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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CALIFORNIA HEART CENTER FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8536 WILSHIRE BOULEVARD 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY HILLS, CA 90211

D Employer identification number
95-4772979

E Telephone number
(310) 248-8327

G Gross receipts $ 1,830,128

F Name and address of principal officer
JON KOBASHIGAWA MD
8536 WILSHIRE BOULEVARD 3RD FLOOR
BEVERLY HILLS, CA 90211

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CALHEART ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000 **M** State of legal domicile CA

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	7
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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,784,016	1,531,356
9	Program service revenue (Part VIII, line 2g)	146,199	298,766
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,031	6
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,931,246	1,830,128
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	1,686,274	1,422,984
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)	420,440	408,790
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,106,714	1,831,774
19	Revenue less expenses Subtract line 18 from line 12	-175,468	-1,646

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	133,728	58,893
21	Total liabilities (Part X, line 26)	197,995	124,806
22	Net assets or fund balances Subtract line 21 from line 20	-64,267	-65,913

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

****** | 2017-11-13
Signature of officer | Date

JON KOBASHIGAWA MD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KARA ADAMS	KARA ADAMS			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) ☑ Yes ☐ 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 $ 1,494,424 including grants of $) (Revenue $ 298,766)

See Additional Data

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 ▶** 1,494,424

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	20			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for 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? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	**1a** 12			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	**1b** 7			
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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶DEBBIE BOTTEN 15821 VENTURA BLVD STE 520 ENCINO, CA 91436 (310) 423-8473

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JON KOBASHIGAWA MD PRESIDENT	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) THOMAS D GORDON CFO	1 00 65 00	X		X				0	629,294	157,990
(5) MICHELE HAMILTON MD DIRECTOR	2 00 0 00	X						0	0	0
(6) RICHARD B JACOBS DIRECTOR	1 00 61 00	X						0	1,218,884	303,262
(7) JOSEPH O LAMPE DIRECTOR	2 00 0 00	X						0	0	0
(8) EDUARDO MARBAN MD DIRECTOR	1 00 60 00	X						0	2,320,711	203,405
(9) LAURENCE MARTON MD DIRECTOR	2 00 0 00	X						0	0	0
(10) ARTHUR J OCHOA DIRECTOR	1 00 65 00	X						0	1,001,700	63,438
(11) WILLIAM OUCHI PHD DIRECTOR	2 00 0 00	X						0	0	0
(12) EDWARD PRUNCHUNAS DIRECTOR	1 00 65 00	X						0	1,541,844	361,892
(13) ERIC N MARTON FORMER PRESIDENT	30 00 30 00			X				0	154,565	3,756
(14) CHRISTINE SUMBI VICE PRESIDENT	40 00 0 00			X				0	177,050	21,775
(15) PHYLLIS KATZ EXECUTIVE ASSISTANT	40 00 0 00					X		0	108,256	27,796

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Sub-Total . . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	0	7,152,304	1,143,314

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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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 1,531,356				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		1,531,356			
Program Service Revenue		Business Code				
	2a EDUCATIONAL PROGRAMS	611430	273,312	273,312		
	b CULTURAL PROGRAMS	611710	25,454	25,454		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		298,766			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		6			6
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	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 ▶		1,830,128	298,766	0	6

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) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	286,041		286,041	
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	932,910	932,910		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	52,056	52,056		
9 Other employee benefits	69,295	69,295		
10 Payroll taxes	82,682	82,682		
11 Fees for services (non-employees)				
a Management				
b Legal	4,065	4,065		
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,896	38,427	16,469	
12 Advertising and promotion				
13 Office expenses	7,920	7,128	792	
14 Information technology				
15 Royalties . .				
16 Occupancy	34,278	34,278		
17 Travel	8,044	8,044		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	212,298	201,683	10,615	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	2,849	2,849		
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	69,881	46,448	23,433	
b DUES & SUBSCRIPTIONS	6,833	6,833		
c MOVING/STORAGE	3,944	3,944		
d TELEPHONE	1,302	1,302		
e All other expenses	2,480	2,480		
25 **Total functional expenses.** Add lines 1 through 24e	1,831,774	1,494,424	337,350	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		47,646	1	48,209
	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		486	9	6,886
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 107,678			
	b	Less accumulated depreciation	10b 103,880	6,647	10c	3,798
	11	Investments—publicly traded securities		78,949	11	
	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)		133,728	16	58,893
Liabilities	17	Accounts payable and accrued expenses		180,995	17	124,806
	18	Grants payable			18	
	19	Deferred revenue		17,000	19	0
	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		197,995	26	124,806
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-64,267	27	-65,913
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		-64,267	33	-65,913
	34	Total liabilities and net assets/fund balances		133,728	34	58,893

Part XI Reconcilliation 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	1,830,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,831,774
3	Revenue less expenses Subtract line 2 from line 1	3	-1,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-64,267
5	Net unrealized gains (losses) on investments	5	
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	-65,913

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	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		

Additional Data

Software ID:
Software Version:
EIN: 95-4772979
Name: CALIFORNIA HEART CENTER FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

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 2016 SCIENTIFIC FORUMS AND EDUCATIONAL ACTIVITIES * "A CASE-BASED GUIDE TO PULMONARY HYPERTENSION CME" (PASADENA, CA) THIS 1-DAY CME PROGRAM TOOK PLACE ON SATURDAY, JANUARY 23RD, 2016 AT THE WESTIN PASADENA THE PROGRAM, DESIGNED FOR PRIMARY CARE PHYSICIANS, PULMONOLOGISTS, RHEUMATOLOGISTS, CARDIOLOGISTS AND OTHER AFFILIATED STAFF INTERESTED IN THE PREVENTION AND MANAGEMENT OF PULMONARY HYPERTENSION AND PULMONARY ARTERIAL HYPERTENSION DREW 73 PARTICIPANTS FROM ACROSS SOUTHERN CALIFORNIA NINE EXPERT FACULTY SPOKE ON THE LATEST DIAGNOSTIC AND THERAPEUTIC ADVANCES FOR PATIENTS WITH PH/PAH WITH DIDACTIC LECTURES, A SERIES OF CASE PRESENTATIONS, AND AUDIENCE PARTICIPATION OVERALL THE PROGRAM WAS VERY WELL RECEIVED * "CUTTING EDGE OF TRANSPLANTATION (CEOT)", FEBRUARY 25TH - 27TH, 2016 (PHOENIX, ARIZONA) THIS MEETING, PLANNED BY THE AMERICAN SOCIETY OF TRANSPLANTATION, FEATURED A SPECIAL "HEART TRACK" THAT WAS CHAIRED BY DR JON KOBASHIGAWA AND SPONSORED BY THE CEDARS-SINAI HEART INSTITUTE FOCUSED ON THE THEME OF "RESOLVING THE ORGAN SHORTAGE", THE HEART TRACK FEATURED 5 DEDICATED SESSIONS OVER THREE DAYS ON ISSUES AND CHALLENGES FACING THE CARDIOTHORACIC COMMUNITY, INCLUDING PENDING POLICY CHANGES TO U S HEART ALLOCATION AND INNOVATIONS IN THE MANAGEMENT OF DONOR HEARTS WITH DR KOBASHIGAWA'S LEADERSHIP, THE HEART TRACK FEATURED A FACULTY OF LEADING EXPERTS IN THE FIELD AND ATTRACTED THE HIGHEST ATTENDANCE FROM THE CARDIOTHORACIC COMMUNITY SINCE THE INCEPTION OF THE CEOT MEETING * "A CONSENSUS CONFERENCE ON THE MANAGEMENT OF ANTIBODIES IN HEART TRANSPLANTATION", APRIL 25TH, 2016 (WASHINGTON, DC) THIS INTERNATIONAL CONFERENCE, PLANNED IN COORDINATION WITH THE INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION, WAS DESIGNED TO PROVIDE A FORUM FOR AN IN-DEPTH DISCUSSION AMONG THE LEADING EXPERTS IN THE FIELD, INCLUDING CLINICIANS, PATHOLOGISTS AND IMMUNOLOGISTS THE CONFERENCE SERVED AS A FIRST STEP IN DEVELOPING NEEDED GUIDELINES FOR THE ASSESSMENT AND TREATMENT OF PATIENTS WITH CIRCULATING ANTIBODIES BOTH PRE AND POST HEART TRANSPLANTATION, TO IMPROVE OUTCOMES AND MINIMIZE REJECTION COMPLICATIONS ATTENDED BY 104 PHYSICIANS FROM 16 COUNTRIES AND REPRESENTING 73 TRANSPLANT CENTERS WORLDWIDE, THE CONFERENCE GENERATED A ROBUST DISCUSSION AND HELPED TO IDENTIFY A PATHWAY TO THE DEVELOPMENT OF GUIDELINES RESULTS OF THE CONFERENCE WERE PRESENTED AT THE ISHLT ANNUAL MEETING AND SCIENTIFIC SESSIONS AND A PUBLICATION OF CONFERENCE RESULTS IS CURRENTLY PENDING * "SUCCESS WITH FAILURE AN ADVANCED HEART DISEASE SYMPOSIUM" (CULVER CITY, CA) THIS 1-DAY SYMPOSIUM ON ADVANCED HEART DISEASE TOOK PLACE ON FRIDAY, JUNE 3RD, 2016 TWENTY-ONE FACULTY SPEAKERS COVERED TOPICS RELATED TO THE PREVENTION AND MANAGEMENT OF HEART FAILURE, HEART TRANSPLANT EVALUATION, POST-TRANSPLANT CARE AND SURGICAL OPTIONS IN HEART FAILURE THE PROGRAM DREW 201 ATTENDEES CONSISTING OF PHYSICIANS, ALLIED HEALTH PROFESSIONALS, INCLUDING NURSE PRACTITIONERS, TRANSPLANT COORDINATORS, PHYSICIAN ASSISTANTS, RNS AND CASE MANAGERS (MEETING SPONSOR JON KOBASHIGAWA, MD) * "NEW INSIGHTS INTO THE IMPACT OF DONOR HLA SPECIFIC AND NON-HLA SPECIFIC ANTIBODIES IN SOLID ORGAN GRAFT OUTCOME" (LOS ANGELES, CA) THIS 1-DAY SYMPOSIUM ON ANTIBODIES IN SOLID ORGAN TRANSPLANTATION TOOK PLACE ON FRIDAY, SEPTEMBER 9TH, 2016 TEN FACULTY SPEAKERS COVERED TOPICS RELATED TO THE TESTING, MONITORING AND TREATMENT OF ANTIBODIES IN SOLID ORGAN TRANSPLANTATION THE PROGRAM DREW 98 ATTENDEES CONSISTING OF CLINICIANS, PATHOLOGISTS, IMMUNOLOGISTS, FELLOWS AND ALLIED HEALTH WHO WORK IN THE AREA OF SOLID ORGAN TRANSPLANTATION THE PROGRAM WAS EXTREMELY WELL RECEIVED * "OPTIMAL CARE & NEW THERAPIES IN ADVANCED HEART DISEASE" (COSTA MESA, CA) THIS ONE-DAY SYMPOSIUM ON ADVANCED HEART DISEASE WAS HELD ON OCTOBER 29TH, 2016 AT THE WESTIN SOUTH COAST PLAZA THE PROGRAM FEATURED PRESENTATIONS ON TOPICS RELATED TO THE DIAGNOSIS AND TREATMENT OF HEART FAILURE, TRANSPLANTATION, MECHANICAL CIRCULATORY SUPPORT AND PULMONARY HYPERTENSION THE PROGRAM WAS ATTENDED BY 58 PEOPLE, INCLUDING A NUMBER OF COMMUNITY CARDIOLOGISTS IN THE LOCAL AREA * "NIH INVESTIGATOR MEETING" (NEW ORLEANS) NOVEMBER 11TH, 2016 THIS ONE-DAY MEETING TOOK PLACE IN TANDEM WITH THE AMERICAN HEART ASSOCIATION'S ANNUAL MEETING AND IN COLLABORATION WITH CO-INVESTIGATORS AT MGH AND MT SINAI THE MEETING GATHERED 34 POTENTIAL SITE INVESTIGATORS TO DISCUSS PROTOCOL DEVELOPMENT FOR AN NIH GRANT SUBMISSION FOR A PROJECT INVESTIGATING THE EARLY ADDITION OF IL-6 SIGNALING BLOCKADE TO CONVENTIONAL IMMUNOSUPPRESSION IN THE EARLY POST-TRANSPLANT PERIOD TO DIMINISH PRO-INFLAMMATORY, INNATE AND ADAPTIVE B CELL RESPONSES FOLLOWING HEART TRANSPLANTATION * 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 THE FOLLOWING VISITING PHYSICIANS DR TOBIA DEUSE, UNIVERSITY OF CALIFORNIA, SAN FRANCISCODR SHADI DAOUD, HEALTHCARE PARTNERS OF NEVADADR BINOY JOHN, MIOT INTERNATIONAL HOSPITAL, CHENNAI, INDIAJENNIFER BALLARD-HERNANDEZ, NP, VA MEDICAL CENTER, LONG BEACHDARREL TERRY, CEO, NEWARK BETH ISRAEL MEDICAL CENTERAMY MOITOZA, NP, SCRIPPSJENNIFER NOWACZYK, NP, SCRIPPSRUTH KUO, NP, SCRIPPSJULIAN EIGNER, NP, SCRIPPS* SUMMER RESEARCH INTERNSHIPS UNDER THE SUPERVISION AND MENTORSHIP OF DR JON KOBASHIGAWA, SUMMER HEART TRANSPLANT RESEARCH INTERNSHIPS HAVE BEEN OFFERED TO EIGHT STUDENTS FOR THE SUMMER OF 2016 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 JAMES T KWAN UNIVERSITY OF CONNECTICUT (UNDERGRAD)KAYCEE CHING UC BERKELEY (UNDERGRAD)LAUREN ARAKAWA CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA (UNDERGRAD)JENNIFER KREMS AMHERST COLLEGE (UNDERGRAD)KRISTEN YABUNO UC IRVINE (UNDERGRAD)KEITH T NISHIHARA UC BERKELEY (UNDERGRAD)MICHAEL HASHIMOTO UCLA (UNDERGRAD)FRANK KEVIN LIOU DREXEL UNIVERSITY (1ST YEAR MED STUDENT)OLIVIA DING TULANE UNIVERSITY (1ST YEAR MED STUDENT)CLINICAL RESEARCH THIS SECTION WILL BE FORMATTED BY TITLE, PRINCIPAL INVESTIGATOR (PI), STATUS, SPONSOR A DOUBLE-BLIND, RANDOMIZED, SHAM-PROCEDURE-CONTROLLED, PARALLEL-GROUP EFFICACY AND SAFETY STUDY OF ALLOGENEIC MESENCHYMAL PRECURSOR CELLS (CEP-41750) IN PATIENTS WITH CHRONIC HEART FAILURE DUE TO LEFT VENTRICULAR SYSTOLIC DYSFUNCTION OF EITHER ISCHEMIC OR NONISCHEMIC ETIOLOGY, DAVID CHANG, MD, ENROLLING, TEVA PHARMACEUTICALSA MULTICENTER, DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED, PHASE 3 STUDY TO ASSESS THE EFFICACY AND SAFETY OF ORAL BPS-314D-MR ADDED-ON TO TREPROSTINIL, INHALED (TYVASO) IN SUBJECTS WITH PULMONARY ARTERIAL HYPERTENSION, ANTOINE HAGE, MD, ENROLLING, LUNG BIOTECHNOLOGY, INC

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

2016

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,445,229	1,357,431	1,514,534	1,784,016	1,531,356	7,632,566
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,445,229	1,357,431	1,514,534	1,784,016	1,531,356	7,632,566
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)						
6 **Public support.** Subtract line 5 from line 4						7,632,566

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	1,445,229	1,357,431	1,514,534	1,784,016	1,531,356	7,632,566
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,225	8,138	5,075	1,031	6	26,475
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						7,659,041

12 Gross receipts from related activities, etc (see instructions) | 12 | 615,840

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 99 650 %

15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 99 390 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV **Supporting Organizations** (continued)

			Yes	No
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**		

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*	**1**		
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*	**2**		

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)*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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)*	**2**		
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*	**3**		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **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*	**2a**		
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*	**2b**		
3	Parent of Supported Organizations **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.***	**3a**		
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*	**3b**		

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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047
2016
Open to Public Inspection

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" on 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? ☐ Yes ☐ No

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" on 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ____________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on 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	66,796	3,798
e Other		37,084	37,084	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				3,798

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on 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' on 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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317089047

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" on 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

2015

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on 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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured 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" on 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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS D GORDONCFO	(i)	0	0	0	0	0	0	0
	(ii)	312,770	187,947	128,577	131,249	26,741	787,284	0
2 RICHARD B JACOBS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	649,091	353,238	216,555	286,927	16,335	1,522,146	0
3 EDUARDO MARBAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,470,656	323,081	526,974	168,550	34,855	2,524,116	0
4 ARTHUR J OCHOA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	574,330	284,655	142,715	29,189	34,249	1,065,138	0
5 EDWARD PRUNCHUNAS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	794,056	377,165	370,623	335,871	26,021	1,903,736	0
6 ERIC N MARTON FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	106,232	40,000	8,333	0	3,756	158,321	0
7 CHRISTINE SUMBI VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	157,459	19,254	337	12,574	9,201	198,825	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 AND DIRECTORS RECEIVED PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2016 THOMAS D GORDON 120,883 RICHARD B JACOBS 164,337 EDUARDO MARBAN, MD 297,145 ERIC N MARTON 8,276 ARTHUR J OCHOA 124,109 EDWARD PRUNCHUNAS 299,972

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

2016

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	(CONTINUED) A MULTICENTER, INTERNATIONAL, PHASE 3, DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDO MIZED STUDY TO EVALUATE THE EFFICACY, SAFETY, AND TOLERABILITY OF DAILY ORAL DOSING OF TAF AMIDIS MEGLUMINE (PF-06291826) 20 MG OR 80 MG IN COMPARISON TO PLACEBO IN SUBJECT DIAGNOSE D WITH TRANSTHYRETIN CARDIOMYOPATHY (TTR-CM), JIGNESH PATEL, MD, PHD, ENROLLMENT COMPLETE, PFIZER A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL TO EVALUATE THE SAFETY AND EFFICACY OF INHALED TREPROSTINIL IN SUBJECTS WITH PULMONARY HYPERTENSION DUE TO PARENCHYMAL LUNG DISEASE, ANTOINE HAGE, MD, STUDY START-UP, UNITED THERAPEUTICS A PHASE 3 MULTICENTER, MULTINATIONAL, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY TO EVALUAT E THE EFFICACY AND SAFETY OF ALN-TTRSC IN PATIENTS WITH TRANSTHYRETIN (TTR) MEDIATED FAMIL IAL AMYLOIDOTIC CARDIOMYOPATHY (FAC), JIGNESH PATEL, MD, PHD, ENROLLMENT COMPLETE, ALNYLAM PHARMACEUTICALS A PHASE 3 MULTICENTER, RANDOMIZED, DOUBLE-BLIND, EXTENSION STUDY TO EVALU ATE THE SAFETY OF DAILY ORAL DOSING OF TAFAMIDIS MEGLUMINE 20MG OR 80MG IN SUBJECTS DIAGNO SED WITH TRANSTHYRETIN CARDIOMYOPATHY (TTR-CM), JIGNESH PATEL, MD, PHD, STUDY START-UP, PF IZER A PHASE 3, PLACEBO CONTROLLED DOUBLE-BLIND, RANDOMIZED, CLINICAL STUDY TO DETERMINE E FFICACY, SAFETY AND TOLERABILITY OF PULSED, INHALED NITRIC OXIDE(INO) VERSUS PLACEBO IN SY MPTOMATIC SUBJECTS WITH PULMONARY ARTERIAL HYPERTENSION (PAH), ANTOINE HAGE, MD, STUDY STA RT-UP, BELLEROPHON PULSE TECHNOLOGIES LLC A PHASE III, DOUBLE-BLIND, RANDOMIZED PLACEBO-CO NTROLLED STUDY TO EVALUATE THE EFFECTS OF DALCETRAPIB ON CARDIOVASCULAR (CV) RISK IN A GEN ETICALLY DEFINED POPULATION WITH A RECENT ACUTE CORONARY SYNDROME (ACS), BABAK AZARBAL, MD , STUDY START-UP, DALCOR PHARMA UK LTD A PHASE III, INTERNATIONAL, MULTI-CENTER, RANDOMIZE D, DOUBLE-BLIND, PLACEBO-CONTROLLED, CLINICAL WORSENING STUDY OF UT-15C IN SUBJECTS WITH P ULMONARY ARTERIAL HYPERTENSION RECEIVING BACKGROUND ORAL MONOTHERAPY, ANTOINE HAGE, MD, EN ROLLING, UNITED THERAPEUTICS A PROSPECTIVE, RANDOMIZED, CONTROLLED, UNBLINDED, MULTI-CENTE R CLINICAL TRIAL TO EVALUATE THE HEARTWARE VENTRICULAR ASSIST DEVICE SYSTEM FOR DESTINATIO N THERAPY OF ADVANCED HEART FAILURE, JAIME MORIGUCHI, MD, ENROLLING, HEARTWARE, INC A PRO SPECTIVE, SINGLE ARM, MULTI-CENTER CLINICAL STUDY IN COLLABORATION WITH THE INTERAGENCY RE GISTRY FOR MECHANICALLY ASSISTED CIRCULATORY SUPPORT (INTERMACS) TO EVALUATE THE THORACOTO MY IMPLANT TECHNIQUE OF THE HEARTWARE HVAD SYSTEM IN PATIENTS WITH ADVANCED HEART FAILURE, FRANCISCO ARABIA, MD, ENROLLING, HEARTWARE, INC A STUDY OF THE EFFICACY AND SAFETY OF BA RDOXOLONE METHYL IN PATIENTS WITH CONNECTIVE TISSUE DISEASE-ASSOCIATED PULMONARY ARTERIAL HYPERTENSION, ANTOINE HAGE, MD, STUDY START-UP, REATA PHARMACEUTICALS, INC ADVANCED HEART DISEASE BIOBANK, ROBIN SHAW, MD, ENROLLING, CSMC ADVANCED HEART DISEASE REGISTRY, JON KOB ASHIGAWA, MD, ENROLLING, CSMC AN OPEN-LABEL EXTENSION STUDY OF INHALED TREPROSTINIL IN SUB JECTS WITH PULMONARY HYPERTENS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ION DUE TO PARENCHYMAL LUNG DISEASE, ANTOINE HAGE, MD, STUDY START-UP, UNITED THERAPEUTICS AN OPEN-LABEL EXTENSION STUDY OF UT-15C IN SUBJECTS WITH PULMONARY ARTERIAL HYPERTENSION - A LONG-TERM FOLLOW-UP TO PROTOCOL TDE-PH-310, ANTOINE HAGE, MD, ENROLLING, UNITED THERAP EUTICS BIOMARKERS OF PRIMARY GRAFT DYSFUNCTION AFTER CARDIAC TRANSPLANTATION, JON KOBASHIG AWA, MD, STUDY START-UP, COLUMBIA UNIVERSITY CARDIOMEMS HF SYSTEM POST APPROVAL STUDY, LAW RENCE CZER, MD, ENROLLING, ST JUDE MEDICAL CELL-FREE DNA AND ANTIBODY-MEDIATED REJECTION IN A COHORT OF SENSITIZED HEART TRANSPLANT PATIENTS, JON KOBASHIGAWA, MD, ENROLLING, CSMS/ CAREDX, INC DIAGNOSTIC AND THERAPEUTIC APPLICATIONS OF MICROARRAYS IN HEART TRANSPLANTATI ON, A MULTICENTER STUDY, JON KOBASHIGAWA, MD, ENROLLING, UNIVERSITY OF ALBERTA EXTERNAL FA CTORS AND OUTCOMES FOR HEART TRANSPLANT RECIPIENTS, A SINGLE CENTER SURVEY STUDY, JON KOBA SHIGAWA, MD, ENROLLING, CSMC HDL LEVELS AND CARDIAC ALLOGRAFT VASCULOPATHY (CAV), JON KOBA SHIGAWA, MD, ENROLLING, CSMC HOME ECG MONITORING TO DETECT ALLOGRAFT REJECTION FOLLOWING H EART TRANSPLANTATION, JON KOBASHIGAWA, MD, ENROLLMENT COMPLETE, UCSF/NIH INTERAGENCY REGIS TRY FOR MECHANICALLY ASSISTED CIRCULATORY SUPPORT, FRANCISCO ARABIA, MD, ENROLLING, UAB/NI H INTERNATIONAL TRIAL TO EVALUATE THE SAFETY AND EFFECTIVENESS OF THE PORTABLE ORGAN CARE SYSTEM (OCS) HEART FOR PRESERVING AND ASSESSING EXPANDED CRITERIA DONOR HEARTS FOR TRANSPL ANTATION, FARDAD ESMAILIAN, MD, ENROLLING, TRANSMEDICS, INC OBSERVATIONAL REVIEW OF CLINI CAL OUTCOMES IN HEART FAILURE PATIENTS UNDERGOING BARIATRIC SURGERY, MICHELE HAMILTON, MD, ENROLLING, CSMC OUTCOMES ALLOMAP REGISTRY (OAR) STUDY, JON KOBASHIGAWA, MD, ENROLLING, CA REDX, INC PULMONARY HYPERTENSION POST-LEFT VENTRICULAR ASSIST DEVICE IMPLANTATION, JAIME MORIGUCHI, MD, ENROLLING, ACTELION PHARMACEUTICALS REGISTRY EVALUATION OF VITAL INFORMATIO N FOR VADS IN AMBULATORY LIFE, MICHELLE KITTLESON, MD, PHD, ENROLLMENT COMPLETE, UNIVERSIT Y OF MICHIGAN RISK STRATIFICATION PRIOR TO TANDEM ORTHOTOPIC HEART AND STEM CELL TRANSPLAN T IN PATIENTS WITH SYSTEMIC AMYLOIDOSIS, JON KOBASHIGAWA, MD, ENROLLING, CSMC TANDEMHEART EXPERIENCES AND METHODS, DANNY RAMZY, MD, PHD, STUDY START-UP, CARDIACASSIST, INC THE DE- NOVO USE OF ECULIZUMAB ALONGSIDE CONVENTIONAL THERAPY IN PRESENSITIZED PATIENTS RECEIVING CARDIAC TRANSPLANTATION AN OPEN-LABEL, INVESTIGATOR-INITIATED PILOT TRIAL, JIGNESH PATEL, MD, PHD, ENROLLING, ALEXION PHARMACEUTICALS THE MEDICAL ARM OF MECHANICAL CIRCULATORY SUP PORT (MEDAMACS) STUDY, MICHELLE KITTLESON, MD, PHD, ENROLLMENT COMPLETE, UAB/NIH US-BASED, OBSERVATIONAL, DRUG REGISTRY OF OPSUMIT (MACITENTAN) NEW USERS IN CLINICAL PRACTICE, ANTO INE HAGE, MD, ENROLLING, ACTELION PHARMACEUTICALS

990 Schedule O, Supplemental Information

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 6/30/16 AND 6/30/17 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 12/31/16

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY ANNUAL STATEMENTS EACH DIRECTOR, OFFICER, MEMBER OF A COMMITT EE 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 S UCH A STATEMENT, IT SHALL BE THE RESPONSIBILITY OF THE INTERESTED PERSON TO DISCLOSE THE P OTENTIAL CONFLICT TO THE PRESIDENT AND TO THE BOARD OR APPROPRIATE COMMITTEE AND AS SET FO RTH ABOVE, PRIOR TO ANY BOARD OR COMMITTEE DISCUSSIONS OR ACTION WITH RESPECT TO THE RELEV ANT TRANSACTION OR ARRANGEMENT, AND, IF RELEVANT, TO LEAVE THE MEETING DURING THE DISCUSSI ON 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 FINA NCIAL INTEREST AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE RELEVANT CALIFORNI A HEART CENTER FOUNDATION ("CHCF") OFFICER OR ADMINISTRATOR SHALL DETERMINE WHETHER A CONF LICT OF INTEREST EXISTS IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS AND, NOTWI THSTANDING 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 CONSIDERAT ION OF THE TRANSACTION OR ARRANGEMENT AT ISSUE IS A MATTER WITHIN THE SCOPE OF THE AUTHORI TY OF THE BOARD OF DIRECTORS OR A COMMITTEE, THE INTERESTED PERSON SHALL LEAVE THE BOARD O R 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 MAJORI TY VOTE, IF A CONFLICT OF INTEREST EXISTS PROCEDURES FOR ADDRESSING THE CONFLICT OF INTER EST A AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE REGARDING T HE TRANSACTION OR ARRANGEMENT AFTER SUCH PRESENTATION THE INTERESTED PERSON MUST LEAVE TH E 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, A PPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRA NSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL D ETERMINE WHETHER CHCF CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASO NABLE 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 CI RCUMSTANCES THAT WOULD NOT GIV

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	E RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOT E OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN CHCF' BEST I NTEREST 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 O R 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 O F INTEREST, IT SHALL INFORM THE MEMBER OR OFFICER OR INTERESTED PERSON OF THE BASIS FOR SU CH 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 A S MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT SUCH PERSO N HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	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

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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

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SCHEDULE R (Form 990)

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12A, I	CEDARS-SINAI MEDICAL CENTER	Yes	
(3)KERLAN-JOBE ORTHOPAEDIC FOUNDATION 6801 PARK TERRACE LOS ANGELES, CA 90045 95-4707606	EDUCATION AND RESEARCH RELATED TO ORTHOPAEDIC MEDICINE	CA	501(C)(3)	LINE 7	CEDARS-SINAI MEDICAL CARE FOUNDATION	Yes	
(4)SANTA MONICA ORTHOPAEDIC & SPORTS MED RESEARCH FDN 2020 SANTA MONICA BLVD 4TH FLR SANTA MONICA, CA 90404 95-4789926	EDUCATION AND RESEARCH RELATED TO ORTHOPAEDIC AND NEUROLOGIC CONDITIONS	CA	501(C)(3)	PF	CEDARS-SINAI MEDICAL CARE FOUNDATION	Yes	
(5)CFHS HOLDINGS INC 4650 LINCOLN BLVD MARINA DEL REY, CA 90292 20-1645949	HEALTHCARE	CA	501(C)(3)	LINE 3	CEDARS-SINAI MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ENDOSCOPY CENTER OF SANTA MONICA LLC 12400 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90025 11-3652210	ENDOSCOPIES AND RELATED PROCEDURES	CA	N/A									
(2) ISS ASC HOLDINGS LLC 27271 LAS RAMBLAS STE 350 MISSION VIEJO, CA 92691 47-1890805	INVESTMENT IN HEALTHCARE SERVICES	CA	N/A									
(3) DEL REY SURGERY INVESTORS LLC 11150 SANTA MONICA BLVD STE 700 LOS ANGELES, CA 90025 36-4756208	INVESTMENT IN AMBULATORY SURGERY CENTER	DE	N/A									
(4) DEL REY SURGERY CENTER LLC 27271 LAS RAMBLAS STE 350 MISSION VIEJO, CA 92691 46-2305372	OPERATOR OF AMBULATORY SURGERY CENTER	CA	N/A									
(5) CEDARS-SINAI BH ASC LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 81-2266744	HOLDING COMPANY	CA	N/A									
(6) CS-BH ASC HOLDINGS LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 81-2246488	HOLDING COMPANY	CA	N/A									
(7) INTERNATIONAL SPINE & ORTHOPEDIC INSTITUTE LLC 8500 W 110TH ST OVERLAND PARK, KS 66210 26-3738893	SPINE AND ORTHOPEDIC INSTITUTE	DE	N/A									

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	(i) No
(1)OPTIMATRIX HEALTH SOLUTIONS INC 6500 WILSHIRE BLVD 9TH FLR LOS ANGELES, CA 90048 95-4522779	INFORMATION SYSTEMS	CA	N/A	C				Yes	
(2)CENTINELA FREEMAN HOLDINGS INC 4650 LINCOLN BLVD MARINA DEL REY, CA 90292 59-3811890	MEDICAL OFFICE BUILDING AND GROUND LEASE LESSOR	CA	N/A	C				Yes	
(3)OTOHARMONICS CORPORATION 411 SW 6TH AVE PORTLAND, OR 97204 46-1119421	HEALTHCARE PRODUCT DEVELOPMENT	DE	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		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	**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**	Yes	
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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-4772979
Name: CALIFORNIA HEART CENTER FOUNDATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ENDOSCOPY CENTER OF SANTA MONICA LLC 12400 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90025 11-3652210	ENDOSCOPIES AND RELATED PROCEDURES	CA	N/A									
(1) ISS ASC HOLDINGS LLC 27271 LAS RAMBLAS STE 350 MISSION VIEJO, CA 92691 47-1890805	INVESTMENT IN HEALTHCARE SERVICES	CA	N/A									
(2) DEL REY SURGERY INVESTORS LLC 11150 SANTA MONICA BLVD STE 700 LOS ANGELES, CA 90025 36-4756208	INVESTMENT IN AMBULATORY SURGERY CENTER	DE	N/A									
(3) DEL REY SURGERY CENTER LLC 27271 LAS RAMBLAS STE 350 MISSION VIEJO, CA 92691 46-2305372	OPERATOR OF AMBULATORY SURGERY CENTER	CA	N/A									
(4) CEDARS-SINAI BH ASC LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 81-2266744	HOLDING COMPANY	CA	N/A									
(5) CS-BH ASC HOLDINGS LLC 200 N ROBERTSON BLVD 101 BEVERLY HILLS, CA 90211 81-2246488	HOLDING COMPANY	CA	N/A									
(6) INTERNATIONAL SPINE & ORTHOPEDIC INSTITUTE LLC 8500 W 110TH ST OVERLAND PARK, KS 66210 26-3738893	SPINE AND ORTHOPEDIC INSTITUTE	DE	N/A									