

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

2016

For calendar year 2016 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) B Telephone number P.O. Box 15437 A1C-324 302-886-3000 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Wilmington, DE 19850-5437 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J Accounting method: Cash X Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 6,798,254. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 3,000,000 N/A 1 Contributions, gifts, grants, etc., received Check The foundation is not required to attach Sch B Interest on savings and temporary cash investments 66,169 66,169. Statement 4 Dividends and interest from securities 5a Gross rents SCANNED MAY 0 8 2017 Net rental income or (loss) 2,563 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,697,563. 2,563 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less. Cost of goods sold c Gross profit or (loss) 11 Other income 3,068,732 68,732 12 Total. Add lines 1 through 11 ogsen 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 21,312 Expenses Stmt 2 0 21,312. 16a Legal fees 11,000 Stmt 3 0. 11,000. **b** Accounting fees 837,333 60,534 Stmt 4 753,689. c Other professional fees 17 Interest Stmt 5 35. 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22—Printing and publications Operating 23 Other expenses Stmt 6 54,830 4,657 50,173. 24 Total operating and administrative 924,510. 65,191 836,174. expenses. Add lines 13 through 23 1,807,968 1,807,968. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,732,478 65,191 2,644,142. Add lines 24 and 25 27 Subtract line 26 from line 12: 336,254 a Excess of revenue over expenses and disbursements 3,541 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2016)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016) AstraZeneca HealthCare				51-	51-0349682 Page 2			
Р	art	Bafance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year			
드	arı	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	83,510.	70,483.	70,483.			
	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						
	1	disqualified persons	1					
	7	Other notes and loans receivable						
	`	Less: allowance for doubtful accounts	1					
S	8	Inventories for sale or use			 			
Assets	9	Prepaid expenses and deferred charges						
As		Investments - U.S. and state government obligations						
	1	Investments - corporate stock			 			
		Investments - corporate bonds			†			
	1	Investments - land, buildings, and equipment basis						
	["	Less accumulated depreciation	-					
	12	Investments - mortgage loans						
	13	Investments - other Stmt 7	6,332,527.	6,723,152.	6,723,152.			
	1	Land, buildings, and equipment: basis	0,332,327	_ 0,123,132.	0,123,132.			
	'*	Less accumulated depreciation	†					
	45	Other assets (describe Prepaid Excise Tax)	4,654.	4,619.	4,619.			
		Total assets (to be completed by all filers - see the	7,054.	4,019.	4,013.			
	10	Instructions. Also, see page 1, item I)	6,420,691.	<u>6,798,254</u> .	6,798,254.			
_	17	Accounts payable and accrued expenses	29,933.	54,349.	0,130,234.			
	18	Grants payable	25,555.	34,343.	4			
	19	Deferred revenue			†			
Liabilities	l				-			
Ρij	I	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			1			
Ľ	i i	Other liabilities (describe			-			
	22	Other natifities (describe			†			
	23	Total liabilities (add lines 17 through 22)	29,933.	54,349.				
	123	Foundations that follow SFAS 117, check here	25,555		1			
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted	6,322,569.	6,725,335.				
310	25	Temporarily restricted	68,189.	18,570.	†			
3ali	26	Permanently restricted	03/2031	<u> </u>	1			
Fund Balances	-	Foundations that do not follow SFAS 117, check here			•			
Ξ	ł	and complete lines 27 through 31.			1			
þ	27	Capital stock, trust principal, or current funds						
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			1			
Ass	29	Retained earnings, accumulated income, endowment, or other funds		··	1			
Net Assets or	30	Total net assets or fund balances	6,390,758.	6,743,905.	1			
Z	••	Total not about of family buildings	0,000,000	<u> </u>	1			
	31	Total liabilities and net assets/fund balances	6,420,691.	6,798,254.				
	art	Allalysis of Orlanges in Net Assets of 1 did b						
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30					
	(mus	st agree with end-of-year figure reported on prior year's return)		1	6,390,758.			
		r amount from Part I, line 27a		2	336,254.			
		r increases not included in line 2 (itemize) <u>Unrealized</u>	Gain on Invest	ments 3	16,893.			
		lines 1, 2, and 3		4	6,743,905.			
		eases not included in line 2 (itemize)			0.			
6	<u>Tota</u>	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	6,743,905.			
					Form 990-PF (2016)			

	Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	(0	Distribution ratio col. (b) divided by col. (c))
	2015	2,704,717.	8,139,484.		.332296
	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
2	Total of line 1, column (d)			2	1.468275
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less	•	or by the number of years	3	.293655
4	Enter the net value of noncharitable-use as	sets for 2016 from Part X, line 5		4	5,829,102.
5	Multiply line 4 by line 3			5	1,711,745.
6	Enter 1% of net investment income (1% of	f Part I, line 27b)		_6	35.
7	Add lines 5 and 6			7	1,711,780.
8	Enter qualifying distributions from Part XII	, line 4		8	2,644,142.

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.

Form **990-PF** (2016)

See the Part VI instructions.

	990-PF (2016) AstraZeneca HealthCare Foundation 51-0349 t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	682	ctio	Page 4
1a (Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			<u> </u>
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			35.
(of Part I, line 27b			
c /	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 /	Add lines 1 and 2			35.
4 8	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 7	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			35.
6 (Credits/Payments:			_
a 2	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,654.			
Ь	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d l	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d		<u>4,6</u>	<u>54.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>4,6</u>	<u> 19.</u>
_	Enter the amount of line 10 to be: Credited to 2017 estimated tax			0.
	t VII-A Statements Regarding Activities	т-г	V 1	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	res	No
	any political campaign?	1a		<u>X</u> _
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1 1	ĺ	
	distributed by the foundation in connection with the activities			17
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c	-	X
			}	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$	1		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X _
	If "Yes," attach a detailed description of the activities.	 -	-	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1 1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ł	<u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>x</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	$\neg \neg$	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	f "Yes," attach the statement required by General Instruction T.			
6 /	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1 1		
•	■ By language in the governing instrument, or	1 1	1	
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1 1		
ı	remain in the governing instrument?	6	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	7	X	
		1 1		
8a E	Enter the states to which the foundation reports or with which it is registered (see instructions)	l l	Į	
-	DE			
	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	<u>8</u> b	<u> </u>	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		1	
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X</u>
<u> 10 (</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	For	m 990 -	-PF (2016)

623531 11-23-16

Pa	rt 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?	_13_	X	
	Website address ► <u>See Part XV</u>			
14	The books are in care of \blacktriangleright AstraZeneca HealthCare Foundation, Telephone no. \blacktriangleright 302-88			
	Located at ► 1800 Concord Pike, A1C-324, Wilmington, DE ZIP+4 ► 19	<u>850</u>	<u>-54</u>	<u>37</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Б	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
	 		Vaa	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):		Yes	140
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<u>'</u>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	l i		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		!
	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.)	}		l
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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			l
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 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		į	
	defined in section 4942(j)(3) or 4942(j)(5)):	'		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	·		
	before 2016? Yes X No		ļ	
	If "Yes," list the years \(\sum_{\text{years}} \) is the years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
U	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.)	2b	1	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	_20_		
٠		1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		İ	
	during the year?]	1	
b	If "Yes," did it have excess business holdings in 2016 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 2016.)	3b		
	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		Í	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u>X</u>
	For	m 990)-PF	(2016)

orm 990-PF (2016) Astrazeneca HealthCare F			51-03496	<u>82 Page 6</u>
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		$\overline{}$		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indir			1 1
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yo	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Y	es X No	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulatıons		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	еге			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined		1 1
expenditure responsibility for the grant?	Ŋ	1/A 🛄 Yo	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[
a personal benefit contract?		Ye	es X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	ıtable to the transactıon?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	y	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		14.00	(4) 0 - 1 1 - 1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
		,		
See Statement 8	<u> </u>	0.	0.	0.
		 		
		ļ		
		L		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	hours per week devoted to position	(o) componedien	compensation	allowances
NONE				
			[
		ļ		
	<u> </u>	<u></u>	<u> </u>	
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

Total. Add lines 1 through 3

0.

Form **990-PF** (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·a	Average monthly fair market value of securities	1a	5,816,863.
b		1b	101,007.
c		1c	
d	Total (add lines 1a, b, and c)	1d	5,917,870.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,917,870.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88,768.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,829,102.
6_	Minimum investment return Enter 5% of line 5	6	291,455.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	291,455.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	35.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	291,420.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	291,420.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	291,420.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,644,142.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,644,142.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	35.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,644,107.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies fo	r the section

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	<u> </u>	<u> </u>		
line 7				291,420.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			0.	
b Total for prior years:		•		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 20112,839,196.				
b From 2012 4,101,588.				
c From 2013 3,745,400.				
d From 2014 2,830,414.				
e From 2015 2, 253, 511.				
f Total of lines 3a through e	15,770,109.		i	
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 2,644,142.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_		:	
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	0.050.00			291,420.
e Remaining amount distributed out of corpus	2,352,722.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.	-		0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u> 18,122,831.</u>			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u> </u>
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			<u></u>	
may be required - see instructions) 8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	2,839,196.			
9 Excess distributions carryover to 2017.	2700572501			
Subtract lines 7 and 8 from line 6a	15,283,635.			
10 Analysis of line 9:				
a Excess from 2012 4,101,588.	l			
b Excess from 2013 3,745,400.				
c Excess from 2014 2,830,414.				
d Excess from 2015 2,253,511.				
e Excess from 2016 2,352,722.			L	Form 000 DE (0040)

623581 11-23-16

Form 990-PF (2016) AstraZe	neca Health	Care Founda	tion	51-03	49682 Page 10
Part XIV Private Operating F			-A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling o		• •			
foundation, and the ruling is effective for			. ▶ └	14040440	10/1/5
b Check box to indicate whether the found		g toundation described in		4942(j)(3) or49	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4)2010	(6) 2010	(6) 2014	(0) 2010	(e) iolai
investment return from Part X for					
each year listed b 85% of line 2a				 	
				+	
c Qualifying distributions from Part XII, line 4 for each year listed		İ			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				 	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				+	
alternative test relied upon:		11			
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			.,		
(3) Largest amount of support from				1	
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during t		uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by th	e foundation before the clos	e of any tax
	1016 tilali \$5,000). (566 5	ection 507 (u)(2).)			
None	400/				
b List any managers of the foundation wh other entity) of which the foundation has			or an equally large port	ion of the ownership of a pa	rtnership or
• ,	Sa 1070 of grouter interes				
None	01 0:01	Cabalanakia ata Du			
2 Information Regarding Contribution Check here ► Information of the foundation of		• • • •	~	not accept upoplicated requi	ata for funda If
the foundation makes gifts, grants, etc.				not accept unsolicited reque	
a The name, address, and telephone num					
	Dei oi e-iliali addiess oi t	ne person to whom appli	Cations Should be addit	:556u.	
See Statement 9					
b The form in which applications should b	e submitted and informat	tion and materials they sh	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	
823801 11-22-18					Form QQ0-DF (2016)

Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

Full and a second secon	Unrelated b	ousiness income	Excluded by	y section 512, 513, or 514	
Enter gross-amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	Code		1000		
b					
c					
d	_				
e		 			
f	_				
g Fees and contracts from government agencies2 Membership dues and assessments					
•					
3 Interest on savings and temporary cash investments	1 1				
4 Dividends and interest from securities	-		14	66,169.	
5 Net rental income or (loss) from real estate:				00,103.	
a Debt-financed property		-			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	-				
8 Gain or (loss) from sales of assets other					
than inventory	ļ		18	2,563.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					-
a					
b	1				
c					
d	_				
e	_	·			
12 Subtotal. Add columns (b), (d), and (e)			0.]	68,732.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	68,732.
(See worksheet in line 13 instructions to verify calculations					
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for which in	ncome is reported in o	column (e) of Part XV	/I-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other the foundation)					
		·			
		<u> </u>			
					
		· · · · · · · · · · · · · · · · · · ·			
					
					
		-			
					
				-	
					

623621 11-23-16

AstraZeneca HealthCare Foundation 51-0349682 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) Х b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ____Yes If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship clare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this Sign return with the prepare Here Yes of officer or trustee Title Check PTIN Print/Type preparer's name Date self- employed Paid P00571422 04/04/17 Peter Kennedy Kenziedv Preparer Firm's name ► Cover & Rossiter, Firm's EIN ► 51-0232475 **Use Only**

Form **990-PF** (2016)

(302) 656-6632

Firm's address ▶ 62 Rockford Road, Suite 200 Wilmington, DE 19806

Phone no.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2016

Name of the organization

Employer identification number

As	strazeneca_healthcare_roundation51-0349682
Organization type (check o	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 501(c) General Rule X For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box nere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

<u>Astra</u>	Zeneca HealthCare Foundation		-0349682
Part I	Contributors (See instructions) Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AstraZeneca Pharmaceuticals LP P.O. Box 15437 Wilmington, DE 19850-5437	\$ <u>3,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

AstraZeneca HealthCare Foundation

51-0349682

art II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
,			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18		Sahadula B /Farm /	990, 990-EZ, or 990-PF) (

Name of orga	anization		Employer identification number						
Astra-Z	eneca HealthCare Found	ation	51-0349682						
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describ	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for llowing line entry. For organizations						
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	O or less for the year (Enter this info once)						
(a) No.	Use duplicate copies of Part III if addition	al space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Γ		(e) Transfer of	gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	mansieree's name, address, a	III ZIF + 4							
(a) No. from	(h) Dumana of mith	(a) Han of with							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(a) Tunnafau af a							
		(e) Transfer of gift							
_	Transferee's name, address, a	Transferee's name, address, and ZIP + 4							
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of	yift						
	Transferee's name, address, a	Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
<u> </u>	(e) Transfer of gift								
-	Transferee's name, address, a	Relationship of transferor to transferee							

Form 990-PF D	ividends	and Inter	est	from Secur	ities St	atement	1
	Gross Amount	Capital Gains Dividend		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusto Net Inco	
J.P. Morgan Prime MM Fund Vanguard ST Bond	13,529.		0.	13,529.	13,529.		
Fund	52,640.	0.		52,640.	52,640.		
To Part I, line 4	66,169.		0. =	66,169.	66,169.		
Form 990-PF		Legal Fees		Statement 2			
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charital Purpose	
Legal Fees		21,312.	_	0.		21,3	L2.
To Fm 990-PF, Pg 1, ln 16a =		21,312. 0.		21		12.	
Form 990-PF		Accounting Fees		Statement 3		3	
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charital Purpose	
Accounting Fees		11,000.		0.		11,00	00.
To Form 990-PF, Pg 1,	ln 16b	11,000.		0.		11,00	00.

Form 990-PF	Other Profes	sional Fees	Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Consulting Fees IT Consulting - Website	605,337.	60,534.		521,693	
Maint. Grant Meeting Consultant Grant Research Consultant	18,450. 28,041. 185,505.			18,450. 28,041. 185,505.	
To Form 990-PF, Pg 1, ln 16c	837,333.	60,534.		753,689.	
Form 990-PF	Taxes		Statement		
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes	
990 PF Excise Tax	35.	0.		0.	
To Form 990-PF, Pg 1, ln 18	-PF, Pg 1, ln 18 35.				
Form 990-PF	Other Expenses		Statement 6		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Professional Membership Fees Insurance Printing Expenses Office Expense	13,706. 1,435. 39,388. 301.	718. 3,939.		13,706. 717. 35,449. 301.	
To Form 990-PF, Pg 1, ln 23	54,830.	4,657.		50,173.	

Form 990-PF C	Other Investments	Stat	Statement 7		
Description	Valuation Method	Book Valu		Fair Market Value 6,723,152.	
Short-Term Bond Funds	FMV	6,723,1	52. 6		
Total to Form 990-PF, Part II, 1	line 13	6,723,1	52. 6	,723,152.	
	ist of Officers, land Foundation Mana		Stat	ement 8	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
James W. Blasetto, M.D., MPH, FAC/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	ACC Chairman / Tro	ustee 0.	0.	0.	
Richard Buckley C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	President / Tr 2.00	rustee 0.	0.	0.	
Ann V. Booth-Barbarin C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Secretary / Tr 2.00	rustee 0.	0.	0.	
Amy Ponpipom C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Secretary / Tr 2.00	rustee 0.	0.	0.	
David E. White C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Treasurer 2.00	0.	0.	0.	
Raymond Parisi, Jr. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.	
John McKenna C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.	
Michael Miller, M.D., FACC, FAHA C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	A Trustee 2.00	0.	0.	0.	

Form 990-PF Grant Application Submission Information Statement 9
Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted
Submit via website

Name of Grant Program

Connections for Cardiovascular Health

Email Address

See below

Form and Content of Applications

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

Any Submission Deadlines

February 25, 2016

Restrictions and Limitations on Awards

See attached statement "Connections for Cardiovascular Health Criteria."

AstraZeneca HealthCare Foundation		ì	-51-0349682	
John B. Buse, M.D., PhD. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
L. Kristin Newby, MD, MHS C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Howard Hutchinson, MD, FACC C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Timothy J. Gardner, M.D. C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Trustee 2.00	0.	0.	0.
Ms. Joyce Jacobson C/O AZHCF; P.O. Box 15437 Wilmington, DE 19850-5437	Executive Director 29.00	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.