following the grant award.
    - Report on at least baseline measurements and progress toward program goals for approximately half of the planned unduplicated tracked participants by May 31, 2016.

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

## 2015 Foundation Grant Awardees - 990-PF Part XV, Line 3a

| <i>Connections for Cardiovascular Health<sup>SM</sup></i>                         |                   |                                                                                                                                                           |              |
|-----------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                                                                                   |                   |                                                                                                                                                           |              |
| Recipient Organization                                                            | Foundation Status | Program name                                                                                                                                              | Grant Amount |
| Catherine's Health Center                                                         | 509(a)(1)         | Healthy Heart Team                                                                                                                                        | \$ 167,383   |
| City Health Works                                                                 | 509(a)(1)         | Extending care for hypertension beyond the confines of the healthcare system via neighborhood-based coaching integrated with primary care                 | 178,809      |
| Drexel Univerisity, Stephen and Sandra Sheller 11th Street Family Health Services | 509(a)(1)         | R*Health: Building Resilience for Life-Long Health                                                                                                        | 179,974      |
| Gaston & Porter Health Improvement Center Inc (The GPHIC)                         | 509(a)(1)         | Prime Time Sister Circles(R)(PTSC):An Effective Intervention for Reducing Risk Factors for Cardiovascular Disease(CVD) in Mid-Life African American Women | 179,726      |
| Mallory Community Health Center                                                   | 509(a)(1)         | Take Control of Your Health                                                                                                                               | 180,000      |
| Manna Ministries Inc.                                                             | 509(a)(1)         | Heart 2 Heart Initiative                                                                                                                                  | 180,000      |
| North Georgia HealthCare Center                                                   | 509(a)(1)         | POWER-Patient Outreach With Educational Resources                                                                                                         | 179,200      |
| St. Mary's Health Wagon                                                           | 509(a)(1)         | Heart Health 1, 2, 3. Comprehensive Cardiovascular Disease Initiative for Diabetes Mellitus, Metabolic Syndrome, and Obesity                              | 180,000      |
| West Virginia Health Right, Inc.                                                  | 509(a)(1)         | SCALE (Sustainable Changes and Lifestyle Enhancement)                                                                                                     | 179,686      |
| Westminster Free Clinic                                                           | 509(a)(1)         | Corazones Sanos (Healthy Hearts) Program                                                                                                                  | 179,945      |
| YMCA of Metropolitan Los Angeles - Mid Valley Family YMCA                         | 509(a)(1)         | Activate Your Heart/Active Su Corazon                                                                                                                     | 158,566      |
| <i>National Breast Cancer Awareness Month</i>                                     |                   |                                                                                                                                                           |              |
| National Breast Cancer Awareness Month Partners                                   | N/A               | Raise breast cancer awareness                                                                                                                             | 50,000       |
| <i>Other Grants</i>                                                               |                   |                                                                                                                                                           |              |
| Employee Disaster Relief Fund                                                     | N/A               | Assist employees in need                                                                                                                                  | 250          |
|                                                                                   |                   |                                                                                                                                                           |              |
|                                                                                   |                   | Total Grants                                                                                                                                              | \$ 1,993,539 |
|                                                                                   |                   | CCH Grant Return                                                                                                                                          | (44,336)     |
|                                                                                   |                   | Total Grant Expense for 2015                                                                                                                              | \$ 1,949,203 |
| <b>To Form 990-PF Part I, line 25</b>                                             |                   |                                                                                                                                                           |              |