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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

<input type="checkbox"/> Check if applicable. <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIOTHORACIC SURGERY</b>		D Employer identification number <b>41-1889746</b>	
	Doing Business As		E Telephone number <b>978-927-8330</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>900 CUMMINGS CENTER</b>		Room/suite <b>221-U</b>	
	City or town, state or country, and ZIP + 4 <b>BEVERLY, MA 01915</b>		G Gross receipts \$ <b>972,329.</b>	
	F Name and address of principal officer: <b>ANNO DIEGELER, M.D., PH.</b> <b>SAME AS C ABOVE</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: ► <a href="http://WWW.ISMICS.ORG">WWW.ISMICS.ORG</a>		H(c) If "No," attach a list. (see instructions)		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1998</b> M State of legal domicile: <b>MN</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO ENGAGE IN, ASSIST, AND CONTRIBUTE TO THE SUPPORT OF EXCLUSIVELY SCIENTIFIC EDUCATIONAL OR</b>	
	2 Check this box ► <input type="checkbox"/> 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) <b>3</b> <b>16</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>	
	5 Total number of employees (Part V, line 2a) <b>5</b> <b>0</b>	
	6 Total number of volunteers (estimate if necessary) <b>6</b> <b>63</b>	
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>	
	b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
Expenses	8 Contributions and grants (Part VIII, line 1h) <b>421,110.</b> <b>344,459.</b>	
	9 Program service revenue (Part VIII, line 2g) <b>554,755.</b> <b>514,709.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>8,113.</b> <b>&lt;21,364. &gt;</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>55,000.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>983,978.</b> <b>892,804.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>9,750.</b> <b>10,000.</b>	
Net Assets or Fund Balances	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>949,291.</b> <b>937,480.</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>959,041.</b> <b>947,480.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>24,937.</b> <b>&lt;54,676. &gt;</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>27,550.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>88,737.</b> <b>156,962.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>269,438.</b> <b>276,182.</b>	
19 Revenue less expenses. Subtract line 18 from line <b>RECEIVED</b>		
20 Total assets (Part X, line 16) <b>358,175.</b> <b>433,144.</b>		
21 Total liabilities (Part X, line 26) <b>88,737.</b> <b>156,962.</b>		
22 Net assets or fund balances. Subtract line 21 from line 20 <b>269,438.</b> <b>276,182.</b>		

## Part II Signature Block

OGDEN LIT

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 knowledge.

Sign  
Here

Signature of officer

PAUL F. GRUNDEMAN, M.D., PH.D., SECRETARY

Type or print name and title

May, 11th, 2010

Paid Preparer's Use Only	Preparer's signature ►	RAYMOND L. ANSTISS, JR.	Date 05/06/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yourself if self-employed), address, and ZIP + 4 ►	ANSTISS & CO., P.C. 21 GEORGE STREET LOWELL, MA 01852	EIN ►		
			Phone no. ► (978) 452-2500		

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

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6-16

A

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Form 990 (2009)

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**TO ENGAGE IN, ASSIST, AND CONTRIBUTE TO THE SUPPORT OF EXCLUSIVELY  
SCIENTIFIC, EDUCATIONAL, OR CHARITABLE ACTIVITIES AND PROJECTS.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 373,936. including grants of \$ 10,000. ) (Revenue \$ 667,818. )  
**MEETINGS - TO PROVIDE A FORUM FOR DEVELOPMENT OF THE MEDICAL  
SUBSPECIALTY OF MINIMALLY INVASIVE CARDIAC SURGERY.**

4b (Code: ) (Expenses \$ 121,013. including grants of \$ ) (Revenue \$ 90,890. )  
**PUBLICATIONS - TO PROVIDE AN AUDIENCE FOR THE SCIENTIFIC EVALUATION OF  
NEW, MINIMALLY INVASIVE SURGICAL TECHNIQUES AND TECHNOLOGY.**

4c (Code: ) (Expenses \$ 74,281. including grants of \$ ) (Revenue \$ 35,000. )  
**CONCENSUS CONFERENCE - TO DETERMINE WHETHER STENTLESS BIOPROSTHETIC  
VALVES IMPROVE CLINICAL AND RESOURCE OUTCOMES COMPARED WITH STENTED  
VALVES ON PATIENTS UNDERGOING AORTIC VALVE REPLACEMENT, AND TO OUTLINE  
EVIDENCE-BASED RECOMMENDATIONS FOR THE USE OF STENTLESS AND STENTED  
VALVES IN ADULT AORTIC VALVE REPLACEMENT.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 46,435. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 615,665.

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**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

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**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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 X	
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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; 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 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
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	17 X	
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 X	
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 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

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**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
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	X
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 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
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	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X
Note. All Form 990 filers are required to complete Schedule O.		

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932004  
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**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

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**Part VI Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No	
1a Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S. Information Returns. Enter 0 if not applicable	1a	32	
1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," 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	X	
b If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If "Yes," to line 5a or 5b, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X	
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	X	
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	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the 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		

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932005  
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**INTERNATIONAL SOCIETY FOR MINIMALLY  
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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	16		
1b	15		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9		X	

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

	Yes	No
10a	X	
b		
11	X	
11A		
12a	X	
b		
c		
13	X	
14	X	
15		
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a		
b		
16b		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>MA, MN</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>PRRI - 978-927-8330</b>
	<b>900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA 01915</b>

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02-04-10

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**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. Use Schedule J-2 if additional space is needed.

• 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. 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, and 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ANNO DIEGELER, M.D., PH. PRESIDENT	2.00	X		X			0.	0.	0.
RALPH J. DAMIANO, JR. M. PRESIDENT-ELECT	2.00	X					30,000.	0.	0.
JOHN L. KNIGHT, M.D. VICE PRESIDENT	2.00	X	X				0.	0.	0.
PAUL F. GRUNDEMAN, M.D., SECRETARY	2.00	X	X				0.	0.	0.
JOHN D. PUSKAS, M.D. PAST PRESIDENT	2.00	X					0.	0.	0.
THOMAS A. VASSILIADES, M. TREASURER	2.00	X	X				0.	0.	0.
KIT V. AROM, M.D. DIRECTOR	2.00	X					0.	0.	0.
GREGORY P. FONTANA, M.D. DIRECTOR	2.00	X					0.	0.	0.
XU MENG, M.D. DIRECTOR	2.00	X					0.	0.	0.
ALAN H MENKIS, M.D. DIRECTOR	2.00	X					0.	0.	0.
JAN F. GUMMERT, M.D. DIRECTOR	2.00	X					0.	0.	0.
VOLKMAR FALK, M.D. DIRECTOR	2.00	X					0.	0.	0.
KEMP KERNSTINE, M.D., PH DIRECTOR	2.00	X					0.	0.	0.
KAGAMI MIYAJI, M.D. DIRECTOR	2.00	X					0.	0.	0.
GERHARD WIMMER-GREINECKE DIRECTOR	2.00	X					0.	0.	0.
MARK KRASNIK DIRECTOR	2.00	X					0.	0.	0.
FRANCESCO MAISANO PROGRAM COMMITTEE CO-CHA	2.00	X					0.	0.	0.

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Form 990 (2009)

# INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIOTHORACIC SURGERY

**Form 990 (2009)**

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

**1b Total .**

30,000.

0.

0.

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

0

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

Yes	No
-----	----

3 | X

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.

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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
PRRI, 900 CUMMINGS CTR, SUITE 221-U,, BEVERLY, MA 01915	MANAGEMENT SERVICES	283,247.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►	1	

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Form 990 (2009)

41-1889746 Page 9

**Part VIII Statement of Revenue**

		<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512, 513, or 514</b>
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b	116,460.		
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	227,999.		
	g Noncash contributions included in lines 1a-1f \$ .....				
	h Total. Add lines 1a-1f .....		344,459.		
Program Service Revenue	2 a ANNUAL MEETINGS	Business Code 900099	478,819.		478,819.
	b SUBSCRIPTIONS	511120	35,890.	35,890.	
	c .....				
	d .....				
	e .....				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		514,709.		
	3 Investment income (including dividends, interest, and other similar amounts) .....		6,241.		6,241.
4 Income from investment of tax-exempt bond proceeds .....		55,000.		55,000.	
5 Royalties .....					
6 a Gross Rents .....	(i) Real	(ii) Personal			
b Less: rental expenses .....					
c Rental income or (loss) .....					
d Net rental income or (loss) .....					
7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses .....	51,920.				
c Gain or (loss) .....	79,525.				
d Net gain or (loss) .....	<27,605.>				
8 a 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 .....					
9 a Gross income from gaming activities. See Part IV, line 19 .....	a				
b Less: direct expenses .....	b				
c Net income or (loss) from gaming activities .....					
10 a 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 .....					
11 a Miscellaneous Revenue	Business Code				
b .....					
c .....					
d All other revenue .....					
o Total. Add lines 11a-11d .....		892,804.	35,890.	0.	512,455.
12 Total revenue. See instructions .....		>			

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Form 990 (2009)

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Form 990 (2009)

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**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	124,939.	124,939.		
b Legal	250.	250.		
c Accounting	14,483.	14,483.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,056.	1,056.		
g Other				
12 Advertising and promotion				
13 Office expenses	37,224.	37,224.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	532,356.	438,217.	94,139.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,256.	3,256.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING AND PUBLICATIO	121,013.	121,013.		
b COMMITTEES	46,435.	46,435.		
c DEVELOPMENT	27,550.		27,550.	
d HOMEPAGE	12,910.	12,910.		
e DATA PROCESSING	11,927.	11,927.		
f All other expenses	4,081.	4,081.		
25 Total functional expenses. Add lines 1 through 24f	947,480.	615,665.	304,265.	27,550.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Form 990 (2009)

41-1889746 Page 11

**Part X Balance Sheet**

		<b>(A) Beginning of year</b>		<b>(B) End of year</b>
Assets	1 Cash - non-interest-bearing	102,679.	1	110,089.
	2 Savings and temporary cash investments	74,452.	2	85,973.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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	34,098.	9	59,158.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	146,946.	11	177,924.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	358,175.	16	433,144.
	17 Accounts payable and accrued expenses		17	13,000.
	18 Grants payable		18	
	19 Deferred revenue	88,737.	19	143,962.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Net Assets or Fund Balances	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. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	88,737.	26	156,962.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	269,438.	27	276,182.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	269,438.	33	276,182.
	34 Total liabilities and net assets/fund balances	358,175.	34	433,144.

Form 990 (2009)

INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY

## Part XI | Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
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	X
d If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
e If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	X
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	

Form 990 (2009)

**SCHEDULE A**  
**(Form 980 or 980-EZ)**

## Public Charity Status and Public Support

QMB No 1945-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4047(c)(4) exempt charitable trust.

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

► Attach to Form 550 or Form 550-EZ. ► See separate instructions.

Name of the organization	<b>INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIOTHORACIC SURGERY</b>	Employer identification number <b>41-1889746</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

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

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

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

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

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

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

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

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

o  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

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

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

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 900 or 900-EZ

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Schedule A (Form 990 or 990-EZ) 2009

41-1889746 Page 3

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	524,839.	497,543.	342,929.	421,110.	344,459.	2130880.
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	706,993.	537,243.	608,016.	554,755.	569,709.	2976716.
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	1231832.	1034786.	950,945.	975,865.	914,168.	5107596.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	325,721.	284,600.	124,771.	183,143.	109,368.	1027603.
c Add lines 7a and 7b	325,721.	284,600.	124,771.	183,143.	109,368.	1027603.
8 Public support (Subtract line 7c from line 6)						4079993.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1231832.	1034786.	950,945.	975,865.	914,168.	5107596.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,155.	3,932.	6,850.	6,484.	6,241.	25,662.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,155.	3,932.	6,850.	6,484.	6,241.	25,662.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	250.	350.				600.
13 Total support (Add lines 9, 10c, 11, and 12)	1233987.	1038968.	958,145.	982,349.	920,409.	5133858.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	79.47	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	74.89	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.50	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.38	%
19a 33 1/3% support tests - 2009. 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			<input checked="" type="checkbox"/>
b 33 1/3% support tests - 2008. 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			<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY** Employer identification number **41-1889746**

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
	<b>Held at the End of the Tax Year</b>
3a Total number of conservation easements .....	2a
3b Total acreage restricted by conservation easements .....	2b
3c Number of conservation easements on a certified historic structure included in (a) .....	2c
3d Number of conservation easements included in (c) acquired after 8/17/06 .....	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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 118, 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 XIV, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 118, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
(ii) Assets included in Form 990, Part X .....	► \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932051  
02-01-10

Schedule D (Form 990) 2009

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Schedule D (Form 990) 2009

41-1889746 Page 2

**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):

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

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

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Amount	
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

by:

(I) unrelated organizations .....

(II) related organizations .....

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

Yes	No
3a(I)	
3a(II)	

3b

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Schedule D (Form 990) 2009

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# INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIOTHORACIC SURGERY

**Schedule D (Form 990) 2009**

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**Part VII Investments - Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		

Total. (Col (B) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

**Part X Other Liabilities. See Form 990, Part X, line 25.**

1.	(a) Description of liability	(b) Amount
	Federal income taxes	

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)**

**2. FIN 48 Footnote.** In Part XIV, 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.

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Schedule D (Form 990) 2009

INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY

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Schedule D (Form 990) 2009

**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	892,804.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	947,480.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<54,676.>
4 Net unrealized gains (losses) on investments	4	61,420.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	61,420.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,744.

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	953,168.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	61,420.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	61,420.
3 Subtract line 2e from line 1	3	891,748.
4 Amounts included on Form 990, Part VII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,056.
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	1,056.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	892,804.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	946,424.
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 XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	946,424.
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 XIV.)	4b	1,056.
c Add lines 4a and 4b	4c	1,056.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	947,480.

**Part XIV | Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: ASC 740-10, "INCOME TAXES" (FORMERLY FASB)**

INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES")

REQUIRES THE SOCIETY TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD

HAVE AN EFFECT ON THE SOCIETY'S FINANCIAL STATEMENTS. THE SOCIETY REPORTS

ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF

MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE

GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A

PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF THE SOCIETY'S

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Schedule D (Form 990) 2009

**Part XIV Supplemental Information (continued)**

**INCOME, EXPENDITURES AND ACTIVITIES RELATED TO ITS EXEMPT PURPOSE.**

THEREFORE, MANAGEMENT HAS DETERMINED THAT THE SOCIETY IS NOT SUBJECT TO

UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A

**TAX-EXEMPT NOT-FOR-PROFIT ENTITY.**

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES: 1056.



**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY****Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 890, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
YOUNG INVESTIGATOR AWARD - OPEN TO FELLOWS AND YOUNG SURGEONS IN CLINICAL PRACTICE FOR LESS THAN FIVE YEARS.	1	2,500.	0.		
BEST ORAL ABSTRACT AWARD - AWARDED TO RECOGNIZE WORK FOCUSING ON MINIMALLY INVASIVE CARDIOTHORACIC SURGICAL TREATMENT.	2	2,000.	0.		
BEST MODERATED POSTER AWARD - AWARDED BASED ON PEER REVIEW TO THE BEST POSTER PRESENTATION.	8	4,000.	0.		
BEST MINI ABSTRACT - THESE SHORTER ORAL PRESENTATIONS REQUIRE CONCISE, FOCUSED DELIVERY FROM THE AUTHOR, AND THE SAME RIGOROUS SCIENCE REQUIRED OF FULL LENGTH PRESENTATIONS	1	750.	0.		
BEST USE OF AV - BOTH FULL LENGTH AND MINI ORAL PRESENTATIONS ARE CONSIDERED FOR THIS AWARD	1	750.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**SCHEDULE I, PART I, LINE 2: THE AWARDS DISCLOSED IN PART III ARE**  
**COMPETITION BASED AND AWARDED TO RECOGNIZE EXCELLENCE IN PREPARATION OF**  
**MANUSCRIPTS AND PRESENTATIONS IN THE AREA OF CARDIOTHORACIC SURGERY.**

## Supplemental Information to Form 990

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIOTHORACIC SURGERY	Employer identification number 41-1889746
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### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE ACTIVITIES AND PROJECTS.

FORM 990, PART VI, SECTION A, LINE 3: THE PROFESSIONAL RELATIONS AND  
RESEARCH INSTITUTE (PRRI) OF BEVERLY, MASSACHUSETTS, MAINTAINS THE BOOKS  
AND RECORDS OF THE ASSOCIATION AND PERFORMS OTHER RELATED MANAGERIAL AND  
ADMINISTRATIVE FUNCTIONS FOR WHICH IT IS COMPENSATED.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS FIVE CLASSES  
OF MEMBERS: ACTIVE, SENIOR, INACTIVE, CANDIDATE AND HONORARY. ACTIVE  
MEMBERS HAVE VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS HAVE THE RIGHT TO  
ELECT OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: ACTIVE MEMBERS HAVE THE RIGHT TO  
VOTE ON MATTERS ALLOWED UNDER THE LAW.

FORM 990, PART VI, SECTION B, LINE 11: 990 IS REVIEWED BY THE  
ADMINISTRATIVE STAFF OF THE MANAGEMENT COMPANY (PRRI) AND IS THEN PROVIDED  
TO THE TREASURER FOR FINAL REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
DISTRIBUTED, DISCUSSED AND UPDATED AT EACH COUNCIL MEETING IN ORDER FOR THE  
ORGANIZATION TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY BY ALL  
OFFICERS AND DIRECTORS.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**INTERNATIONAL SOCIETY FOR MINIMALLY  
INVASIVE CARDIOTHORACIC SURGERY**

Employer identification number  
**41-1889746**

FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE TO THE PUBLIC  
UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION'S MANAGEMENT  
COMPANY (PRRI).

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION'S MANAGEMENT  
COMPANY (PRRI).