



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



2013

Open to Public
Inspection

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable	C Name of organization CALIFORNIA HEART CENTER FOUNDATION		D Employer identification number 95-4772979
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 8536 WILSHIRE BOULEVARD 3RD FLOOR	Room/suite	E Telephone number (310) 248-8327
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90211		
<input type="checkbox"/> Application pending			G Gross receipts \$ 1,446,748

F Name and address of principal officer ERIC N MARTON 8536 WILSHIRE BOULEVARD 3RD FLOOR BEVERLY HILLS, CA 90211		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---

I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
---	---

J Website: ► WWW.CALHEART.ORG

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 2000	M State of legal domicile CA
---	--------------------------	------------------------------

Part I Summary

1 Briefly describe the organization's mission or most significant activities PROMOTE & DEVELOP EDUCATIONAL & SCIENTIFIC RESEARCH TO ADVANCE THE FIELD OF CARDIOVASCULAR MEDICINE	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
6 Total number of volunteers (estimate if necessary)	6 12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,445,229	Current Year 1,357,431
9 Program service revenue (Part VIII, line 2g)	60,983	79,070
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-232,193	10,247
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,274,019	1,446,748

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,000	500
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,256,527	1,299,621
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	444,383	393,391
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,707,910	1,693,512
19 Revenue less expenses Subtract line 18 from line 12	-433,891	-246,764

20 Total assets (Part X, line 16)	Beginning of Current Year 568,742	End of Year 364,788
21 Total liabilities (Part X, line 26)	99,768	122,813
22 Net assets or fund balances Subtract line 21 from line 20	468,974	241,975

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer THOMAS D GORDON CFO	Date 2014-11-17
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KARA ADAMS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00023315
	Firm's name ► ERNST & YOUNG US LLP			Firm's EIN ► 34-6565596	
	Firm's address ► 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612			Phone no (949) 794-2300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part II

they describe the organization's mission.

THE MISSION OF THE CALIFORNIA HEART CENTER FOUNDATION IS TO ADVANCE THE FIELD OF CARDIOVASCULAR MEDICINE
THROUGH CLINICAL RESEARCH INITIATIVES AND EDUCATIONAL INITIATIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

| Yes No

If "Yes," describe these new services on Schedule C

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,358,727 including grants of \$ 500) (Revenue \$ 79,070

THE MISSION OF THE CALIFORNIA HEART CENTER FOUNDATION IS TO ADVANCE THE FIELD OF CARDIOVASCULAR MEDICINE THROUGH CLINICAL RESEARCH INITIATIVES AND EDUCATIONAL INITIATIVES OUR EFFORTS INCLUDE THE PURSUIT OF COLLABORATIVE RESEARCH PROJECTS WHICH PROMOTE A DEEPER UNDERSTANDING OF DISEASE PROGRESSION AND TEST THE EFFICACY OF NEW STRATEGIES FOR DIAGNOSIS AND TREATMENT AREAS OF RESEARCH CURRENTLY BEING PURSUED INCLUDE NON-INVASIVE METHODS TO DETECT ORGAN REJECTION, NOVEL IMMUNOSUPPRESSIVE AGENTS, IMMUNE MONITORING STRATEGIES, LONG-TERM COMPLICATIONS SUCH AS CARDIAC ALLOGRAFT VASCULOPATHY, (CONTINUED ON SCHEDULE O)(CONTINUATION FROM FORM 990, PAGE 2)NOVEL METHODS FOR ORGAN PROCUREMENT AND PRESERVATION, NEW MECHANICAL CIRCULATORY SUPPORT DEVICES AND PULMONARY HYPERTENSION THE ORGANIZATION ALSO SUPPORTS IMPORTANT SCIENTIFIC SYMPOSIA, WHICH ALLOW FOR THE EXCHANGE OF IDEAS AMONG LEADERS IN THE FIELD AND PROVIDE A FORUM FOR EXPERTS TO SHARE THEIR EXPERIENCE AND KNOWLEDGE WITH OTHER PRACTITIONERS THE ORGANIZATION RESOURCES ARE ALSO LEVERAGED TO SUPPORT A SUMMER RESEARCH INTERNSHIP PROGRAM FOR UNDERGRADUATE STUDENTS WITH AN INTEREST IN MEDICINE AND/OR ACADEMIC RESEARCH FOLLOWING IS A SUMMARY OF PROJECTS AND PROGRAMS IMPLEMENTED IN 2013 SCIENTIFIC FORUMS AND EDUCATIONAL ACTIVITIES * "FORUM ON U S HEART ALLOCATION POLICY"(DALLAS) THE FORUM ON U S HEART ALLOCATION POLICY TOOK PLACE IN DALLAS, TEXAS ON NOVEMBER 15TH, 2013 THIS PROGRAM PROVIDED AN OVERVIEW OF THE EVOLUTION OF HEART ALLOCATION POLICY IN THE UNITED STATES AND CURRENT ISSUES IN THE PRACTICAL APPLICATION OF THIS POLICY THE MEETING ALLOWED FOR A DISCUSSION OF ETHICAL CONSIDERATIONS AND FOR MULTIPLE PERSPECTIVES ON POTENTIAL REVISIONS AND WAS IMPLEMENTED IN COLLABORATION WITH THE UNITED NETWORK FOR ORGAN SHARING, THE AMERICAN SOCIETY OF TRANSPLANTATION AND THE AMERICAN SOCIETY OF THORACIC SURGEONS PARTICIPANTS, REPRESENTING PROGRAMS FROM ACROSS THE UNITED STATES, WERE ALSO ASKED TO COMPLETE A PRE MEETING SURVEY OF THEIR CURRENT EXPERIENCE, INCLUDING AVERAGE WAIT TIMES AT THEIR CENTER, USE OF MCS AS A BRIDGE TO TRANSPLANT, DEATHS ON THE WAITING LIST, ETC TO HELP PROVIDE AN EVIDENCE BASIS FOR ANY RECOMMENDATIONS * "EXPERTS IN MCS THERAPY CURRENT STATE OF THE ART" (LOS ANGELES) IN COLLABORATION WITH THE CEDARS-SINAI OFFICE OF CONTINUING MEDICAL EDUCATION, WE DEVELOPED A ONE-DAY SYMPOSIUM WITH AN IN-DEPTH FOCUS ON MECHANICAL CIRCULATORY SUPPORT DEVICES, AN EMERGING AREA IN THE TREATMENT OF PATIENTS WITH HEART FAILURE FEATURING A TRULY DISTINGUISHED FACULTY OF EXPERT SPEAKERS FROM ACROSS THE UNITED STATES, THE PROGRAM DREW OVER 225 PHYSICIANS AND ALLIED HEALTH MEMBERS FOR DIDACTIC PRESENTATIONS, CASE STUDY PRESENTATIONS, AND EXPERT PANEL DISCUSSIONS THE HIGHLIGHT OF THE EVENT WAS THE OPPORTUNITY TO MEET WITH ACTUAL MCS PATIENTS, INCLUDING A PATIENT WITH A TOTAL ARTIFICIAL HEART THE SYMPOSIUM WAS HELD ON SATURDAY, NOVEMBER 2ND, 2013 AT THE CENTURY PLAZA HOTEL * "PRIMARY GRAFT DYSFUNCTION AN INTERNATIONAL CONSENSUS CONFERENCE" THIS CONSENSUS CONFERENCE ORGANIZED AND CHAIRED BY DR JON KOBASHIGAWA OCCURRED ON TUESDAY, APRIL 23RD, 2013 IN MONTREAL, CANADA THE PARTICIPATION OF 81 LEADING EXPERTS FROM AROUND THE WORLD ADDRESSED THE LACK OF A STANDARD DEFINITION OF PRIMARY GRAFT DYSFUNCTION (PGD), FACILITATED THE DEVELOPMENT OF DIAGNOSTIC CRITERIA AND A SEVERITY SCALE FOR PGD, DESCRIBED RISK FACTORS FOR PGD AND CREATED A PLATFORM FOR FURTHER RESEARCH TO EVALUATE THE EFFICACY OF TREATMENT OPTIONS AND PREVENTION STRATEGIES DESIGNED AS A COLLABORATIVE PROGRAM WITH THE INTERNATIONAL SOCIETY OF HEART & LUNG TRANSPLANTATION, RESULTS OF THE CONFERENCE WERE PRESENTED ON SATURDAY, APRIL 27TH, 2013 IN THE CLOSING PLENARY SESSION OF THE ISHLT ANNUAL MEETING AND SCIENTIFIC SESSIONS A WHITE PAPER PUBLICATION FROM THE CONFERENCE IS CURRENTLY IN DEVELOPMENT * "SUCCESS WITH FAILURE AN ADVANCED HEART DISEASE SYMPOSIUM" THIS ONE-DAY SYMPOSIUM WAS HELD ON THURSDAY, MARCH 7TH, 2013 AT THE UNIVERSAL HILTON IN LOS ANGELES AND FEATURED BOTH PLENARY AND CONCURRENT SESSIONS ON TOPICS RELATED TO HEART FAILURE, HEART TRANSPLANTATION AND MECHANICAL CIRCULATORY SUPPORT, INCLUDING PALLIATIVE CARE, SURGICAL OPTIONS, ETHICS, STEM CELL THERAPY, IMMUNE MONITORING AND PHARMACOLOGICAL MANAGEMENT ATTENDED BY 257 PARTICIPANTS, INCLUDING PHYSICIANS AND ALLIED HEALTH, THE PROGRAM RECEIVED HIGHLY POSITIVE REVIEWS * SUMMER RESEARCH INTERNSHIPS UNDER THE SUPERVISION AND MENTORSHIP OF DR JON KOBASHIGAWA, SUMMER HEART TRANSPLANT RESEARCH INTERNSHIPS HAVE BEEN OFFERED TO SEVEN STUDENTS FOR THE SUMMER OF 2013 THESE INTERNSHIPS PROVIDE STUDENTS AT ALL LEVELS OF TRAINING AN OPPORTUNITY TO LEARN THE CLINICAL RESEARCH PROCESS, INCLUDING MEDICAL LITERATURE REVIEW, STUDY DESIGN, CHART REVIEW/DATA COLLECTION, DATA ANALYSIS, AND ABSTRACT DEVELOPMENT AND SUBMISSION COMPLETED ABSTRACTS WILL BE SUBMITTED TO THE AMERICAN FEDERATION OF MEDICAL RESEARCH, A FORUM FOR JUNIOR INVESTIGATORS SUMMER INTERNS FOR 2013 INCLUDE THREE FIRST-YEAR MEDICAL STUDENTS FROM MICHIGAN STATE SCHOOL OF MEDICINE, CHICAGO MEDICAL SCHOOL, AND NEW JERSEY MEDICAL SCHOOL, AND UNDERGRADUATE STUDENTS FORM UCLA AND LOYOLA MARYMOUNT UNIVERSITY * HEART TRANSPLANT PRECEPTORSHIPS THROUGHOUT THE YEAR, WE RECEIVE REQUESTS TO PROVIDE EXTENDED OBSERVATIONAL TRAINING OPPORTUNITIES TO PHYSICIANS AND ADVANCE PRACTICE NURSES FROM VARIOUS INSTITUTIONS WITH AN INTEREST IN THE MANAGEMENT OF HEART TRANSPLANT AND MECHANICAL ASSIST DEVICE PATIENTS IN THE LAST YEAR, WE HOSTED VISITING PHYSICIANS AND NURSES FROM NATIONAL CEREBRAL AND CARDIOVASCULAR CENTER, JAPANSEUL UNIVERSITY, KOREAMEDSTAR WASHINGTON MEDICAL CENTER (GEORGETOWN UNIVERSITY)BAKERSFIELD MEMORIAL HOSPITALSIMI VALLEY MEDICAL CENTERSTANFORD UNIVERSITY MEDICAL CENTERTHE ALFRED HOSPITAL, MELBOURNE, AUSTRALIAUNIVERSITY OF SANTIAGO DE COMPOSTELA, SPAINPUNTA PACIFICA HOSPITAL, PANAMAPRECEPTORSHIPS GENERALLY TAKE PLACE OVER THE COURSE OF TWO WEEKS AND UP TO THREE MONTHS, DEPENDING ON THE FOCUS OF THE TRAINING TRAINING INCLUDES PARTICIPATION IN IN-HOSPITAL ROUNDS, OUT-PATIENT CLINIC VISITS, SURGERY/DEVICE IMPLANTATION OBSERVATIONS, DIDACTIC LECTURES, CASE STUDIES, JOURNAL CLUBS AND RESEARCH MEETINGS CLINICAL RESEARCH STUDY TITLE CLINICAL TRIALS IN ORGAN TRANSPLANTATION (CTOT-11) NOVEL THERAPIES TO IMPROVE RENAL AND CARDIAC ALLOGRAFT OUTCOMESSPONSOR NIH/BRIGHAM AND WOMEN'S HOSPITALPROJECT SUMMARY TRANSPLANTATION IS THE IDEAL THERAPY FOR END STAGE HEART AND END STAGE KIDNEY FAILURE, BUT ALLOGRAFT SURVIVAL AND FUNCTION REMAIN SUBOPTIMAL THE OVERRIDING CLINICAL HYPOTHESIS IS THAT SPECIFICALLY DESIGNED THERAPIES GUIDED BY RATIONALLY CHOSEN NONINVASIVE IMMUNE MONITORING WILL IMPROVE OUTCOMES IN HEART AND KIDNEY TRANSPLANT RECIPIENTS THE STUDY INVOLVES IDENTIFYING HEART TRANSPLANT CANDIDATES AT HIGH RISK FOR ANTIBODY MEDIATED INJURY (HIGH PRA) AND PERFORMING A PILOT STUDY TO DETERMINE THE SAFETY AND EFFICACY OF DESENSITIZATION USING A COMBINATION OF B CELL DEPLETION (RITUXIMAB) AND IVIG PLASMAPHERESIS THE STUDY WILL TEST THE HYPOTHESIS THAT DESENSITIZATION WILL LOWER PRA, DIMINISH THE WAITING TIME TO HEART TRANSPLANTATION AND RESULT IN ACCEPTABLE 1 YEAR GRAFT SURVIVAL AND FUNCTION ASSOCIATED MECHANISTIC STUDIES WILL DETERMINE HOW THE DESENSITIZATION PROTOCOL IMPACTS PREFORMED ALLOREACTIVE T AND B CELL IMMUNITY AND WILL TEST THE HYPOTHESIS THAT RESIDUAL B AND T CELL IMMUNE MEMORY WITH REACTIVITY TO DONOR ANTIGENS MEDIATES POST-TRANSPLANT ALLOGRAFT INJURY STUDY TITLE ACE INHIBITION AND CARDIAC ALLOGRAFT VASCULOPATHYSPONSOR NIH/STANFORD UNIVERSITYPROJECT SUMMARY THE PURPOSE OF THIS STUDY IS TO INVESTIGATE THE EFFECT OF THE ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE I), RAMIPRIL, AN ANTIHYPERTENSIVE AGENT, ON THE DEVELOPMENT OF CARDIAC ALLOGRAFT VASCULOPATHY (CAV) IN CARDIAC TRANSPLANT RECIPIENTS IN A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY CARDIAC ALLOGRAFT VASCULOPATHY (CAV) IS A LEADING CAUSE OF MORBIDITY AND MORTALITY AFTER HEART TRANSPLANT DESPITE ADVANCES IN PROPHYLAXIS AGAINST REJECTION AND INFECTION, AS WELL AS IMPROVED CONTROL OF TRADITIONAL ATHEROSCLEROTIC RISK FACTORS, SIGNIFICANT DEVELOPMENT OF ATHEROSCLEROTIC PLAQUE AND DETRIMENTAL VASCULAR REMODELING OCCUR EARLY AFTER ORTHOTOPIC HEART TRANSPLANTATION (OHT) THE INVESTIGATORS HOPE TO DETERMINE WHETHER ACE I THERAPY WITH RAMIPRIL EARLY AFTER OHT IMPACTS THE DEVELOPMENT OF CAV, AND LEARN IF THE USE OF ACE I INCREASES THE NUMBER OF CIRCULATING ENDOTHELIAL PROGENITOR CELLS (EPC) RESULTING IN IMPROVED ENDOTHELIAL FUNCTION AND LESS ATHEROSCLEROSIS THE PRIMARY OBJECTIVE IS TO INVESTIGATE THE EFFECT OF ACE I ON THE DEVELOPMENT OF CAV IN CARDIAC TRANSPLANT RECIPIENTS IN A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

11 of 21 (Page 1 of 21) | [Print](#) | [Email](#) | [Feedback](#)

Other programs

| Schedule O)

3 (B)

(Expenses \$

ing grants of

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f		No
12a		No
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	4	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966? . . .			
b Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No		
6 Did the organization have members or stockholders?	6	Yes		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9	No		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	No	
14 Did the organization have a written document retention and destruction policy?	14	No	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	No	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ERIC MARTON 8536 WILSHIRE BOULEVARD 3RD FLOOR
BEVERLY HILLS, CA 90211 (310) 248-8327

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key Employee	Highest Compensated	Former			
(1) JON KOBASHIGAWA MD CHIEF MEDICAL DIRECTOR	2 00 0 00	X		X				0	0	0
(2) KEENAN BEHRLE CHAIRPERSON	2 00 0 00	X		X				0	0	0
(3) JAMES HAMILTON SECRETARY	2 00 0 00	X		X				0	0	0
(4) KAY DILLARD DIRECTOR	2 00 0 00	X						0	0	0
(5) THOMAS D GORDON CFO	1 00 65 00	X		X				0	1,171,581	207,121
(6) RUSSELL FAUCETT DIRECTOR - PART YEAR	2 00 0 00	X						0	0	0
(7) IRENE FURLONG DIRECTOR	2 00 0 00	X						0	0	0
(8) MICHELE HAMILTON MD DIRECTOR	2 00 0 00	X						0	0	0
(9) RICHARD B JACOBS DIRECTOR	1 00 61 00	X						0	1,697,300	166,214
(10) E ERIC JOHNSON DIRECTOR - PART YEAR	2 00 0 00	X						0	0	0
(11) JOSEPH O LAMPE DIRECTOR	2 00 0 00	X						0	0	0
(12) EDUARDO MARBAN MD DIRECTOR	1 00 60 00	X						0	1,918,262	226,336
(13) LAURENCE MARTON MD DIRECTOR	2 00 0 00	X						0	0	0
(14) ARTHUR J OCHOA DIRECTOR	1 00 65 00	X						0	707,111	60,851
(15) WILLIAM OUCHI PHD DIRECTOR	2 00 0 00	X						0	0	0
(16) EDWARD PRUNCHUNAS DIRECTOR	1 00 65 00	X						0	1,263,700	307,721
(17) LAWRENCE SOUZA PHD DIRECTOR - PART YEAR	2 00 0 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A . . .	►			
d Total (add lines 1b and 1c)	►	0	7,242,700	1,018,001

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1,348,784				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,647				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,357,431			
Program Service Revenue	Business Code					
	2a EDUCATIONAL PROGRAMS	611430		68,012	68,012	
	b CULTURAL PROGRAMS	611710		11,058	11,058	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			79,070		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,138		8,138	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	2,109					
c Gain or (loss)	0					
d Net gain or (loss)	2,109		2,109		2,109	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		1,446,748	79,070	0	10,247	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	500	500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	295,289		295,289	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	745,552	745,552		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,165	46,165		
9 Other employee benefits	134,597	134,597		
10 Payroll taxes	78,018	78,018		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,500		2,500	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,709	18,253	7,456	
12 Advertising and promotion				
13 Office expenses	25,879	23,291	2,588	
14 Information technology	13,408	6,704	6,704	
15 Royalties				
16 Occupancy	49,397	49,397		
17 Travel	19,493	19,493		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	229,722	218,236	11,486	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,832	12,832		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANK CHARGES	4,128		4,128	
b DUES & SUBSCRIPTIONS	3,868	3,868		
c CREDIT CARD FEES	2,005		2,005	
d OTHER PURCHASED SERVICE	2,000		2,000	
e All other expenses	2,450	1,821	629	
25 Total functional expenses. Add lines 1 through 24e	1,693,512	1,358,727	334,785	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	110,187	1 95,134
	2 Savings and temporary cash investments	15,650	2
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	20,435	9 3,085
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	107,678
	b Less accumulated depreciation	10b	87,386
	11 Investments—publicly traded securities	18,879	10c 20,292
	12 Investments—other securities See Part IV, line 11	403,591	11 246,277
	13 Investments—program-related See Part IV, line 11	12	
	14 Intangible assets	13	
	15 Other assets See Part IV, line 11	14	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	15	364,788
Liabilities	17 Accounts payable and accrued expenses	99,768	17 122,813
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	99,768	26 122,813
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	468,974	27 241,975
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	468,974	33 241,975
	34 Total liabilities and net assets/fund balances	568,742	34 364,788

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,446,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,693,512
3	Revenue less expenses Subtract line 2 from line 1	3	-246,764
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	468,974
5	Net unrealized gains (losses) on investments	5	19,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241,975

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	No
	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization**

CALIFORNIA HEART CENTER FOUNDATION

Employer identification number

95-4772979

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,202,798	2,355,777	1,280,861	1,445,229	1,357,431	7,642,096
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,202,798	2,355,777	1,280,861	1,445,229	1,357,431	7,642,096
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,511,981
6 Public support. Subtract line 5 from line 4						6,130,115

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,202,798	2,355,777	1,280,861	1,445,229	1,357,431	7,642,096
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,427	12,029	18,834	12,225	8,138	58,653
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						7,700,749
12 Gross receipts from related activities, etc (see instructions)					12	272,941
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	79 600 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	63 800 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

Return Reference

Explanation

2013

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)
and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**

CALIFORNIA HEART CENTER FOUNDATION

Employer identification number

95-4772979

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		70,594	58,249	12,345	
e Other		37,084	29,137	7,947	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					20,292

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col. (B), line 13.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>4c</td><td></td></tr> </table>	3		4		4a		4b		4c		1	
2a																									
2b																									
2c																									
2d																									
2e																									
3																									
4																									
4a																									
4b																									
4c																									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12																								
a	Net unrealized gains on investments																								
b	Donated services and use of facilities																								
c	Recoveries of prior year grants																								
d	Other (Describe in Part XIII)																								
e	Add lines 2a through 2d																								
3	Subtract line 2e from line 1																								
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1																								
a	Investment expenses not included on Form 990, Part VIII, line 7b																								
b	Other (Describe in Part XIII)																								
c	Add lines 4a and 4b																								
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)																								

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>4c</td><td></td></tr> </table>	3		4		4a		4b		4c		1	
2a																									
2b																									
2c																									
2d																									
2e																									
3																									
4																									
4a																									
4b																									
4c																									
2	Amounts included on line 1 but not on Form 990, Part IX, line 25																								
a	Donated services and use of facilities																								
b	Prior year adjustments																								
c	Other losses																								
d	Other (Describe in Part XIII)																								
e	Add lines 2a through 2d																								
3	Subtract line 2e from line 1																								
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:																								
a	Investment expenses not included on Form 990, Part VIII, line 7b																								
b	Other (Describe in Part XIII)																								
c	Add lines 4a and 4b																								
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)																								

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
CALIFORNIA HEART CENTER FOUNDATION

Employer identification number

95-4772979

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS D GORDON CFO	(i) 0 (ii) 507,587	0 251,910	0 412,084	0 175,722	0 31,399	0 1,378,702	0 0
(2) RICHARD B JACOBS DIRECTOR	(i) 0 (ii) 550,082	0 267,319	0 879,899	0 148,210	0 18,004	0 1,863,514	0 0
(3) EDUARDO MARBAN MD DIRECTOR	(i) 0 (ii) 1,272,722	0 267,590	0 377,950	0 186,995	0 39,341	0 2,144,598	0 0
(4) ARTHUR J OCHOA DIRECTOR	(i) 0 (ii) 451,691	0 214,649	0 40,771	0 21,675	0 39,176	0 767,962	0 0
(5) EDWARD PRUNCHUNAS DIRECTOR	(i) 0 (ii) 672,181	0 311,157	0 280,362	0 277,661	0 30,060	0 1,571,421	0 0
(6) ERIC N MARTON PRESIDENT	(i) 0 (ii) 306,564	0 25,600	0 17,014	0 7,650	0 24,229	0 381,057	0 0
(7) CHRISTINE SUMBI VICE-PRESIDENT	(i) 0 (ii) 129,612	0 5,700	0 256	0 8,077	0 9,802	0 153,447	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	THE PRESIDENT IS COMPENSATED BY A RELATED ORGANIZATION PLEASE SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15
PART I, LINE 4B	THE PLAN IS A SUPPLEMENTAL RETIREMENT ALLOWANCE THAT IS PAYABLE DIRECTLY TO THE PARTICIPANTS EACH QUARTER THE BENEFIT FORMULA FOR THIS PLAN HAS ANNUAL CONTRIBUTIONS THAT ARE EITHER A PERCENTAGE OF SALARY, OR ARE DESIGNED TO FUND A PERCENTAGE OF THE ESTIMATED FINAL 5-YEAR AVERAGE SALARY IN ADDITION, TWO INDIVIDUALS HAVE A RETENTION INCENTIVE WHICH HAD A CLIFF VESTING DATE IN 2013 THE FOLLOWING OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2013 THOMAS D GORDON 383,951 RICHARD B JACOBS 829,174 EDUARDO MARBAN, MD 188,640 ERIC N MARTON 14,393 ARTHUR J OCHOA 36,941 EDWARD PRUNCHUNAS 216,642

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013**Open to Public
Inspection**

Name of the organization

CALIFORNIA HEART CENTER FOUNDATION

Employer identification number

95-4772979

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>(CONTINUED) STUDY TITLE LONG TERM OUTCOME FOLLOW-UP OF THE RAD001 B253 STUDY, EVEROLIMUS FOR THE PREVENTION OF ALLOGRAFT REJECTION AND VASCULOPATHY IN CARDIAC-TRANSPLANT RECIPIENTS SPONSOR NOVARTIS PROJECT SUMMARY SURVIVAL FOR TRANSPLANT RECIPIENTS IS STILL LIMITED BY CARDIAC ALLOGRAFT VASCULOPATHY (CAV), INFECTIOUS COMPLICATIONS, MALIGNANCY, AND REJECTION IN THE LANDMARK HEART TRANSPLANT STUDY RAD001 B253 WITH ALL GROUPS GIVEN CYCLOSPORINE, BOTH DOSES OF EVEROLIMUS (1.5 AND 3 MG/DAY) WERE SUPERIOR TO AZATHIOPRINE FOR EFFICACY FAILURE AT 6, 12, AND 24 MONTHS POST TRANSPLANTATION THIS FINDING WAS PRIMARILY DUE TO A REDUCTION IN THE INCIDENCE OF ACUTE REJECTION (ISHLT GREATER THAN OR EQUAL TO GRADE 3A) IN THE EVEROLIMUS GROUPS. THE RAD B253 STUDY ALSO CONFIRMED THAT EVEROLIMUS APPEARED TO BE MORE BENEFICIAL THAN AZATHIOPRINE IN REDUCING THE SEVERITY AND INCIDENCE OF CAV AT 1-YEAR POST TRANSPLANTATION. HOWEVER, THE LONG TERM BENEFIT OF EVEROLIMUS IN HEART TRANSPLANT PATIENTS HAS YET TO BE ESTABLISHED AND THUS, A STUDY EVALUATING LONG-TERM OUTCOMES IS WARRANTED. THE PURPOSE OF THIS STUDY IS TO COMPARE THE 10-YEAR OUTCOMES OF CARDIAC TRANSPLANT PATIENTS ORIGINALLY RANDOMIZED TO EVEROLIMUS 1.5MG, EVEROLIMUS 3.0MG AND AZATHIOPRINE GROUPS FROM THE MULTI-CENTER RAD001 B253 STUDY. THESE OUTCOMES INCLUDE SURVIVAL, CARDIAC ALLOGRAFT VASCULOPATHY (CAV) BY ANGIOGRAPHY, AND NON-FATAL MAJOR ADVERSE CARDIAC EVENTS. THIS IS AN INVESTIGATOR-INITIATED STUDY WHERE CEDARS-SINAI IS SERVING AS THE COORDINATING SITE, GATHERING LONG-TERM FOLLOW UP DATA ON PATIENTS FROM THE ORIGINAL STUDY. STUDY TITLE ADVANCED HEART DISEASE REGISTRY STUDY SPONSOR INTERNAL PROJECT SUMMARY HEART FAILURE IS A COMPLEX PROGRESSIVE MULTISYSTEM DISEASE STATE AFFECTING OVER 5 MILLION AMERICANS WITH SIGNIFICANT MORBIDITY AND MORTALITY. THERE HAS BEEN SIGNIFICANT IMPROVEMENT IN THE SURVIVAL OF PATIENTS DIAGNOSED WITH HF OVER THE RECENT YEARS WITH MUCH BEING OWEDED TO MEDICAL THERAPY ADVANCES AND A DEEPER KNOWLEDGE OF THE NEURO-HORMONAL CONTRIBUTION TO THIS CONDITION. WITH A YEARLY INCIDENCE OF 500,000 NEWLY DIAGNOSED HEART FAILURE PATIENTS, HEART FAILURE CONTINUES TO BE A MAJOR PUBLIC HEALTH BURDEN, AND IS THE MOST COMMON REASON FOR HOSPITAL ADMISSION FOR PATIENTS ABOVE 65 YEARS OF AGE. DESPITE SIGNIFICANT IMPROVEMENT IN MORBIDITY AND MORTALITY OVER TIME, HEART FAILURE REMAINS A CHRONIC DISEASE CHARACTERIZED BY RECURRENT DECOMPENSATIONS AND PERSISTENT SYMPTOMS. THE PURPOSE OF THIS CLINICAL RESEARCH IS TO RETROSPECTIVELY REVIEW DATA ON PATIENTS DIAGNOSED WITH HEART FAILURE, INCLUDING THOSE WHO ARE MAINTAINED ON MEDICAL THERAPY, THOSE WHO RECEIVE A HEART TRANSPLANT AND THOSE WHO RECEIVE MECHANICAL CIRCULATORY SUPPORT. THE RESEARCH WILL ADDRESS A VARIETY OF FACTORS INCLUDING QUALITY OF LIFE, CLINICAL OUTCOMES, MEDICAL AND SURGICAL THERAPIES, COMPLIANCE, USE OF INOTROPES, GENDER DIFFERENCES, AGE DIFFERENCES, SEXUAL DYSFUNCTION, VENTRICULAR ASSIST DEVICES, OBESITY, DIET, NUTRITION, PSYCHOSOCIAL FACTORS, PATHOLOGY DATA, LAB VALUES, SPIRITUALITY COUNSELING, PALLIATIVE CARE INTERVENTIONS, REHOSPITALIZATIONS, CLINICAL INTERVENTIONS, HEMODYNAMIC CHANGES, AND THE IMPACT ON BOTH SHORT-TERM AND LONG-TERM SURVIVAL AND QUALITY OF LIFE. BY EVALUATING THE DATA OF ALL OF OUR ADVANCED HEART DISEASE PATIENTS IN ONE COMPREHENSIVE DATABASE STUDY, WE HOPE TO IMPROVE OUR UNDERSTANDING OF HEART FAILURE AS WELL AS IMPROVE THE QUALITY OF LIFE OF OUR ADVANCED HEART DISEASE PATIENTS. STUDY TITLE HOME ECG MONITORING TO DETECT ALLOGRAFT REJECTION FOLLOWING HEART TRANSPLANTATION SPONSOR NIH/UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PROJECT SUMMARY THE BROAD, LONG-TERM GOAL OF THIS RESEARCH IS TO APPLY NOVEL TECHNOLOGY FOR EARLY DETECTION OF DONOR ORGAN (ALLOGRAFT) REJECTION TO IMPROVE PATIENT OUTCOMES FOLLOWING HEART TRANSPLANTATION. THE SPECIFIC GOAL OF THIS INITIAL STUDY IS TO DETERMINE WHETHER DAILY MONITORING OF THE TRANSPLANT RECIPIENT'S ELECTROCARDIOGRAM (ECG) USING A SIMPLE HOME DEVICE WITH TELEPHONE TRANSMISSION TO AN ECG CORE LABORATORY WOULD PROVIDE AN EARLY SENSITIVE AND SPECIFIC BIOMARKER FOR ACUTE ALLOGRAFT REJECTION. THE SPECIFIC AIMS OF THE STUDY ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DURING THE FIRST 6 MONTHS FOLLOWING HEART TRANSPLANT IS A SENSITIVE AND SPECIFIC BIOMARKER FOR BIOPSY-DIAGNOSED ACUTE ALLOGRAFT REJECTION, AND 2) DETERMINE THE TIMING OF INITIAL INCREASED QT INTERVAL RELATIVE TO BIOPSY-DIAGNOSED STAGES OF MILD, MODERATE, AND SEVERE ALLOGRAFT REJECTION. THE SECONDARY AIMS ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DURING THE FIRST 6 MONTHS FOLLOWING HEART TRANSPLANT PREDICTS ALL-CAUSE OR SUDDEN CARDIAC DEATH MORTALITY WITHIN THE FIRST YEAR, AND 2) EXPLORE ADDITIONAL ECG MEASUREMENTS THAT MIGHT PREDICT ACUTE ALLOGRAFT REJECTION OR DEATH. STUDY TITLE ENDOTHELIAL CELL REPLACEMENT BY THE HOST AFTER HEART TRANSPLANTATION AND ITS CORRELATION WITH DSA LEVEL AND ALLOGRAFT OUTCOME SPONSOR TERASAKI FOUNDATION PROJECT SUMMARY THE</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>THE PRESENCE OF RECIPIENT DERIVED ENDOTHELIAL CELLS IN THE DONOR ORGAN IS KNOWN AS ENDOTHELIAL CHIMERISM IN TRANSPLANTED ORGANS. SINCE THE 1960S, THERE IS RISING EVIDENCE FOR CELL TRAFFIC FROM THE GRAFT INTO THE HOST AND VICE VERSA FOLLOWING SOLID ORGAN TRANSPLANTATION, AND IT IS BECOMING CLEAR THAT THESE PROCESSES INFLUENCE WHETHER AN ALLOGRAFT IS ACCEPTED OR REJECTED. THE MIGRATION OF RECIPIENT ENDOTHELIAL CELLS INTO TRANSPLANTED ORGANS IS OF SPECIAL INTEREST, AS THIS FORM OF CELL MIGRATION MAY PLAY A KEY ROLE IN ALLOGRAFT ACCEPTANCE. DESPITE THE CLEAR AND WIDELY ACCEPTED NEGATIVE CORRELATION OF DONOR-SPECIFIC ANTIBODIES AND LONG-TERM ALLOGRAFT OUTCOME IN SOLID ORGAN TRANSPLANTATION, THERE ARE STILL A NUMBER OF PATIENTS PRESENTING WITH DONOR SPECIFIC ANTIBODIES THAT DO NOT INTERFERE WITH ALLOGRAFT FUNCTION, EVEN FOR A LONG PERIOD OF TIME. WE HYPOTHEZIE, THAT IN THESE PATIENTS, ENDOTHELIAL CHIMERISM LED TO A TOLERANCE OF THE RECIPIENT IMMUNE SYSTEM TOWARDS THE FOREIGN ORGAN, THEREFORE LEADING TO STABLE ALLOGRAFT FUNCTION DESPITE THE PRESENCE OF DONOR SPECIFIC ANTIBODIES. THIS STUDY WILL TEST FOR ENDOTHELIAL CELL REPLACEMENT IN EXISTING STORED BIOPSY SAMPLES OF PATIENTS ONE YEAR POST HEART TRANSPLANTATION. OUR AIM IS THE EVALUATION OF ENDOTHELIAL CELL CHIMERISM IN CARDIAC ALLOGRAFTS, ITS CORRELATION TO DONOR SPECIFIC ANTIBODY LEVEL AND ITS IMPACT ON ALLOGRAFT OUTCOMES. THE RESULTS MAY HELP TO BETTER UNDERSTAND THE MECHANISMS OF GRAFT ACCEPTANCE AND REJECTION AND THUS MAY HELP IN THE DECISION WHETHER A PATIENT WITH DONOR SPECIFIC ANTIBODIES AFTER ORGAN TRANSPLANTATION NEEDS FURTHER THERAPY OR NOT.</p>

Return Reference	Explanation
FORM 990, PART IV, LINE 12	THE ORGANIZATION WAS INCLUDED IN A CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED 6/30/13 AND 6/30/14 DUE TO THE FACT THAT THE TAX YEAR OF ITS TAX-EXEMPT PARENT ORGANIZATION, CEDARS-SINAI MEDICAL CENTER, ENDS ON 6/30 THERE ARE NO AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/13

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>(CONTINUED) ISCHEMIA STUDY (INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES) SPONSOR NIH/NEW YORK SCHOOL OF MEDICINE PROJECT SUMMARY</p> <p>CORONARY ARTERY DISEASE (CAD) IS THE LEADING CAUSE OF DEATH AND DISABILITY WORLDWIDE AND AFFECTS 17.6 MILLION AMERICANS, RESULTING IN ABOUT 450,000 DEATHS IN THE UNITED STATES ANNUALLY GLOBALLY, 7.2 MILLION DEATHS ARE CAUSED BY CAD EACH YEAR. AN INVASIVE APPROACH TO THE EVALUATION AND TREATMENT OF CAD IS COMMON, YET EVIDENCE THAT THIS APPROACH TO MANAGEMENT FAVORABLY INFLUENCES LONG-TERM CLINICAL OUTCOMES IN PATIENTS WITH STABLE ISCHEMIC HEART DISEASE (SIHD) IS OUTDATED. OBSERVATIONAL DATA SUGGEST THAT EARLY REVASCULARIZATION IS ASSOCIATED WITH A LOWER LIKELIHOOD OF DEATH AND MYOCARDIAL INFARCTION (MI) IN PATIENTS WITH AT LEAST MODERATE ISCHEMIA ON MYOCARDIAL PERfusion IMAGING, BUT THIS CONCEPT HAS NEVER BEEN FULLY TESTED IN A PROSPECTIVE, RANDOMIZED CLINICAL TRIAL. PREVIOUS STUDY RESULTS SUPPORT THE HYPOTHESIS THAT THE BENEFIT OF AN INVASIVE STRATEGY IN SIHD PATIENTS IS MOST LIKELY TO BE OBSERVED IN PATIENTS WITH AT LEAST MODERATE ISCHEMIA. IN CONTRAST, A NEWER, UNPUBLISHED ANALYSIS OF OUTCOMES IN THIS COHORT OF PATIENTS SHOWED NO REDUCTION IN DEATH AND MI. MODE RATE OR SEVERE ISCHEMIA IS A MARKER FOR INCREASED RISK FOR DEATH, BUT NO WELL-DESIGNED CLINICAL TRIAL OF PATIENTS WITH THIS DEGREE OF ISCHEMIA HAS STUDIED WHETHER AN INVASIVE STRATEGY IMPROVES CLINICAL OUTCOMES AND QUALITY OF LIFE. GIVEN THE POTENTIAL CLINICAL BENEFIT FROM REVASCULARIZATION ON THE ONE HAND, THE SIGNIFICANT EXPENSE OF AN INVASIVE STRATEGY ON THE OTHER, THIS IS A CRITICALLY IMPORTANT ISSUE TO RESOLVE. THE RESULTS OF THE ISCHEMIA STUDY WILL HAVE PROFOUND IMPLICATIONS FOR GUIDELINES, HEALTH POLICY, AND CLINICAL PRACTICE. THIS STUDY AT CSMC PROPOSES TO ENROLL APPROXIMATELY 10 SUBJECTS WITH SIHD. SUBJECTS WILL BE CONSENTED FOLLOWING CLINICALLY-INDICATED STRESS IMAGING. IF THE IMAGES QUALIFY FOR ENROLLMENT, CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY (CCTA) WILL BE PERFORMED AND SUBJECTS WILL BE RANDOMIZED TO EITHER THE INVASIVE STRATEGY INVOLVING CATHETERIZATION AND REVASCULARIZATION OR THE OPTIMAL MEDICAL MANAGEMENT STRATEGY. BLOOD WILL ALSO BE DRAWN IN BOTH GROUPS TO ANALYZE BIOMARKERS AND ESTABLISH A GENOMICS BIOREPOSITORY. FOLLOW-UP IN RANDOMIZED SUBJECTS WILL OCCUR AT 1, 5, 3, 6, AND 12 MONTHS FOLLOWING RANDOMIZATION DURING THE FIRST YEAR AND EVERY 6 MONTHS THEREAFTER, WITH CLINIC VISITS, PHONE FOLLOW-UP, AND OTHER CLINICALLY-INDICATED TESTING UNTIL THE END OF THE TRIAL.</p> <p>STUDY TITLE: SYNCARDIA FREEDOM DRIVER SYSTEM STUDY</p> <p>SPONSOR: SYNCARDIA SYSTEMS, INC. PROJECT SUMMARY: ON 15 OCTOBER 2004, THE SYNCARDIA TEMPORARY TOTAL ARTIFICIAL HEART (TAH-T) RECEIVED FDA APPROVAL (PREMARKET APPROVAL APPLICATION [PMA] #P030011) FOR IN-HOSPITAL USE AS A BRIDGE TO TRANSPLANT IN CARDIAC TRANSPLANT-ELIGIBLE CANDIDATES AT RISK OF IMMINENT DEATH FROM BIVENTRICULAR FAILURE. THE IMPLANTABLE TAH-T IS POWERED BY AN EXTERNAL PNEUMATIC DRIVER, THE CIRCULATORY SUPPORT SYSTEM (CSS) CONSOLE. BECAUSE THE SIZE AND WEIGHT OF THE CSS CONSOLE LIMIT THE MOBILITY OF TAH-T PATIENTS, SYNCARDIA DEVELOPED A SMALLER, PORTABLE EXTERNAL PNEUMATIC DRIVER, THE FREEDOM DRIVER SYSTEM, WHICH INCORPORATES SOME OF THE CSS CONSOLE OPERATING PARAMETERS TO PROVIDE THE PNEUMATIC SUPPORT REQUIRED BY THE IMPLANTED TAH-T IN CLINICALLY STABLE PATIENTS, WHILE ENHANCING THEIR MOBILITY. DESIGN VERIFICATION TEST RESULTS DEMONSTRATE THAT THE FREEDOM DRIVER OPERATES WITHIN THE SPECIFICATIONS OF THE CSS CONSOLE TO PROVIDE THE PULSATILE PNEUMATIC PRESSURES REQUIRED TO SUPPORT CLINICALLY STABLE TAH-T PATIENTS SAFELY IN AND OUT OF THE HOSPITAL. THIS CLINICAL STUDY IS INTENDED TO:</p> <ul style="list-style-type: none"> * CONFIRM THE DESIGN VERIFICATION TEST RESULTS THAT DEMONSTRATED THAT THE FREEDOM DRIVER IS A SUITABLE PNEUMATIC DRIVER FOR CLINICALLY STABLE TAH-T PATIENTS * CONFIRM THAT PATIENTS AND LAY CAREGIVERS CAN BE TRAINED TO MANAGE THE FREEDOM DRIVER SYSTEM SAFELY OUTSIDE THE HOSPITAL. <p>STUDY TITLE: EXTERNAL FACTORS AND OUTCOMES FOR HEART TRANSPLANT RECIPIENTS: A SINGLE CENTER SURVEY</p> <p>SPONSOR: INTERNAL PROJECT SUMMARY</p> <p>CARDIAC TRANSPLANTATION IS CURRENTLY THE PROCEDURE OF CHOICE FOR SELECTED PATIENTS WITH END-STAGE HEART DISEASE THAT IS NOT AMENABLE TO FURTHER MEDICAL INTERVENTION OR CONVENTIONAL CARDIAC PROCEDURES. WITH THE ADVENT OF MORE EFFECTIVE IMMUNOSUPPRESSIVE AGENTS, THE DEFINITION OF THE SUCCESSFULLY MANAGED HEART TRANSPLANT RECIPIENT IS EVOLVING BEYOND THE IMMEDIATE CHALLENGE OF PREVENTING ACUTE REJECTION. THE PURPOSE OF THIS SURVEY STUDY IS TO ASSESS A VARIETY OF FACTORS AND THEIR IMPACT ON BOTH SHORT-TERM AND LONG-TERM OUTCOMES AND QUALITY OF LIFE POST HEART TRANSPLANTATION. DATA TO BE COLLECTED WILL INCLUDE DEMOGRAPHIC DATA, PSYCHOSOCIAL DATA AND PHYSICAL DATA. TO DATE, 552 PATIENTS HAVE COMPLETED THE SURVEY.</p> <p>STUDY TITLE: PROSPECTIVE, MULTI-CENTER, RANDOMIZED CLINICAL INVESTIGATION OF TRANSME DICS ORGAN CARE SYSTEM (OCS) FOR CARDIAC USE</p> <p>SPONSOR: OCS</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>OR TRANSMEDICS PROJECT SUMMARY THE TRANSMEDICS ORGAN CARE SYSTEM IS A PORTABLE ORGAN PER FUSION AND MONITORING SYSTEM INTENDED TO PRESERVE A DONATED HEART IN A BEATING STATE DURING TRANSPORT FOR THE EVENTUAL TRANSPLANTATION INTO A RECIPIENT THE ORGAN CARE SYSTEM (OCS) MAINTAINS ORGAN VIABILITY BY PROVIDING A CONTROLLED ENVIRONMENT, CONTINUOUSLY PERFUSING THE DONATED HEART WITH WARM, OXYGENATED BLOOD, SUPPLEMENTED WITH THE TRANSMEDICS CARDIAC SOLUTION SET THE BLOOD IS COLLECTED FROM THE DONOR AND IS CONTINUOUSLY CIRCULATED TO THE ORGAN IN A CLOSED CIRCUIT ALONG WITH THE CARDIAC SOLUTION SET THE OCS PRESERVES THE HEART AND MONITORS THE ORGAN'S PERfusion PARAMETERS IMMEDIATELY AFTER EXPLANTATION FROM A DONOR AND CONNECTION TO THE DEVICE, DURING TRANSPORTATION TO THE RECIPIENT SITE, AND UNTIL DISCONNECTION FROM THE DEVICE THE PURPOSE OF THIS STUDY IS TO COMPARE THE SAFETY AND EFFECTIVENESS OF THE OCS WITH THE EXISTING COLD STATIC CARDIOPLEGIA STANDARD OF CARE FOR THE PRESERVATION OF DONOR HEARTS CSMC ENROLLED 39 SUBJECTS IN THIS STUDY, WITH ALL FOLLOW-UP COMPLETE STUDY TITLE THE MEDICAL ARM OF MECHANICAL CIRCULATORY SUPPORT (MEDAMACS) STUDY SPONSOR NIH/UNIVERSITY OF ALABAMA PROJECT SUMMARY DESPITE WIDESPREAD USE OF EVIDENCE-BASED MEDICAL THERAPIES, MORTALITY AND MORBIDITY FROM SYSTOLIC HEART FAILURE REMAIN HIGH BREAKTHROUGHS IN THE MECHANICAL CIRCULATORY SUPPORT TECHNOLOGY HAVE EXTENDED SURVIVAL AND IMPROVED QUALITY IN ADVANCED HEART FAILURE PATIENTS AWAITING CARDIAC TRANSPLANTATION AND IN INOTROPE-DEPENDENT PATIENTS WHO ARE ELIGIBLE FOR HEART TRANSPLANT THE INTERMACS REGISTRY HAS FACILITATED THE REFINEMENT OF PATIENT SELECTION FOR THIS THERAPY BY ANALYSIS OF THOSE PATIENTS WHO HAVE RECEIVED DEVICES INTEGRAL TO THE ORIGINAL INTENT OF INTERMACS WAS COMPARISON TO AMBULATORY PATIENTS LIVING WITH ADVANCED HEART FAILURE WHO WERE NOT CURRENTLY RECEIVING MECHANICAL CIRCULATORY SUPPORT DEVICES MEDAMACS WILL CHARACTERIZE THE TYPES OF PATIENTS WHO ARE NOT RECEIVING AN LVAD CURRENTLY DUE TO THE INTERSECTION OF RELATIVE CONTRAINDICATIONS, TO THEIR OWN PREFERENCES, OR TO THEIR CHARACTERIZATION AS "LESS SICK" EITHER BY PERCEPTION OR BY ABSOLUTE CRITERIA AS CURRENTLY DEFINED FOR LIFETIME VAD SUPPORT THIS WILL BE A PROSPECTIVE, OBSERVATIONAL STUDY OF AMBULATORY PATIENTS WITH ADVANCED HEART FAILURE STUDY ACTIVITIES INCLUDE BASELINE A (AT CONSENT), BASELINE B (3-6 WEEKS FOLLOWING CONSENT), 6 MONTH TELEPHONE CALL, 12 MONTH FOLLOW-UP, 18 MONTH TELEPHONE CALL, AND 24 MONTH FOLLOW-UP RESEARCHERS WILL COLLECT DATA FROM 6 MINUTE WALK TESTS, MEDICAL RECORDS, AND QUESTIONNAIRES/ SURVEYS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>(CONTINUED) STUDY TITLE THE DE-NOVO USE OF Eculizumab ALONGSIDE CONVENTIONAL THERAPY THERAPY IN PRESENSITIZED PATIENTS RECEIVING CARDIAC TRANSPLANTATION AN OPEN-LABEL, INVESTIGATOR-INITIATED PILOT TRIAL [THE DUET CARDIAC TRIAL] SPONSOR ALEXION PHARMACEUTICALS PROJECT SUMMARY THE GROWING PROPORTION OF SENSITIZED CARDIAC RECIPIENTS PRESENTS AN ADDITIONAL CHALLENGE TO THE TRANSPLANT PRACTITIONER ATTEMPTING TO MINIMIZE THE OCCURRENCE OF ANTIBODY MEDIATED REJECTION (AMR) PATIENTS PRE-EXPOSED OR "SENSITIZED" TO ANTIGEN EXPOSING EVENTS (I E. BLOOD TRANSFUSIONS, MULTIPLE PREGNANCIES, PRIOR ORGAN TRANSPLANTATIONS, VENTRICULAR SUPPORT DEVICES) ARE MORE LIKELY TO BOTH POSSESS PREFORMED AND DEVELOP DE-NOVO ANTIBODIES SENSITIZED PATIENTS WITH PANEL REACTIVE ANTIBODIES > 25% ARE AT RISK FOR INCREASED MORTALITY AFTER HEART TRANSPLANTATION A CENTRAL COMPONENT OF ANTIBODY-MEDIATED CELL INJURY IS COMPLEMENT ACTIVATION THE INHIBITION OF TERMINAL COMPLEMENT ACTIVATION MAY BE THE MISSING LINK TO DECREASING POSSIBLY BOTH COMPLEMENT-MEDIATED AMR AND CELLULAR REJECTION (CR) BY INHIBITING BOTH THE INFLAMMATORY EFFECTS OF BOTH CIRCULATING ANTIBODIES AND CYTOKINE INDUCED CELL DEATH Eculizumab IS A MONOCLONAL ANTIBODY THAT SPECIFICALLY Binds TO COMPLEMENT PROTEIN C5 WITH HIGH AFFINITY, THEREBY INHIBITING ITS CLEAVAGE TO C5A AND C5B AND PREVENTING THE GENERATION OF THE TERMINAL COMPLEMENT COMPLEX C5B-9 BY THIS MECHANISM, Eculizumab (SOLIRIS) INHIBITS TERMINAL COMPLEMENT MEDIATED INTRAVASCULAR HEMOLYSIS IN PAROXYSMAL NOCTURNAL HEMOGLOBINURIA PATIENTS THIS STUDY IS A NON-RANDOMIZED, OPEN-LABEL, INVESTIGATOR-INITIATED SAFETY AND EFFICACY TRIAL INVESTIGATING THE DE-NOVO USE OF Eculizumab ALONGSIDE CONVENTIONAL THERAPY TO PREVENT ANTIBODY MEDIATED REJECTION THE DURATION OF THE STUDY WILL INCLUDE AN OPEN ENROLLMENT PERIOD AND AT LEAST 12 MONTHS OF FOLLOW-UP (POST-TRANSPLANT) THE TRIAL WILL ENROLL A TOTAL OF UP TO 10 "SENSITIZED" PATIENTS WITH A PANEL REACTIVE ANTIBODY SCORE OF GREATER THAN 70% AND NOT PREVIOUSLY OR CURRENTLY ENROLLED IN ANOTHER ONGOING TRIAL AT THE TIME OF INITIAL BASELINE SCREENING PRIOR TO TRANSPLANTATION, PATIENTS WILLING TO CONSENT TO THE INVESTIGATIONAL USE OF Eculizumab WILL BE ENROLLED IN THE TREATMENT ARM (COMPRISING A MAXIMUM OF 10 PATIENTS) THE USE OF Eculizumab WILL BE UN-BLINDED TO ALL STUDY AND RESEARCH PRACTITIONER PARTICIPANTS A HISTORICAL COHORT OF 10 ADDITIONAL PATIENTS WILL ALSO BE UTILIZED FOR COMPARISON</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LAURENCE MARTON, MD, DIRECTOR AND ERIC MARTON, PRESIDENT HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CEDARS-SINAI MEDICAL CENTER IS THE SOLE CORPORATE MEMBER OF CALIFORNIA HEART CENTER FOUNDATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CEDARS-SINAI MEDICAL CENTER AS THE SOLE CORPORATE MEMBER, CAN ELECT BOARD OF DIRECTORS TO CALIFORNIA HEART CENTER FOUNDATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	RESERVED RIGHTS OF CEDARS-SINAI MEDICAL CENTER, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION THE FOLLOWING ACTIONS MUST BE APPROVED OR ACTED UPON BY CEDARS-SINAI MEDICAL CENTER BEFORE BECOMING EFFECTIVE (A) ANY SALE OR OTHER DISPOSITION OF ALL OR A SUBSTANTIAL PORTION OF THE ASSETS OF THE ORGANIZATION, (B) ANY MERGER OR AFFILIATION OF THE ORGANIZATION WITH ANY PERSON OR ENTITY OTHER THAN THE MEMBER, (C) ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE ORGANIZATION, (D) ANY ACT OR OMISSION WHICH CREATES ANY MATERIAL RISK TO THE MEMBER'S TAX EXEMPT STATUS, OR CREATES ANY MATERIAL RISK OF A VIOLATION OF ANY STATE OR FEDERAL LAWS, (E) DISSOLUTION OF THE ORGANIZATION OR THE FILING OF ANY BANKRUPTCY PETITION, (F) CREATION OF ANY NEW CORPORATION, PARTNERSHIP OR ASSOCIATION, (G) ACQUISITION OF OR THE INVESTMENT IN A NEW OPERATING BUSINESS, (H) ENTERING INTO ANY PARTNERSHIPS OR JOINT VENTURES, (I) ADOPTION OF OR CHANGES TO OPERATING OR CAPITAL BUDGETS, (J) ADOPTION OF THIS CORPORATION'S POLICIES AND PROCEDURES, (K) EXECUTION AND DELIVERY OF ANY NEW AFFILIATION AGREEMENTS AND OTHER RELATIONSHIPS WITH THE UCLA SCHOOL OF MEDICINE AND OTHER INSTITUTIONS OF MEDICAL LEARNING, (L) UNBUDGETED CAPITAL EXPENDITURES OVER \$100,000, (M) LOANS, BORROWINGS OR GUARANTEES IN EXCESS OF \$100,000, UNLESS APPROVED IN THE BUDGET, (N) ANY SECURITY INTERESTS OR MORTGAGES ON THE PROPERTY OF ORGANIZATION, (O) OPERATING OR CAPITAL LEASES WHERE THE TERM IS OVER FIVE YEARS OR THE TOTAL OBLIGATION UNDER THE LEASE EXCEEDS \$100,000, UNLESS APPROVED IN THE BUDGET, (P) TERMINATION OR SELECTION OF THE AUDITORS OF THE ORGANIZATION, (Q) SUBJECT TO SECTION 5 08, APPOINTMENT OR REMOVAL OF ANY MEMBER OF THE BOARD (OTHER THAN EX-OFFICIO DIRECTORS), (R) APPOINTMENT OF REMOVAL OF ANY OFFICERS, (S) EXECUTION AND DELIVERY OF ANY PROFESSIONAL SERVICE AGREEMENTS, (T) RELOCATION OF PRINCIPAL OFFICE, (U) FIXING THE NUMBER OF DIRECTORS OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 UNDERGOES AN INTENSE AND HIGHLY COMPREHENSIVE REVIEW PROCESS THE REVIEW INVOLVES VARIOUS MANAGEMENT PERSONNEL AND A BIG FOUR ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY ANNUAL STATEMENTS EACH DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS AND ANY OTHER INTERESTED PERSON AS DETERMINED BY THE BOARD OR COMMITTEE SHALL AT LEAST ANNUALLY SIGN A COPY OF THE "STATEMENT PERTAINING TO CONFLICT OF INTEREST" IF A DIRECTOR, OFFICER, OR COMMITTEE MEMBER, OR DESIGNATED INTERESTED PERSON BECOMES AWARE THAT A POTENTIAL OR APPARENT CONFLICT MAY EXIST WHICH IS NOT DISCLOSED ON SUCH A STATEMENT, IT SHALL BE THE RESPONSIBILITY OF THE INTERESTED PERSON TO DISCLOSE THE POTENTIAL CONFLICT TO THE PRESIDENT AND TO THE BOARD OR APPROPRIATE COMMITTEE AND AS SET FORTH ABOVE, PRIOR TO ANY BOARD OR COMMITTEE DISCUSSIONS OR ACTION WITH RESPECT TO THE RELEVANT TRANSACTION OR ARRANGEMENT, AND, IF RELEVANT, TO LEAVE THE MEETING DURING THE DISCUSSION AND VOTE ON THE TRANSACTION OR ARRANGEMENT DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS IF CONSIDERATION OF THE TRANSACTION OR ARRANGEMENT AT ISSUE IS A MATTER WITHIN THE SCOPE OF AUTHORITY OF THE BOARD OF DIRECTORS OR A COMMITTEE, AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE RELEVANT CALIFORNIA HEART CENTER FOUNDATION ("CHCF") OFFICER OR ADMINISTRATOR SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS AND, NOTWITHSTANDING THE CONFLICT, THE CHCF OFFICER OR ADMINISTRATOR DETERMINES THAT IT CONTINUES TO BE IN THE BEST INTERESTS OF CHCF TO PROCEED WITH THE TRANSACTION OR ARRANGEMENT AT ISSUE, THE CHCF OFFICER OR ADMINISTRATOR SHALL REFER THE TRANSACTION OR ARRANGEMENT TO THE BOARD OR THE APPROPRIATE BOARD-DESIGNATED COMMITTEE FOR EVALUATION ALTERNATIVELY IF CONSIDERATION OF THE TRANSACTION OR ARRANGEMENT AT ISSUE IS A MATTER WITHIN THE SCOPE OF THE AUTHORITY OF THE BOARD OF DIRECTORS OR A COMMITTEE, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF THE EXISTENCE OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE, BY MAJORITY VOTE, IF A CONFLICT OF INTEREST EXISTS PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE REGARDING THE TRANSACTION OR ARRANGEMENT AFTER SUCH PRESENTATION THE INTERESTED PERSON MUST LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT B THE CHAIR OF THE BOARD OR COMMITTEE SHALL, IF DEEMED APPROPRIATE BY THE BOARD OR COMMITTEE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER CHCF CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN CHCF'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CHCF AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION VIOLATIONS OF THE CONFLICTS POLICY A IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER OF THE BOARD OR COMMITTEE OR AN OFFICER OR OTHER INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM THE MEMBER OR OFFICER OR INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE B IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>THE EXECUTIVE PERSONNEL COMMITTEE (THE COMMITTEE) OF THE TAX-EXEMPT PARENT OF THE ORGANIZATION, CEDARS-SINAI MEDICAL CENTER, IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE ADDRESSES COMPENSATION AND BENEFITS REGARDING THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND BOARD MEMBERS WHO ARE ALSO EXECUTIVE EMPLOYEES AND CONTRACTUALLY ENGAGED FACULTY OF THE MEDICAL CENTER, AND IS AUTHORIZED BY THE BOARD OF DIRECTORS TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO SUCH ISSUES, AND OTHER GOVERNANCE ISSUES AS REQUESTED BY THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE CHAIR OF THE BOARD OF DIRECTORS, OR THE CEO, ALL SUBJECT TO THE COMMITTEE'S ONGOING REPORTING OBLIGATION TO THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. SPECIFICALLY, THE COMMITTEE EVALUATES THE PERFORMANCE AND APPROVES THE COMPENSATION AND BENEFITS FOR THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND BOARD MEMBERS WHO ARE ALSO EXECUTIVE EMPLOYEES AND CONTRACTUALLY ENGAGED FACULTY OF THE MEDICAL CENTER. THE MEMBERS OF THE COMMITTEE ARE APPOINTED ANNUALLY BY THE CHAIR OF THE MEDICAL CENTER'S BOARD OF DIRECTORS. APPOINTMENTS ARE FOR A ONE YEAR TERM EACH YEAR, THE COMMITTEE FOLLOWS A PROCESS THAT ENSURES THAT THE COMPENSATION AND BENEFITS IS REASONABLE AND IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS. THE MEDICAL CENTER'S SVP OF HR PROVIDES STAFF SUPPORT TO THE COMMITTEE. THE COMMITTEE MAY INCLUDE MEMBERS OF THE MEDICAL CENTER'S MANAGEMENT TEAM OR ANY OTHER PERSON WHOSE PRESENCE THE COMMITTEE BELIEVES TO BE DESIRABLE OR APPROPRIATE. THE COMMITTEE MAY ENGAGE AN INDEPENDENT COMPENSATION AND BENEFITS CONSULTANT AND ANY OTHER ADVISORS THEY DEEM NECESSARY. THE COMMITTEE MAY ALSO ENGAGE INDEPENDENT COUNSEL. THE MEDICAL CENTER WILL PROVIDE FOR APPROPRIATE FUNDING FOR PAYMENT OF COSTS TO ANY SUCH PERSONS RETAINED BY THE COMMITTEE. ANNUALLY, AT THE COMMITTEE'S DIRECTION, THE INDEPENDENT COMPENSATION CONSULTANT SHALL PREPARE SUCH REPORTS AS THE COMMITTEE REASONABLY DEEMS NECESSARY. AT A MINIMUM, SUCH REPORTS WILL INCLUDE MARKET SURVEY DATA FROM A PEER GROUP DESIGNATED BY THE COMMITTEE, WHICH SHALL BE CONSIDERED BY THE COMMITTEE PRIOR TO MAKING DECISIONS. THE COMMITTEE MEETS AS FREQUENTLY AS THE COMMITTEE DEEMS NECESSARY AND WILL MAINTAIN WRITTEN MINUTES OF ITS MEETING. THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND VICE-PRESIDENT ARE DETERMINED BY THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION WITH ASSISTANCE FROM HR WHICH PROVIDES AN INDEPENDENT REVIEW OF COMPARABLES.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, ITS CONFLICT OF INTEREST POLICY AND ITS TAX-EXEMPT PARENT'S AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
CALIFORNIA HEART CENTER FOUNDATION

Employer identification number

95-4772979

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
---	-------------------------	--	---------------------	---------------------------	----------------------------------

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
---	-------------------------	--	----------------------------	---	----------------------------------	--

Yes No

(1) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048 95-1644600	HEALTHCARE	CA	501(C)(3)	LINE 3	N/A		No
(2) CEDARS-SINAI MEDICAL CARE FOUNDATION 200 N ROBERTSON BOULEVARD 101 BEVERLY HILLS, CA 90211 95-4457756	PROVISION OF MEDICAL CARE, TEACHING AND RESEARCH	CA	501(C)(3)	LINE 11A, I	CEDARS-SINAI MEDICAL CENTER	Yes	
(3)						Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2013