

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019

Name of foundation THE HEART FOUNDATION		A Employer identification number 45-0471117	
Number and street (or P O box number if mail is not delivered to street address) 31822 VILLAGE CENTER RD SUITE 208		B Telephone number (see instructions) (818) 865-1100	
City or town, state or province, country, and ZIP or foreign postal code WESTLAKE VILLAGE, CA 91361		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>7,704,825</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	724,805			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	33,485	33,485		
	4 Dividends and interest from securities	113,045	113,045		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	18,734			
	b Gross sales price for all assets on line 6a	1,864,562			
	7 Capital gain net income (from Part IV, line 2)		18,734		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	272,888	0			
12 Total. Add lines 1 through 11	1,162,957	165,264			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	81,686	11,608		70,078
	14 Other employee salaries and wages	115,612	16,429		99,183
	15 Pension plans, employee benefits	4,777	679		4,098
	16a Legal fees (attach schedule)	6,965	990		5,975
	b Accounting fees (attach schedule)	6,368	905		2,311
	c Other professional fees (attach schedule)	37,088	37,088		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	18,823	2,307		14,013
	19 Depreciation (attach schedule) and depletion	463	66		
	20 Occupancy	17,277	2,455		15,984
	21 Travel, conferences, and meetings	1,139	162		977
	22 Printing and publications	3,256	463		2,793
	23 Other expenses (attach schedule)	256,869	8,006		246,368
	24 Total operating and administrative expenses. Add lines 13 through 23	550,323	81,158		461,780
	25 Contributions, gifts, grants paid	288,050			288,050
26 Total expenses and disbursements. Add lines 24 and 25	838,373	81,158		749,830	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	324,584				
b Net investment income (if negative, enter -0-)		84,106			
c Adjusted net income (if negative, enter -0-)					

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	29,846	117,616	117,616
	2 Savings and temporary cash investments	2,284,005	2,417,706	2,417,706
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ <u>30,000</u> Less allowance for doubtful accounts ▶ _____	35,000	30,000	30,000
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	2,542,642	2,612,219	2,612,219
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,414,028	2,509,157	2,509,157
	14 Land, buildings, and equipment basis ▶ <u>2,317</u> Less accumulated depreciation (attach schedule) ▶ <u>502</u>	2,278	1,815	1,815
15 Other assets (describe ▶ _____)	7,767	16,312	16,312	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	7,315,566	7,704,825	7,704,825	
Liabilities	17 Accounts payable and accrued expenses	6,704	6,410	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	6,704	6,410	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	7,273,862	7,668,415	
	25 Temporarily restricted	35,000	30,000	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	7,308,862	7,698,415		
31 Total liabilities and net assets/fund balances (see instructions) .	7,315,566	7,704,825		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,308,862
2 Enter amount from Part I, line 27a	2	324,584
3 Other increases not included in line 2 (itemize) ▶ _____	3	64,969
4 Add lines 1, 2, and 3	4	7,698,415
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	7,698,415

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a PUBLICLY TRADED SECURITIES	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,864,562		1,845,828	18,734
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			18,734
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	18,734
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	713,764	7,332,593	0.097341
2016	504,800	7,330,120	0.068867
2015	1,039,906	6,787,825	0.153202
2014	720,700	5,667,497	0.127164
2013	730,525	4,291,232	0.170237

2 Total of line 1, column (d)	2	0.616811
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.123362
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	7,407,059
5 Multiply line 4 by line 3	5	913,750
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	841
7 Add lines 5 and 6	7	914,591
8 Enter qualifying distributions from Part XII, line 4	8	749,830

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes sub-sections 6a-6d for credits and payments. Total amount owed is 5,781, with 5,781 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 31822 VILLAGE CENTER RD 208 WESTLAKE VILLAGE CA ZIP+4 91361

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3 ▶	0
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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	4,972,975
b	Average of monthly cash balances.	1b	2,546,882
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	7,519,857
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	7,519,857
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	112,798
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,407,059
6	Minimum investment return. Enter 5% of line 5.	6	370,353

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	370,353
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1,682
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,682
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	368,671
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	368,671
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	368,671

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	749,830
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	749,830
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	749,830

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				368,671
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	517,443			
b From 2014.	440,582			
c From 2015.	702,351			
d From 2016.	142,335			
e From 2017.	349,240			
f Total of lines 3a through e.	2,151,951			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>749,830</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				368,671
e Remaining amount distributed out of corpus	381,159			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,533,110			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	517,443			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	2,015,667			
10 Analysis of line 9				
a Excess from 2014.	440,582			
b Excess from 2015.	702,351			
c Excess from 2016.	142,335			
d Excess from 2017.	349,240			
e Excess from 2018.	381,159			

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

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

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	NONE	PC	HEART DISEASE RESEARCH	282,750
HAROLD PUMP FOUNDATION 13636 VENTURA BLVD 416 SHERMAN OAKS, CA 91423	NONE	PC	EVENT SPONSORSHIP	2,500
RAGS FOR RICHES FOUNDATION 13636 VENTURA BLVD 416 SHERMAN OAKS, CA 91423	NONE	PC	EVENT SPONSORSHIP	2,800
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARK LITMAN 31822 VILLAGE CENTER RD STE 208 WESTLAKE VILLAGE, CA 91361	CHAIRMAN 10 00	0	0	0
MARK SAPIRO 140 34TH STREET HERMOSA BEACH, CA 90254	TREASURER 1 00	0	0	0
GERALD COHEN 6935 MINSTREL AVENUE WEST HILLS, CA 91307	SECRETARY 1 00	0	0	0
EVA WEINGARTEN 4611 WESTCHESTER DRIVE WOODLAND HILLS, CA 91364	BOARD MEMBER 1 00	0	0	0
BRIAN WEINHART 1100 PINE DRIVE BEVERLY HILLS, CA 90210	BOARD MEMBER 1 00	0	0	0
LISA SAPIRO 140 34TH STREET HERMOSA BEACH, CA 90254	BOARD MEMBER 1 00	0	0	0
CATHERINE MULLANEY 31822 VILLAGE CENTER RD STE 208 WESTLAKE VILLAGE, CA 91361	EXECUTIVE DIRECTOR 32 00	76,154	5,532	0

TY 2018 Accounting Fees Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	6,368	905		2,311

TY 2018 Investments Corporate Bonds Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
STIFEL NICOLAUS - FIXED INCOME	2,612,219	2,612,219

TY 2018 Investments - Other Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STIFEL NICOLAUS - EQUITIES	FMV	2,509,157	2,509,157

**TY 2018 Land, Etc.
Schedule****Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	2,317	502	1,815	1,815

TY 2018 Legal Fees Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	6,965	990		5,975

TY 2018 Other Assets Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	1,204	1,204	1,204
CAPITALIZED WEBSITE COSTS	6,563	15,108	15,108

TY 2018 Other Expenses Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SPECIAL EVENTS	200,242	0		200,242
IT EXPENSES	13,565	1,928		11,814
MERCHANT ACCOUNT FEES	10,378	1,475		8,903
OFFICE EXPENSES	12,052	1,713		10,393
INSURANCE	9,942	1,413		8,529
WEBSITE EXPENSE	6,730	956		5,798
DONOR/SUPPORTER APPRECIATION	292	0		292
MARKETING	463	66		397
AMORTIZATION	3,205	455		0

TY 2018 Other Income Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	272,888		272,888

TY 2018 Other Increases Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Description	Amount
UNREALIZED NET GAIN ON INVESTMENTS	64,969

TY 2018 Other Professional Fees Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE FEES	37,088	37,088		0

TY 2018 Taxes Schedule**Name:** THE HEART FOUNDATION**EIN:** 45-0471117

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	16,235	2,307		13,928
SECTION 4940 EXCISE TAX	2,503	0		0
STATE FILING TAXES	85	0		85

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

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

OMB No 1545-0047
2018

Name of the organization
THE HEART FOUNDATION

Employer identification number
45-0471117

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE HEART FOUNDATION	Employer identification number 45-0471117
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE HEART FOUNDATION	Employer identification number 45-0471117
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Part II Noncash Property			
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
20	PUBLICLY TRADED SECURITY	\$ 9,299	2019-06-30
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization THE HEART FOUNDATION	Employer identification number 45-0471117
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data**Software ID:****Software Version:****EIN:** 45-0471117**Name:** THE HEART FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF GLORIA SAWLISS	\$ 111,157	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	C/O THE CHICAGO TRUST COMPANY NA 10		
	CHICAGO, IL 60643		
2	ESTATE OF LOUISE MAZZA	\$ 94,799	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	C/O JEAN LEONARD EXECUTRIX 63 SUBUR		
	JERSEY CITY, NJ 073051250		
3	WILBUR MAY FOUNDATION	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	712 NORTH CANON DRIVE		
	BEVERLY HILLS, CA 90210		
4	GALPIN MOTORS INC	\$ 29,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	15505 ROSCOE BLVD		
	NORTH HILLS, CA 913436503		
5	MR AND MRS FRANK MANCUSO	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	377 S MAPLETON DRIVE		
	LOS ANGELES, CA 900241806		
6	MR AND MRS BRUCE AND MADELINE RAMER	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	132 S RODEO DRIVE 306		
	BEVERLY HILLS, CA 90212		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREATER LOS ANGELES NEW CAR DEALERS ASSOCIATION	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	700 N CENTRAL AVENUE SUITE 320		
	GLENDALE, CA 91203		
8	EASY CARE	\$ 18,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	6010 ATLANTIC BLVD		
	NORCROSS, GA 300711303		
9	HUB INTERNATIONAL LIMITED	\$ 17,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	6701 CENTER DRIVE WEST SUITE 1500		
	LOS ANGELES, CA 90045		
10	MS JACLYN B ROSENBERG	\$ 17,190	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1155 SHADOW HILL WAY		
	BEVERLY HILLS, CA 902102231		
11	LEO AND SYDELLE WARD FOUNDATION	\$ 15,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	20501 VENTURA BLVD SUITE 325		
	WOODLAND HILLS, CA 91364		
12	CHARTWELL ESCROW INC	\$ 13,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	14140 VENTURA BLVD STE 110		
	SHERMAN OAKS, CA 91423		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE ANONYMOOSE FOUNDATION	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	321 S BEVERLY DR SUITE K		
	BEVERLY HILLS, CA 902124303		
14	IRVING FEINTECH FAMILY FOUNDATION	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	321 S BEVERLY DRIVE SUITE K		
	BEVERLY HILLS, CA 90212		
15	1ST CENTURY BANK	\$ 11,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1875 CENTURY PARK EAST SUITE 1400		
	LOS ANGELES, CA 90067		
16	MS ROSY BI	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	10132 HILLGROVE DRIVE		
	BEVERLY HILLS, CA 90210		
17	DR AND MRS BRUCE G FAGEL	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	100 NORTH CRESCENT DRIVE SUITE 360		
	BEVERLY HILLS, CA 90210		
18	MR AND MRS BARRY S SCHOLER	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	619 N MAPLE DRIVE		
	BEVERLY HILLS, CA 902103439		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TORRANCE COMMERCE CENTER	\$ 10,000	Person <input checked="" type="checkbox"/>
	4050 SPENCER STREET UNIT E		Payroll <input type="checkbox"/>
	TORRANCE, CA 90503		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	MR AND MRS MARK AND TAMARA LITMAN	\$ 9,399	Person <input checked="" type="checkbox"/>
	C/O RIDAN INC 4607 LAKEVIEW CANYON		Payroll <input type="checkbox"/>
	WESTLAKE VILLAGE, CA 91361		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
21	CEDARS-SINAI MEDICAL CENTER	\$ 8,650	Person <input checked="" type="checkbox"/>
	8700 BEVERLY BOULEVARD		Payroll <input type="checkbox"/>
	LOS ANGELES, CA 90048		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	OFFICIAL POLICE GARAGE ASSOCIATION OF LOS ANGELES	\$ 7,800	Person <input checked="" type="checkbox"/>
	253 SYCAMORE GROVE ST		Payroll <input type="checkbox"/>
	SIMI VALLEY, CA 930657342		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	DIXON HUGHES GOODMAN	\$ 6,200	Person <input checked="" type="checkbox"/>
	100 THROCKMORTON ST STE 1600		Payroll <input type="checkbox"/>
	FORT WORTH, TX 76102		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
24	AUTOALERT	\$ 5,900	Person <input checked="" type="checkbox"/>
	9050 IRVINE CENTER DRIVE		Payroll <input type="checkbox"/>
	IRVINE, CA 92618		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MAZDA NORTH AMERICAN OPERATIONS WESTERN REGION	\$ 5,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	200 SPECTRUM CENTER DRIVE SUITE 100		
	IRVINE, CA 926185004		
26	ONEHOPE FOUNDATION	\$ 5,604	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	3310 S FAIRVIEW STREET		
	SANTA ANA, CA 927047004		
27	AZAK ENTERTAINMENT LLC	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	8282 TURTLE CREEK CIRC		
	LAS VEGAS, NV 89113		
28	MR AND MRS JEFFREY AND PAMELA BALTON	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	16201 MEADOWCREST ROAD		
	SHERMAN OAKS, CA 91403		
29	MR AND MRS GEORGE SCHLATTER	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	400 ROBERT LN		
	BEVERLY HILLS, CA 902102632		
30	MR AND MRS FRED SOLOMON	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	SRG LLC 6320 CANOGA AVENUE 17TH FLO		
	WOODLAND HILLS, CA 91367		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	DR AARON SONES AND MS JULIE GILBERT	\$ 5,000	Person <input checked="" type="checkbox"/>
	11661 SAN VICENTE BLVD STE 220		Payroll <input type="checkbox"/>
	LOS ANGELES, CA 90049		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)