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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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 04-01-2018 , and ending 03-31-2019

Name of foundation
ZOLL FOUNDATION INC

A Employer identification number
46-3630772

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

Room/suite

B Telephone number (see instructions)
(978) 421-9361

City or town, state or province, country, and ZIP or foreign postal code
CHELMSFORD, MA 01824

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 change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 15,200,855

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	2,180,029			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	266,336	266,336		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	272,243			
	b	Gross sales price for all assets on line 6a 981,066				
	7	Capital gain net income (from Part IV, line 2)		272,243		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	2,718,608	538,579		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	2,075	0		2,075
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	9,450	0		9,450
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	15,350	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications	2,343	0		2,343
	23	Other expenses (attach schedule)	28,407	26,943		1,464
	24	**Total operating and administrative expenses.** Add lines 13 through 23	57,625	26,943		15,332
	25	Contributions, gifts, grants paid	487,602			487,602
	26	**Total expenses and disbursements.** Add lines 24 and 25	545,227	26,943		502,934
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	2,173,381			
	b	**Net investment income** (if negative, enter -0-)		511,636		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,228,110	3,719,075	3,719,075
	2 Savings and temporary cash investments	543,549	23,796	23,796
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	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 (attach schedule)			
	b Investments—corporate stock (attach schedule)	10,247,022	11,457,984	11,457,984
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	13,018,681	15,200,855	15,200,855
Liabilities	17 Accounts payable and accrued expenses	41,207	50,000	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	41,207	50,000	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	12,977,474	15,150,855	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	12,977,474	15,150,855	
	31 **Total liabilities and net assets/fund balances** (see instructions)	13,018,681	15,200,855	

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	12,977,474
2	Enter amount from Part I, line 27a	2	2,173,381
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	15,150,855
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	15,150,855

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ ZOLLFOUNDATION ORG

14 The books are in care of ▶ JOHN BERGERON Telephone no ▶ (978) 421-9361

Located at ▶ 269 MILL ROAD CHELMSFORD MA ZIP+4 ▶ 01824

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, 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?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2018?	1c		No
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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)	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 ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

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

			Yes	No
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	5b	Yes	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☑ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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. See instructions

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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					
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					
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 an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

RICHARD PACKER

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
RICHARD PACKER 269 MILL ROAD CHELMSFORD, MA 01824	PRESIDENT/DIRECTOR 1 00	0	0	0
JOHN BERGERON 269 MILL ROAD CHELMSFORD, MA 01824	TREASURER/DIRECTOR 1 00	0	0	0
WARD HAMILTON 269 MILL ROAD CHELMSFORD, MA 01824	CLERK/DIRECTOR 1 00	0	0	0
COREEN PACKER 269 MILL ROAD CHELMSFORD, MA 01824	DIRECTOR 1 00	0	0	0
NORMAN PARADIS 269 MILL ROAD CHELMSFORD, MA 01824	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104		PUBLICLY SUPPORTED	TO IMPROVE ADVANCE HEALTHCARE PROVIDER RESUSCITATION QUALITY USING AN IMMERSIVE AUGMENTED REALITY CPR TRAINING SYSTEM	21,719
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104		PUBLICLY SUPPORTED	TO DEFINE SUBSETS OF PULSELESS ELECTRICAL ACTIVITY FOLLOWING INITIAL OUT OF HOSPITAL CARDIAC RHYTHM ANALYSIS USING MACHINE LEARNING	44,000
ISTITUTO DI RICERCHE FARMACOLOGICHE VIA MARIO NEGRI 2 MILANO IT		FOREIGN ENTITY	TO STUDY THE IMPACT OF KYNERENIN PATHWAY INHIBITION ON SURVIVAL AND NEUROLOGICAL OUTCOME AFTER CARDIAC ARREST AND CPR	27,278
Total . . . . . ▶ **3a**				487,602

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC UNIVERSITY OF KOREA 296-12 CHANGGYEONGGUNG-RO SEOUL KS		FOREIGN ENTITY	TO STUDY COAGULATION FOLLOWING CARDIAC ARREST	87,600
UNIVERSITY OF BUFFALO 12 CAPEN HALL BUFFALO, NY 14260		PUBLICLY SUPPORTED	TO STUDY HOW THE SYSTEMIC ALLOGENEIC CDC ADMIN REDUCES MYOCARDIAL AND NEUROLOGICAL INJURY IN SWINE WITH POST CARDIAC ARREST SYNDROME	30,775
REGENTS OF THE UNIVERSITY OF MICHIGAN 503 THOMPSON ST ANN ARBOR, MI 48109		PUBLICLY SUPPORTED	TO INVESTIGATE THE PHARMACOKINETICS OF ART-123 IN HEALTHY PIGS TO VERIGY THAT THE RELATIVELY PROLONGED CIRCULATION TIMES SINCE IN OTHER SPECIES	47,773
Total . . . . . ▶ **3a**				487,602

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WASHINGTON 022 ODEGAARD SEATTLE, WA 98195		PUBLICLY SUPPORTED	TO EVALUATE THE FEASIBILITY OF RANDOM ALLOCATION TO ACTIVE REMOTE ISCHEMIC CONDITIONING VS SHAM RIC QUICKLY UPON ED ARRIVAL FOLLOWING RESUSCITATION FROM OHCA	36,197
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE SUITE 740 SOMERVILLE, MA 02145		PUBLICLY SUPPORTED	TO TEST WHETHER SEDATION WITH DEXMEDETOMIDINE WILL BE ASSOCIATED WITH A REDUCTION IN INFLAMMATION, OXIDATIVE STRESS, AND NEUROLOGIC INJURY	48,260
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE 3333 GREEN BAY RD NORTH CHICAGO, IL 60064		PUBLICLY SUPPORTED	TO TEST THE HYPOTHESIS THAT THE SHOCK BURDEN WILL INTENSIFY MYOCARDIAL INJURY	17,000
Total . . . . . ▶ **3a**				487,602

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON 214 W BOWERY ST AKRON, OH 44308		PUBLICLY SUPPORTED	RAPID CYCLE DELIBERATE PRACTICE IN FIRST FIVE MINUTES TRAINING TO IMPROVE TEAM DYNAMICS AND RESUSCITATION SKILLS	50,000
AMSTERDAM UNIVERSITY MEDICAL CENTER LOCATION AMC MEIBERGDREEF 9 AMSTERDAM NL		FOREIGN ENTITY	TO INVESTIGATE VENTILATION DURING OUT-OF-HOSPITAL CARDIAC ARREST WHILE USING MECHANICAL CHEST COMPRESSIONS	27,000
KYOTO UNIVERSITY YOSHIDAHONMACHI SAKYO WARD KYOTO JA		FOREIGN ENTITY	TO STUDY EFFECTIVENESS OF PHYSIOLOGICALLY GUIDED RESUSCITATION BY USE OF NIRS DURING CPR	50,000
Total . . . . . ▶ **3a**				487,602

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Expenditure Responsibility Statement

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
ISTITUTO DI RICERCHE FARMACOLOGICHE	VIA MARIO NEGRI 2 MILAN IT	2018-07-27	27,278	TO STUDY THE IMPACT OF KYNERENIN PATHWAY INHIBITION ON SURVIVAL AND NEUROLOGICAL OUTCOME AFTER CARDIAC ARREST AND CPR	27,278	NONE	NONE SINCE GRANT		
CATHOLIC UNIVERSITY OF KOREA	296-12 CHANGGYEONGGUNG-RO SEOUL KS	2018-10-02	87,600	TO STUDY COAGULATION FOLLOWING CARDIAC ARREST	87,600	NONE	NONE SINCE GRANT		
AMSTERDAM UNIVERSITY MEDICAL CENTER	LOCATION AMC MEIBERGDREEF 9 AMSTERDAM NL	2019-03-19	27,000	TO INVESTIGATE VENTILATION DURING OUT-OF-HOSPITAL CARDIAC ARREST WHILE USING MECHANICAL CHEST COMPRESSIONS	27,000	NONE	NONE SINCE GRANT		
KYOTO UNIVERSITY	YOSHIDAHONMACHI SAKYO WARD KYOTO JA	2019-03-26	50,000	TH STUDY EFFECTIVENESS OF PHYSIOLOGICALLY GUIDED RESUSCITATION BY USE OF NIRS DURING CPR	50,000	NONE	NONE SINCE GRANT		
AARHUS UNIVERSITY HOSPITAL	NORDRE RINGGADE 1 8000 AARHUS, AARHUS DA	2017-10-17	25,338	TO STUDY THE IMPACT OF TYPE 2 DIABETES MELLTUS ON POST CARDIAC ARREST DYSFUNCTION	25,338	NONE	NONE SINCE GRANT		
AARHUS UNIVERSITY HOSPITAL	NORDRE RINGGADE 1 8000 AARHUS, AARHUS DA	2017-11-02	30,000	TO STUDY TARGETED TEMPERATURE MANAGEMENT IN CARDIOGENIC SHOCK	30,000	NONE	NONE SINCE GRANT		
FANSHAWE COLLEGE	1001 FANSHAWE COLLEGE ROAD LONDON, ONTARIO CA	2018-02-20	5,187	TO CONDUCT A SCOPING REVIEW OF OHCA IN THE ARAB GULF REGION	5,187	NONE	NONE SINCE GRANT		

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TY 2018 Investments Corporate Stock Schedule

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	3,107,139	3,107,139
EQUITIES	568,521	568,521
OPPENHEIMER	7,782,324	7,782,324

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TY 2018 Legal Fees Schedule

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	9,450	0		9,450

TY 2018 Other Expenses Schedule

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	26,943	26,943		0
DUES AND SUBSCRIPTIONS	542	0		542
ADVERTISING	922	0		922

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TY 2018 Substantial Contributors Schedule

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Name	Address
ZOLL MEDICAL CORPORTATION	269 MILL ROAD CHELMSFORD, MA 01824
RICHARD A PACKER	269 MILL ROAD CHELMSFORD, MA 01824
ASHAI KASEI CORPORATION	200 5TH AVENUE WALTHAM, MA 02451

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TY 2018 Taxes Schedule

Name: ZOLL FOUNDATION INC

EIN: 46-3630772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	15,350	0		0

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization
ZOLL FOUNDATION INC

Employer identification number
46-3630772

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization	Employer identification number
ZOLL FOUNDATION INC	46-3630772

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZOLL MEDICAL CORPORATION 269 MILL ROAD CHELMSFORD, MA 01824	$ 2,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	RICHARD AND COREEN PARKER 269 MILL ROAD CHELMSFORD, MA 01824	$ 179,529	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
ZOLL FOUNDATION INC	46-3630772

Part II Noncash Property

(See instructions) Use duplicate copies of 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
2	DONATED STOCK	$ 179 529	2018-12-27
		$	
		$	
		$	
		$	
		$	

Name of organization
ZOLL FOUNDATION INC

Employer identification number
46-3630772

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee