



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





Part III

Statement of Program Service Accomplishments

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

1

Briefly 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?

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

3

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

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, JAPANESE OUL UNIVERSITY, KOREAMEDSTAR WASHINGTON MEDICAL CENTER (GEORGETOWN UNIVERSITY)BAKERSFIELD MEMORIAL HOSPITALSIMI VALLEY MEDICAL CENTER TOKYO UNIVERSITY MEDICAL CENTERSTANFORD UNIVERSITY MEDICAL CENTER THE 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 OUTCOMESPONSOR 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 \$ )

4c

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

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e
















Total program service expenses

1,358,727

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	3	No
4 <b>Section 501(c)(3) organizations.</b> 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	4	No
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	5	No
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
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 	10	No
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 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b 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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b 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	14b	No
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	15	No
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	16	No
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)	17	No
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	18	No
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 . . . . .		
	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 . . . . .		
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		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 . . . . .	9	No

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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
b	Other officers or key employees of the organization . . . . .	15b	Yes
	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 Contractors

Check 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	Officer	Key employee	Highest compensated employee	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



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

(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	Officer	Key employee	Highest compensated employee	Former				
(18) ERIC N MARTON PRESIDENT	30 00 30 00			X					0	349,178	31,879
(19) CHRISTINE SUMBI VICE-PRESIDENT	40 00 0 00			X					0	135,568	17,879
<b>1b Sub-Total . . . . .</b>											
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>											
<b>d Total (add lines 1b and 1c) . . . . .</b>								0		7,242,700	1,018,001

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

<b>1</b> 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.		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: <b>0</b>		

Part VIII

Statement of Revenue

Check 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	2a	EDUCATIONAL PROGRAMS	Business Code 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	0		
		c	Gain or (loss)	2,109			
		d	Net gain or (loss) . . . . .		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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		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	10a107,678			
	b	Less accumulated depreciation	10b87,386	18,879	10c	20,292
	11	Investments—publicly traded securities		403,591	11	246,277
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		568,742	16	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 Assets

Check 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 Reporting

Check 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		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		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		
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?		No
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		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

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.

▶ 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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	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 . . . . .						<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part IIISupport 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	
------------------	-------------	--

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 | b (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 . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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 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 . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
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 . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	

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 . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
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 . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

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

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For 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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CALIFORNIA HEART CENTER FOUNDATION

Employer identification number  
95-4772979

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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	0	0	0	0	0	0
	(ii)	507,587	251,910	412,084	175,722	31,399	1,378,702	0
(2)RICHARD B JACOBS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	550,082	267,319	879,899	148,210	18,004	1,863,514	0
(3)EDUARDO MARBAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,272,722	267,590	377,950	186,995	39,341	2,144,598	0
(4)ARTHUR J OCHOA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	451,691	214,649	40,771	21,675	39,176	767,962	0
(5)EDWARD PRUNCHUNAS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	672,181	311,157	280,362	277,661	30,060	1,571,421	0
(6)ERIC N MARTON PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	306,564	25,600	17,014	7,650	24,229	381,057	0
(7)CHRISTINE SUMBI VICE-PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	129,612	5,700	256	8,077	9,802	153,447	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.

2013

Open to Public  
Inspection

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](http://www.irs.gov/form990).

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 RECIPIENT S SPONSOR NOVARTIS PROJECT SUMMARY SURVIVAL FOR TRANSPLANT RECIPIENTS IS STILL LIMITED B Y CARDIAC ALLOGRAFT VASCULOPATHY (CAV), INFECTIOUS COMPLICATIONS, MALIGNANCY , AND REJECTIO N 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 FAI LURE AT 6, 12, AND 24 MONTHS POST TRANSPLANTATION THIS FINDING WAS PRIMARILY DUE TO A RED UCTION IN THE INCIDENCE OF ACUTE REJECTION (ISHLT GREATER THAN OR EQUAL TO GRADE 3A) IN TH E 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 PATIENT S 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 PATIENT S 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 VA SCULOPATHY (CAV) BY ANGIOGRAPHY, AND NON-FATAL MAJOR ADVERSE CARDIAC EVENTS THIS IS AN IN VESTIGATOR-INITIATED STUDY WHERE CEDARS-SINAI IS SERVING AS THE COORDINATING SITE, GATHERI NG LONG-TERM FOLLOW UP DATA ON PATIENTS FROM THE ORIGINAL STUDY STUDY TITLE ADVANCED HEA RT DISEASE REGISTRY STUDY SPONSOR INTERNAL PROJECT SUMMARY HEART FAILURE IS A COMPLEX PR OGRESSIVE MULTISY STEM DISEASE STATE AFFECTING OVER 5 MILLION AMERICANS WITH SIGNIFICANT MO RBIDITY AND MORTALITY THERE HAS BEEN SIGNIFICANT IMPROVEMENT IN THE SURVIVAL OF PATIENTS DIAGNOSED WITH HF OVER THE RECENT YEARS WITH MUCH BEING OWED TO MEDICAL THERAPY ADVANCES A ND 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 PA TIENTS ABOVE 65 YEARS OF AGE DESPITE SIGNIFICANT IMPROVEMENT IN MORBIDITY AND MORTALITY O VER TIME, HEART FAILURE REMAINS A CHRONIC DISEASE CHARACTERIZED BY RECURRENT DECOMPENSATIO NS AND PERSISTENT SYMPTOMS THE PURPOSE OF THIS CLINICAL RESEARCH IS TO RETROSPECTIVELY RE VIEW 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 CIR CULATORY 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, DIE T, NUTRITION, PSYCHOSOCIAL FACTORS, PATHOLOGY DATA, LAB VALUES, SPIRITUALITY COUNSELING, P ALLIATIVE CARE INTERVENTIONS, REHOSPITALIZATIONS, CLINICAL INTERVENTIONS, HEMODYNAMIC CHAN GES, AND THE IMPACT ON BOTH SHORT-TERM AND LONG-TERM SURVIVAL AND QUALITY OF LIFE BY EVAL UATING THE DATA OF ALL OF OUR ADVANCED HEART DISEASE PATIENTS IN ONE COMPREHENSIVE DATABAS E STUDY , WE HOPE TO IMPROVE OUR UNDERSTANDING OF HEART FAILURE AS WELL AS IMPROVE THE QUAL ITY OF LIFE OF OUR ADVANCED HEART DISEASE PATIENTS STUDY TITLE HOME ECG MONITORING TO DE TECT ALLOGRAFT REJECTION FOLLOWING HEART TRANSPLANTATION SPONSOR NIH/UNIVERSITY OF CALIFO RNIA, SAN FRANCISCO PROJECT SUMMARY THE BROAD, LONG-TERM GOAL OF THIS RESEARCH IS TO APPL Y NOVEL TECHNOLOGY FOR EARLY DETECTION OF DONOR ORGAN (ALLOGRAFT) REJECTION TO IMPROVE PAT IENT 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 P ROVIDE AN EARLY SENSITIVE AND SPECIFIC BIOMARKER FOR ACUTE ALLOGRAFT REJECTION THE SPECIF IC AIMS OF THE STUDY ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DURING TH E FIRST 6 MONTHS FOLLOWING HEART TRANSPLANT IS A SENSITIVE AND SPECIFIC BIOMARKER FOR BIOP SY- DIAGNOSED ACUTE ALLOGRAFT REJECTION, AND 2) DETERMINE THE TIMING OF INITIAL INCREASED Q T INTERVAL RELATIVE TO BIOPSY-DIAGNOSED STAGES OF MILD, MODERATE, AND SEVERE ALLOGRAFT REJ ECTION THE SECONDARY AIMS ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DUR ING THE FIRST 6 MONTHS FOLLOWING HEART TRANSPLANT PREDICTS ALL-CAUSE OR SUDDEN CARDIAC DEA TH 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 T HE HOST AFTER HEART TRANSPLANTATION AND ITS CORRELATION WITH DSA LEVEL AND ALLOGRAFT OUTCO ME SPONSOR TERASAKI FOUNDATION PROJECT SUMMARY T</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 TRAFFICKING 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 HYPOTHEZIZE, 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 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. MODERATE 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. STUDY TITLE: SYNCARDIA FREEDOM DRIVER SYSTEMS STUDY. 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 * CONFIRM THE DESIGN VERIFICATION TEST RESULTS THAT DEMONSTRATED THAT THE FREEDOM DRIVER IS A SUITABLE PNEUMATIC DRIVER FOR CLINICALLY STABLE TAH-T PATIENTS AND * CONFIRM THAT PATIENTS AND LAY CAREGIVERS CAN BE TRAINED TO MANAGE THE FREEDOM DRIVER SYSTEM SAFELY OUTSIDE THE HOSPITAL. STUDY TITLE: EXTERNAL FACTORS AND OUTCOMES FOR HEART TRANSPLANT RECIPIENTS. A SINGLE CENTER SURVEY STUDY. SPONSOR: INTERNAL PROJECT SUMMARY. 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. STUDY TITLE: PROSPECTIVE, MULTI-CENTER, RANDOMIZED CLINICAL INVESTIGATION OF TRANSME DICS ORGAN CARE SYSTEM (OCS) FOR CARDIAC USE SPONSOR</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 DURIN G TRANSPORT FOR THE EVENTUAL TRANSPLANTATION INTO A RECIPIENT THE ORGAN CARE SYSTEM (OCS) MAINTAINS ORGAN VIABILITY BY PROVIDING A CONTROLLED ENVIRONMENT, CONTINUOUSLY PERFUSING T HE DONATED HEART WITH WARM, OXY GENATED BLOOD, SUPPLEMENTED WITH THE TRANSMEDICS CARDIAC SO LUTION SET THE BLOOD IS COLLECTED FROM THE DONOR AND IS CONTINUOUSLY CIRCULATED TO THE OR GAN IN A CLOSED CIRCUIT ALONG WITH THE CARDIAC SOLUTION SET THE OCS PRESERVES THE HEART A ND MONITORS THE ORGAN'S PERFUSION PARAMETERS IMMEDIATELY AFTER EXPLANTATION FROM A DONOR A ND CONNECTION TO THE DEVICE, DURING TRANSPORTATION TO THE RECIPIENT SITE, AND UNTIL DISCON NECTION FROM THE DEVICE THE PURPOSE OF THIS STUDY IS TO COMPARE THE SAFETY AND EFFECTIVEN ESS OF THE OCS WITH THE EXISTING COLD STATIC CARDIOPLEGIA STANDARD OF CARE FOR THE PRESERV ATION OF DONOR HEARTS CSMC ENROLLED 39 SUBJECTS IN THIS STUDY , WITH ALL FOLLOW-UP COMPLET E STUDY TITLE THE MEDICAL ARM OF MECHANICAL CIRCULATORY SUPPORT (MEDAMACS) STUDY SPONSOR NIH/UNIVERSITY OF ALABAMA PROJECT SUMMARY DESPITE WIDESPREAD USE OF EVIDENCE-BASED MEDI CAL THERAPIES, MORTALITY AND MORBIDITY FROM SYSTOLIC HEART FAILURE REMAIN HIGH BREAKTHROU GHS IN THE MECHANIC CIRCULATORY SUPPORT TECHNOLOGY HAVE EXTENDED SURVIVAL AND IMPROVED QUA LITY IN ADVANCED HEART FAILURE PATIENTS AWAITING CARDIAC TRANSPLANTATION AND IN INOTROPE-D EPENDENT PATIENTS WHO ARE ELIGIBLE FOR HEART TRANSPLANT THE INTERMACS REGISTRY HAS FACILI TATED THE REFINEMENT OF PATIENT SELECTION FOR THIS THERAPY BY ANALYSIS OF THOSE PATIENTS W HO HAVE RECEIVED DEVICES INTEGRAL TO THE ORIGINAL INTENT OF INTERMACS WAS COMPARISON TO A MBULATORY PATIENTS LIVING WITH ADVANCED HEART FAILURE WHO WERE NOT CURRENTLY RECEIVING MEC HANICAL CIRCULATORY SUPPORT DEVICES MEDAMACS WILL CHARACTERIZE THE TY PES 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 PERCEPTIO N OR BY ABSOLUTE CRITERIA AS CURRENTLY DEFINED FOR LIFETIME VAD SUPPORT THIS WILL BE A PR OSPECTIVE, OBSERVATIONAL STUDY OF AMBULATORY PATIENTS WITH ADVANCED HEART FAILURE STUDY A CTIVITIES INCLUDE BASELINE A (AT CONSENT), BASELINE B (3-6 WEEKS FOLLOWING CONSENT), 6 MON TH TELEPHONE CALL, 12 MONTH FOLLOW-UP, 18 MONTH TELEPHONE CALL, AND 24 MONTH FOLLOW-UP RE SEARCHERS 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 &gt; 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	<p>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</p>

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' 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)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GRTR VALLEY MGMT SVCS ORG INC  6500 WILSHIRE BLVD 8TH FLR LOS ANGELES, CA 90048 95-4439758	MANAGEMENT FUNCTIONS	CA	N/A	C				Yes	
(2) OPTIMATRIX HEALTH SOLUTIONS INC  6500 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90048 95-4522779	INFORMATION SYSTEMS	CA	N/A	C				Yes	

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

No

No

Yes

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

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