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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA HEART CENTER FOUNDATION		D Employer identification number 95-4772979
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (310) 248-8327
	8536 WILSHIRE BOULEVARD 3RD FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90211		G Gross receipts \$ 1,557,803
F Name and address of principal officer ERIC N MARTON 8536 WILSHIRE BOULEVARD 3RD FLOOR BEVERLY HILLS, CA 90211			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.CALHEART.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

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

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTE & DEVELOP EDUCATIONAL & SCIENTIFIC RESEARCH TO ADVANCE THE FIELD OF CARDIOVASCULAR MEDICINE																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>12</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>7</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>8</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	8	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Revenue	<table><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>1,357,431</td><td>1,514,534</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>79,070</td><td>30,822</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>10,247</td><td>12,447</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>0</td><td>0</td></tr><tr><td></td><td>1,446,748</td><td>1,557,803</td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	1,357,431	1,514,534	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,070	30,822	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,247	12,447	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0		1,446,748	1,557,803						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>500</td><td>0</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>1,299,621</td><td>1,474,167</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰_____</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>393,391</td><td>211,984</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>1,693,512</td><td>1,686,151</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-246,764</td><td>-128,348</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	500	0	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,299,621	1,474,167	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ _____			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	393,391	211,984	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,693,512	1,686,151	19 Revenue less expenses Subtract line 18 from line 12	-246,764	-128,348
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>364,788</td><td>287,831</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>122,813</td><td>179,546</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>241,975</td><td>108,285</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	364,788	287,831	21 Total liabilities (Part X, line 26)	122,813	179,546	22 Net assets or fund balances Subtract line 21 from line 20	241,975	108,285												
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<div>Signature of officer</div> <div>THOMAS D GORDON CFO</div>		<div>Date</div> <div>2015-11-13</div>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KARA ADAMS	Preparer's signature KARA ADAMS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00023315
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 18101 VON KARMAN AVENUE SUITE 1700 IRVINE, CA 92612			Phone no (949) 794-2300	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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?

☐ Yes
☒ No

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?

☐ Yes
☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 1,278,650 including grants of \$) (Revenue \$ 30,822)

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 2014 SCIENTIFIC FORUMS AND EDUCATIONAL ACTIVITIES * "RAD B253 INVESTIGATOR'S MEETING" (SAN DIEGO, CA) IN TANDEM WITH THE 2014 INTERNATIONAL SOCIETY OF HEART & LUNG TRANSPLANTATION ANNUAL MEETING, WE CONVENED AN INVESTIGATOR'S MEETING FOR THE RAD B253 LONG TERM FOLLOW-UP STUDY, WHICH INCLUDED SITE INVESTIGATORS FROM EUROPE, CANADA AND THE UNITED STATES THE PURPOSE OF THE MEETING WAS TO PROVIDE AN UPDATE ON THE STATUS OF THE STUDY AND TO PROVIDE A FORUM TO DISCUSS AND RESOLVE DATA SUBMISSION QUESTIONS, A PLAN FOR STATISTICAL ANALYSIS AND A TIMELINE FOR STUDY COMPLETION THE MEETING WAS HELD AT THE MARRIOTT MARQUIS HOTEL ON WEDNESDAY, APRIL 9TH, 2014 * "HEART FAILURE PRECEPTORSHIP" (BAKERSFIELD HEART HOSPITAL) AT THE REQUEST OF THE ADMINISTRATION AND PHYSICIANS OF BAKERSFIELD HEART HOSPITAL, DR JON KOBASHIGAWA CHAIRED A FULL-DAY PRECEPTORSHIP ON HEART FAILURE MANAGEMENT ON MAY 30, 2014 THE PRECEPTORSHIP INCLUDED A SERIES OF DIDACTIC LECTURES, UNIT TOURS AND A ROUND-TABLE FACULTY DISCUSSION WITH A FOCUS ON THE CLINICAL, ADMINISTRATIVE AND FINANCIAL ASPECTS OF ESTABLISHING AND MAINTAINING AN ADVANCED HEART FAILURE PROGRAM * "ADVANCED HEART FAILURE THERAPIES CEDARS-SINAI MEDICAL CENTER POWER HOURS" THIS EXTENDED SESSION AT THE AMERICAN ASSOCIATION OF HEART FAILURE NURSES (AAHFN) 10TH ANNUAL CONFERENCE WAS PROPOSED TO THE AAHFN AS A JOINTLY SPONSORED SESSION THE PLANNING COMMITTEE UNANIMOUSLY ACCEPTED THE PROPOSAL THE MEETING WAS HELD AT THE WESTIN BONAVENTURE IN LOS ANGELES ON JUNE 26-28, 2014 THE "CSMC POWER HOURS" INCLUDED PRESENTATIONS ON MECHANICAL CIRCULATORY SUPPORT AND TRANSPLANTATION FROM OUR MULTI-DISCIPLINARY TEAM * "ADULT CONGENITAL HEART DISEASE" (PASADENA, CA) THIS EDUCATIONAL ACTIVITY WAS INTENDED FOR THE PHYSICIAN AND CLINICAL STAFF OF Foothill CARDIOLOGY DR RUCHIRA GARG, DIRECTOR OF CONGENITAL NON-INVASIVE CARDIOLOGY AT CEDARS-SINAI'S PEDIATRICS DEPARTMENT AND HEART INSTITUTE, SPOKE AT THIS PROGRAM WHICH TOOK PLACE ON THURSDAY, SEPTEMBER 4TH, 2014 IN PASADENA, CA THIS PROGRAM DREW 21 KEY MEMBERS OF THE STAFF FROM FOOTHILL CARDIOLOGY, INCLUDING BOTH PHYSICIANS AND NURSE PRACTITIONERS * "SURGICAL ALTERNATIVES IN ADVANCED HEART FAILURE" (HONOLULU, HAWAII) THIS HALF-DAY SYMPOSIUM ON HEART FAILURE AND HEART TRANSPLANTATION TOOK PLACE ON SATURDAY, OCTOBER 11TH, 2014 SIX FACULTY SPEAKERS CONSISTING OF PHYSICIANS AND NURSES, AND 3 STAFF TRAVELED TO HONOLULU TO IMPLEMENT THE PROGRAM WHICH COVERED TOPICS RELATED TO THE PREVENTION AND MANAGEMENT OF HEART FAILURE, HEART TRANSPLANT EVALUATION, AND SURGICAL OPTIONS IN HEART FAILURE THE PROGRAM DREW 107 ATTENDEES CONSISTING OF PHYSICIANS, NURSES, ALLIED HEALTH PROFESSIONALS, AND PATIENT GUESTS THE PROGRAM WAS EXTREMELY WELL RECEIVED (COURSE CHAIR JON KOBASHIGAWA, MD)* SUMMER RESEARCH INTERNSHIPS UNDER THE SUPERVISION AND MENTORSHIP OF DR JON KOBASHIGAWA, SUMMER HEART TRANSPLANT RESEARCH INTERNSHIPS HAVE BEEN OFFERED TO TEN STUDENTS FOR THE SUMMER OF 2014 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 THIS YEAR'S GROUP INCLUDES THREE FIRST-YEAR MEDICAL STUDENTS FROM BAYLOR COLLEGE OF MEDICINE, WARWICK MEDICAL SCHOOL (UK) AND TULANE UNIVERSITY SCHOOL OF MEDICINE, AND UNDERGRADUATE STUDENTS FORM UCLA, USC, UC SAN DIEGO, UNIVERSITY OF NOTRE DAME, CARLETON COLLEGE, AND UC IRVINE * 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 MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES, JAIPUR, INDIAQUEENS MEDICAL CENTER, HONOLULU, HAWAII TORRANCE MEMORIAL MEDICAL CENTER, CALIFORNIA SCRIPPS CLINIC TORREY PINES, CALIFORNIA PRECEPTORSHIPS 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 OUTCOMES PROJECT STATUS ENROLLING SPONSOR NIH/BRIGHAM AND WOMEN'S HOSPITAL PROJECT 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 VASCULOPATHY PROJECT STATUS ENROLLMENT COMPLETE/FOLLOW-UP CONTINUING SPONSOR NIH/STANFORD UNIVERSITY PROJECT 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

1,278,650

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 domestic 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 or for domestic individuals 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 "Yes," 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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
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? Note. 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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, address, and telephone number of the person who possesses the organization's books and records	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) IRENE FURLONG DIRECTOR	2 00 0 00	X						0	0	0
(5) MICHELE HAMILTON MD DIRECTOR	2 00 0 00	X						0	0	0
(6) RICHARD B JACOBS DIRECTOR	1 00 61 00	X						0	1,076,016	271,758
(7) JOSEPH O LAMPE DIRECTOR	2 00 0 00	X						0	0	0
(8) EDUARDO MARBAN MD DIRECTOR	1 00 60 00	X						0	2,106,372	207,047
(9) LAURENCE MARTON MD DIRECTOR	2 00 0 00	X						0	0	0
(10) ARTHUR J OCHOA DIRECTOR	1 00 65 00	X						0	858,088	59,420
(11) WILLIAM OUCHI PHD DIRECTOR	2 00 0 00	X						0	0	0
(12) EDWARD PRUNCHUNAS DIRECTOR	1 00 65 00	X						0	1,402,091	295,716
(13) ERIC N MARTON PRESIDENT	30 00 30 00	X		X				0	404,657	32,973
(14) THOMAS D GORDON CFO	1 00 65 00			X				0	1,036,228	288,537

Part VII

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			
(15) CHRISTINE SUMBI	40 00			X				0	158,337	21,091
.....	0 00									
VICE-PRESIDENT										

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	7,041,789	1,176,542

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	1,514,329			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	205			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,514,534			
Program Service Revenue	2a	EDUCATIONAL PROGRAMS	Business Code 611430	21,222	21,222		
	b	CULTURAL PROGRAMS	611710	9,600	9,600		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		30,822			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,075		5,075
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				
		c	Gain or (loss)				
		d	Net gain or (loss)		7,372		7,372
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			1,557,803	30,822	0	12,447

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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	388,721		388,721	
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	858,738	858,738		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,880	48,880		
9	Other employee benefits	94,106	94,106		
10	Payroll taxes	83,722	83,722		
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)				
12	Advertising and promotion				
13	Office expenses	11,216	10,094	1,122	
14	Information technology	450	225	225	
15	Royalties				
16	Occupancy	46,885	46,885		
17	Travel	22,232	22,232		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100,855	95,813	5,042	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,147	8,147		
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	MEALS AND ENTERTAINMENT	6,337	2,125	4,212	
b	DUES & SUBSCRIPTIONS	2,814	2,814		
c	BANK CHARGES	2,802		2,802	
d	MOVING/STORAGE	1,848	1,848		
e	All other expenses	5,898	3,021	2,877	
25	Total functional expenses. Add lines 1 through 24e	1,686,151	1,278,650	407,501	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		95,134	1	24,343
	2	Savings and temporary cash investments			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		3,085	9	462
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a107,678			
	b	Less accumulated depreciation	10b95,533	20,292	10c	12,145
	11	Investments—publicly traded securities		246,277	11	250,881
	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)		364,788	16	287,831
Liabilities	17	Accounts payable and accrued expenses		122,813	17	172,546
	18	Grants payable			18	
	19	Deferred revenue		0	19	7,000
	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		122,813	26	179,546
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		241,975	27	108,285
	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		241,975	33	108,285
	34	Total liabilities and net assets/fund balances		364,788	34	287,831

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	1,557,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,686,151
3	Revenue less expenses Subtract line 2 from line 1	3	-128,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	241,975
5	Net unrealized gains (losses) on investments	5	-5,342
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	108,285

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	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	

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

OMB No 1545-0047

2014

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,355,777	1,280,861	1,445,229	1,357,431	1,514,534	7,953,832
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	2,355,777	1,280,861	1,445,229	1,357,431	1,514,534	7,953,832
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)						634,808
6 Public support. Subtract line 5 from line 4						7,319,024

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,355,777	1,280,861	1,445,229	1,357,431	1,514,534	7,953,832
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,029	18,834	12,225	8,138	5,075	56,301
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 VI.)						
11 Total support. Add lines 7 through 10						8,010,133
12 Gross receipts from related activities, etc. (see instructions)					12	227,565
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2014 (line 6, column (f) divided by line 11, column (f))	14	91.370 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	79.600 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI 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—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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

2014

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CALIFORNIA HEART CENTER FOUNDATION	Employer identification number 95-4772979
----------------------------------------------------------------	----------------------------------------------

Part I

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 value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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, for escrow or custodial account liability?

☐ 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	61,539	9,055
e Other		37,084	33,994	3,090
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				12,145

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 (losses) 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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CALIFORNIA HEART CENTER FOUNDATION

Employer identification number
95-4772979

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD B JACOBS, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	571,890	298,147	205,979	254,884	16,874	1,347,774	0
2 EDUARDO MARBAN MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,314,786	287,911	503,675	168,200	38,847	2,313,419	0
3 ARTHUR J OCHOA, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	505,784	262,517	89,787	22,100	37,320	917,508	0
4 EDWARD PRUNCHUNAS, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	698,901	343,643	359,547	266,970	28,746	1,697,807	0
5 ERIC N MARTON, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	309,107	75,550	20,000	9,511	23,462	437,630	0
6 THOMAS D GORDON, CFO	(i)	0	0	0	0	0	0	0
	(ii)	527,757	287,425	221,046	258,463	30,074	1,324,765	0
7 CHRISTINE SUMBI, VICE-PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	139,734	18,309	294	10,012	11,079	179,428	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, SECTION B LINE 15B.
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. THE FOLLOWING OFFICERS, DIRECTORS, AND KEY EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2014: THOMAS D. GORDON 193,412; RICHARD B. JACOBS 152,548; EDUARDO MARBAN, MD 282,063; ERIC N. MARTON 18,027; ARTHUR J. OCHOA 85,798; EDWARD PRUNCHUNAS 293,374.

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 990-EZ 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.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization CALIFORNIA HEART CENTER FOUNDATION	Employer identification number 95-4772979
----------------------------------------------------------------	--------------------------------------------------

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>STUDY TITLE ADVANCED HEART DISEASE REGISTRY STUDY IRB STATUS APPROVED SPONSOR INTERNAL PROJECT SUMMARY HEART FAILURE IS A COMPLEX PROGRESSIVE MULTISYSTEM DISEASE STATE AFFECTING OVER 5 MILLION AMERICANS WITH SIGNIFICANT MORBIDITY AND MORTALITY THERE HAS BEEN SIGNIFICANT IMPROVEMENT IN THE SURVIVAL OF PATIENTS DIAGNOSED WITH HF OVER THE RECENT YEARS WITH MUCH BEING OWED TO MEDICAL THERAPY ADVANCES AND A DEEPER KNOWLEDGE OF THE NEURO-HORMONAL CONTRIBUTION TO THIS CONDITION WITH A YEARLY INCIDENCE OF 500,000 NEWLY DIAGNOSED HEART FAILURE PATIENTS, HEART FAILURE CONTINUES TO BE A MAJOR PUBLIC HEALTH BURDEN, AND IS THE MOST COMMON REASON FOR HOSPITAL ADMISSION FOR PATIENTS ABOVE 65 YEARS OF AGE DESPITE SIGNIFICANT IMPROVEMENT IN MORBIDITY AND MORTALITY OVER TIME, HEART FAILURE REMAINS A CHRONIC DISEASE CHARACTERIZED BY RECURRENT DECOMPENSATIONS AND PERSISTENT SYMPTOMS THE PURPOSE OF THIS CLINICAL RESEARCH IS TO RETROSPECTIVELY REVIEW DATA ON PATIENTS DIAGNOSED WITH HEART FAILURE, INCLUDING THOSE WHO ARE MAINTAINED ON MEDICAL THERAPY, THOSE WHO RECEIVE A HEART TRANSPLANT AND THOSE WHO RECEIVE MECHANICAL CIRCULATORY SUPPORT THE RESEARCH WILL ADDRESS A VARIETY OF FACTORS INCLUDING QUALITY OF LIFE, CLINICAL OUTCOMES, MEDICAL AND SURGICAL THERAPIES, COMPLIANCE, USE OF INOTROPES, GENDER DIFFERENCES, AGE DIFFERENCES, SEXUAL DYSFUNCTION, VENTRICULAR ASSIST DEVICES, OBESITY, DIET, NUTRITION, PSYCHOSOCIAL FACTORS, PATHOLOGY DATA, LAB VALUES, SPIRITUALITY COUNSELING, PALLIATIVE CARE INTERVENTIONS, REHOSPITALIZATIONS, CLINICAL INTERVENTIONS, HEMODYNAMIC CHANGES, AND THE IMPACT ON BOTH SHORT-TERM AND LONG-TERM SURVIVAL AND QUALITY OF LIFE BY EVALUATING THE DATA OF ALL OF OUR ADVANCED HEART DISEASE PATIENTS IN ONE COMPREHENSIVE DATABASE STUDY, WE HOPE TO IMPROVE OUR UNDERSTANDING OF HEART FAILURE AS WELL AS IMPROVE THE QUALITY OF LIFE OF OUR ADVANCED HEART DISEASE PATIENTS STUDY TITLE LONG TERM OUTCOME FOLLOW-UP OF THE RAD001 B253 STUDY, EVEROLIMUS FOR THE PREVENTION OF ALLOGRAFT REJECTION AND VASCULOPATHY IN CARDIAC-TRANSPLANT RECIPIENTS SPONSOR NOVARTIS PROJECT SUMMARY SURVIVAL FOR TRANSPLANT RECIPIENTS IS STILL LIMITED BY CARDIAC ALLOGRAFT VASCULOPATHY (CAV), INFECTIOUS COMPLICATIONS, MALIGNANCY, AND REJECTION IN THE LANDMARK HEART TRANSPLANT STUDY RAD001 B253 WITH ALL GROUPS GIVEN CYCLOSPORINE, BOTH DOSES OF EVEROLIMUS (1.5 AND 3 MG/DAY) WERE SUPERIOR TO AZATHIOPRINE FOR EFFICACY FAILURE AT 6, 12, AND 24 MONTHS POST TRANSPLANTATION THIS FINDING WAS PRIMARILY DUE TO A REDUCTION IN THE INCIDENCE OF ACUTE REJECTION (ISHLT GREATER THAN OR EQUAL TO GRADE 3A) IN THE EVEROLIMUS GROUPS THE RAD B253 STUDY ALSO CONFIRMED THAT EVEROLIMUS APPEARED TO BE MORE BENEFICIAL THAN AZATHIOPRINE IN REDUCING THE SEVERITY AND INCIDENCE OF CAV AT 1-YEAR POST TRANSPLANTATION HOWEVER, THE LONG TERM BENEFIT OF EVEROLIMUS IN HEART TRANSPLANT PATIENTS HAS YET TO BE ESTABLISHED AND THUS, A STUDY EVALUATING LONG-TERM OUTCOMES IS WARRANTED THE PURPOSE OF THIS STUDY IS TO COMPARE THE 10-YEAR OUTCOMES OF CARDIAC TRANSPLANT PATIENTS ORIGINALLY RANDOMIZED TO EVEROLIMUS 1.5MG, EVEROLIMUS 3.0MG AND AZATHIOPRINE GROUPS FROM THE MULTI-CENTER RAD001 B253 STUDY THESE OUTCOMES INCLUDE SURVIVAL, CARDIAC ALLOGRAFT VASCULOPATHY (CAV) BY ANGIOGRAPHY, AND NON-FATAL MAJOR ADVERSE CARDIAC EVENTS THIS IS AN INVESTIGATOR-INITIATED STUDY WHERE CEDARS-SINAI IS SERVING AS THE COORDINATING SITE, GATHERING LONG-TERM FOLLOW UP DATA ON PATIENTS FROM THE ORIGINAL STUDY STUDY TITLE ENDOTHELIAL CELL REPLACEMENT BY THE HOST AFTER HEART TRANSPLANTATION AND ITS CORRELATION WITH DSA LEVEL AND ALLOGRAFT OUTCOME SPONSOR TERASAKI FOUNDATION PROJECT STATUS ACTIVE PROJECT SUMMARY THE PRESENCE OF RECIPIENT DERIVED ENDOTHELIAL CELLS IN THE DONOR ORGAN IS KNOWN AS ENDOTHELIAL CHIMERISM IN TRANSPLANTED ORGANS SINCE THE 1960S, THERE IS RISING EVIDENCE FOR CELL TRAFFIC FROM THE GRAFT INTO THE HOST AND VICE VERSA FOLLOWING SOLID ORGAN TRANSPLANTATION, AND IT IS BECOMING CLEAR THAT THESE PROCESSES INFLUENCE WHETHER AN ALLOGRAFT IS ACCEPTED OR REJECTED THE MIGRATION OF RECIPIENT ENDOTHELIAL CELLS INTO TRANSPLANTED ORGANS IS OF SPECIAL INTEREST, AS THIS FORM OF CELL MIGRATION MAY PLAY A KEY ROLE IN ALLOGRAFT ACCEPTANCE DESPITE THE CLEAR AND WIDELY ACCEPTED NEGATIVE CORRELATION OF DONOR-SPECIFIC ANTIBODIES AND LONG-TERM ALLOGRAFT OUTCOME IN SOLID ORGAN TRANSPLANTATION, THERE ARE STILL A NUMBER OF PATIENTS PRESENTING WITH DONOR SPECIFIC ANTIBODIES THAT DO NOT INTERFERE WITH ALLOGRAFT FUNCTION, EVEN FOR A LONG PERIOD OF TIME WE 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, I</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>TS 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 ORGA N TRANSPLANTATION NEEDS FURTHER THERAPY OR NOT STUDY TITLE HOME ECG MONITORING TO DETECT ALLOGRAFT REJECTION FOLLOWING HEART TRANSPLANTATION SPONSOR NIH/UNIVERSITY OF CALIFORNIA , SAN FRANCISCO PROJECT SUMMARY THE BROAD, LONG-TERM GOAL OF THIS RESEARCH IS TO APPLY NO VEL TECHNOLOGY FOR EARLY DETECTION OF DONOR ORGAN (ALLOGRAFT) REJECTION TO IMPROVE PATIENT OUTCOMES FOLLOWING HEART TRANSPLANTATION THE SPECIFIC GOAL OF THIS INITIAL STUDY IS TO D ETERMINE WHETHER DAILY MONITORING OF THE TRANSPLANT RECIPIENT'S ELECTROCARDIOGRAM (ECG) US ING A SIMPLE HOME DEVICE WITH TELEPHONE TRANSMISSION TO AN ECG CORE LABORATORY WOULD PROVI DE AN EARLY SENSITIVE AND SPECIFIC BIOMARKER FOR ACUTE ALLOGRAFT REJECTION THE SPECIFIC A IMS OF THE STUDY ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DURING THE FI RST 6 MONTHS FOLLOWING HEART TRANSPLANT IS A SENSITIVE AND SPECIFIC BIOMARKER FOR BIOPSY-D IAGNOSED ACUTE ALLOGRAFT REJECTION, AND 2) DETERMINE THE TIMING OF INITIAL INCREASED QT IN Terval RELATIVE TO BIOPSY-DIAGNOSED STAGES OF MILD, MODERATE, AND SEVERE ALLOGRAFT REJECTI ON THE SECONDARY AIMS ARE TO 1) DETERMINE WHETHER AN INCREASE IN THE QT INTERVAL DURING THE FIRST 6 MONTHS FOLLOWING HEART TRANSPLANT PREDICTS ALL-CAUSE OR SUDDEN CARDIAC DEATH M ORTALITY WITHIN THE FIRST YEAR, AND 2) EXPLORE ADDITIONAL ECG MEASUREMENTS THAT MIGHT PRED ICT ACUTE ALLOGRAFT REJECTION OR DEATH STUDY TITLE EXTERNAL FACTORS AND OUTCOMES FOR HEA RT TRANSPLANT RECIPIENTS A SINGLE CENTER SURVEY STUDY SPONSOR INTERNAL PROJECT SUMMARY CARDIAC TRANSPLANTATION IS CURRENTLY THE PROCEDURE OF CHOICE FOR SELECTED PATIENTS WITH EN D-STAGE HEART DISEASE THAT IS NOT AMENABLE TO FURTHER MEDICAL INTERVENTION OR CONVENTIONAL CARDIAC PROCEDURES WITH THE ADVENT OF MORE EFFECTIVE IMMUNOSUPPRESSIVE AGENTS, THE DEFIN ITION OF THE SUCCESSFULLY MANAGED HEART TRANSPLANT RECIPIENT IS EVOLVING BEYOND THE IMMEDI ATE 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 QUALI TY OF LIFE POST HEART TRANSPLANTATION DATA TO BE COLLECTED WILL INCLUDE DEMOGRAPHIC DATA, PSYCHOSOCIAL DATA AND PHYSICAL DATA</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 6/30/14 AND 6/30/15 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 12/31/14

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<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 AND (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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) Disproporionate 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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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