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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 January 1, 2009, and ending December 31, 2009****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Florida Heart Research Foundation, Inc.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

4770 Biscayne Blvd

Room/suite

500

City or town, state or country, and ZIP + 4

Miami, FL 33137-3225**F Name and address of principal officer****D Employer identification number****51****0474502****E Telephone number****(305)****674-3020****G Gross receipts \$ 295,500****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **www.heartplate.org****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation****2003****M State of legal domicile** **FL****Part I Summary****1 Briefly describe the organization's mission or most significant activities:****Stop Heart Disease through Research, Education and Prevention.****2 Check this box** ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3 Number of voting members of the governing body (Part VI, line 1a)****3****3****4 Number of independent voting members of the governing body (Part VI, line 1b)****4****3****5 Total number of employees (Part V, line 2a)****5****0****6 Total number of volunteers (estimate if necessary)****6****10****7a Total gross unrelated business revenue from Part VIII, column (C), line 12****7a****0****b Net unrelated business taxable income from Form 990-T, line 34****7b****0**

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	287,140	295,500
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,140	295,500
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	188,576	224,212
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,982	4,265
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	78,133	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	53,886	78,939
Net Assets or Fund Balances	18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	288,841	307,416
	19 Revenue less expenses. Subtract line 18 from line 12	(1,701)	(11,916)
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	136,040	146,425
	21 Total liabilities (Part X, line 26)	271,943	294,246
	22 Net assets or fund balances. Subtract line 21 from line 20	(135,903)	(147,821)

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The mission is to Stop Heart Disease through research, education and prevention.

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 \$ **186,285** including grants of \$) (Revenue \$)
Cardiovascular reseach in Florida

see Schedule O

4b (Code:) (Expenses \$ **37,962** including grants of \$) (Revenue \$)
Cardiovascular education and screening in Florida.

see Schedule O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **224,247**

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 ✓	
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓
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	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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	✓
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 ✓	
• 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 ✓	
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 ✓ No	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓

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.	☒	☐
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.	☐	☒
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.	☐	☒
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.	☐	☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	☐	☒
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	☐	☒
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	☐	☒
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.	☐	☒
25b 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.	☐	☒
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.	☐	☒
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.	☐	☒
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).	☐	☐
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	☐	☒
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	☐	☒
28c 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.	☐	☒
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	☐	☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	☐	☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	☐	☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	☐	☒
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.	☐	☒
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.	☒	☐
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.	☐	☒
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.	☐	☐
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.	☐	☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	☐	☐

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
4b	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?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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 Enter the number of voting members of the governing body	1a	3
b Enter the number of voting members that are independent	1b	3
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

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.
☐ Own website ☐ Another's website ☒ 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: ► **Kathleen T. DuCasse, Chief Executive Officer, 4770 Biscayne Blvd. Suite 500, Miami, FL 33137**

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

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

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
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 ► 0		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	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	295,500				
	g Noncash contributions included in lines 1a-1f: \$						
h Total. Add lines 1a-1f			295,500				
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			0			
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions.			295,500				

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	224,212	224,212		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	10,466			10,466
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			0
9	Other employee benefits	182			182
10	Payroll taxes	619			619
11	Fees for services (non-employees):				
a	Management				
b	Legal	800			800
c	Accounting	5,000		5,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	27,850			27,850
12	Advertising and promotion	11,629			11,629
13	Office expenses	4,265		36	4,229
14	Information technology				
15	Royalties				
16	Occupancy	1,267			1,267
17	Travel	3,175			3,175
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	583			583
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	336			336
23	Insurance				
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 & Publications	8,536			8,536
b	Equipment Rental & Maintenance	1,530			1,530
c					
d					
e					
f	All other expenses	6,966	35		6,931
25	Total functional expenses. Add lines 1 through 24f	307,416	224,247	5,036	78,133
26	Joint costs. Check here ☐ 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	135,540	1	146,210	
	2	Savings and temporary cash investments		2		
	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		9		
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2958			
	b	Less: accumulated depreciation	2743	500	10c	215
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	136,040	16	146,425		
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	271,943	25	294,246	
	26	Total liabilities. Add lines 17 through 25	271,943	26	294,246	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	(135,903)	27	(147,821)	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	(135,903)	33	(147,821)	
	34	Total liabilities and net assets/fund balances	136,040	34	146,425	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- 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? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** 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:
☐ Separate basis ☐ Consolidated basis ☒ 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? . . .
- 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Florida Heart Research Foundation, Inc

Employer identification number

51 0474502

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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")	165,212	225,300	257,891	287,140	295,500	1,231,043
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	165,212	225,300	257,891	287,140	295,500	1,231,043
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,231,043

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	165,212	225,300	257,891	287,140	295,500	1,231,043
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						1,231,043
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
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	☐	
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	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►	☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**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

Florida Heart Research Foundation, Inc

Employer identification number

51 : 0474502

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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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 116, 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.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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		2,958	2,743	215
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **215**

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

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

Part VIII. Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990 Part X, col. (B) line 13.)		

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

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	Due to Florida Heart Research Institute	294,246
	59-0674260 Parent organization	
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	294,246

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.

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	295,500
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	307,416
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(11,916)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	(84)
9	Total adjustments (net). Add lines 4 through 8	9	(84)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(12,000)

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	295,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	500
e	Add lines 2a through 2d	2e	500
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	295,500

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

1	Total expenses and losses per audited financial statements	1	307,000
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	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	418
c	Add lines 4a and 4b	4c	418
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	307,418

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 XI line 8

Financial Rounding to 1,000's- (84)

Part XII Line 2d

Financial Rounding to 1,000's- 500

Part XIV Supplemental Information *(continued)*

Part XIII Line 4b

Financial Rounding to 1,000's- 416

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

Name of the organization

Florida heart Research Foundation, Inc

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Univ of Miami /Dr. Webster Box 025405, Miami, Fl	59-0624458		30,000				Insulin resistance
	Mount Sinai Medical Center 4300 Alton Rd Miami Beach, Fl	59-1711400		31,250				PGZ research
	Univ of Miami/Genetics Dr. Hare PO Box 025405, Miami	59-0624458		50,000				Genetics
	Univ of Miami /Dr. Bishopric Box 025405, Miami, Fl	59-0624458		50,000				Cardiovascular gen
	Miami Heart Research Institute 4770 Biscayne Blvd, Miami, Fl	59-0674260		10,000				Living for Health
	University of Florida Foundation 1600 SW Archer Rd. Gainesville	59-0974739		25,000				Researcher of Year
	Miami Heart Research Institute 4770 Biscayne Blvd, Miami, Fl	59-0674260		27,962				Community Screening
2	Enter total number of section 501(c)(3) and government organizations							▶ 7
3	Enter total number of other organizations							▶ 0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

**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

Florida heart Research Foundation, Inc

Employer identification number

51 0474502

The Florida Heart Research Foundation, Inc. was established to receive donations from the sale of the Stop Heart Disease
plate. The legislation follows which established the procedure.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

51**0474502**

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

**ENROLLED**

HB 0789, Engrossed 1

2003 Legislature

A bill to be entitled

An act relating to specialty license plates; amending ss. 320.08056 and 320.08058, F.S.; creating the Stop Heart Disease license plate; providing for distribution to the Florida Heart Research Foundation, Inc., of annual use fees received from the sale of such plates; providing an effective date.

WHEREAS, heart disease is the leading cause of death and disability in this country and in the State of Florida, claiming the lives of more than 2,600 Americans every day, an average of one death every 33 seconds, and cardiovascular disease accounts for over 40 percent of all deaths, claiming more lives each year than the next seven leading causes of death combined, and

WHEREAS, more than 61 million Americans suffer from cardiovascular disease, including high blood pressure, coronary heart disease, stroke, congestive heart failure, and other conditions, and

WHEREAS, 25 percent of males and 38 percent of females who experience a heart attack die within 1 year, and

WHEREAS, 50 percent of men and 63 percent of women who die of sudden cardiac death experience no previous symptoms of coronary heart disease, and

WHEREAS, cardiovascular disease takes an astonishing toll on the economy through health care costs, lost work days, and lowered productivity, which costs are estimated to reach \$330 billion in 2002, and

Page 1 of 4

CODING. Words ~~stricken~~ are deletions; words underlined are additions.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

51 0474502

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

**ENROLLED**

HB 0789, Engrossed 1

2003 Legislature

WHEREAS, almost 20 percent of all Social Security disability payments are made to disabled Americans with heart disease, and

WHEREAS, men and women are at equal risk for cardiovascular disease and are also affected as husbands, wives, fathers, mothers, brothers, sisters, children, and friends of people suffering from cardiovascular disease, and

WHEREAS, in Florida, there will be over 65,000 deaths per year from cardiovascular disease, and hospitalization costs to care for Floridians with cardiovascular disease will top \$4.4 billion per year, and

WHEREAS, the only hope of ending this disease is through research aimed at discovering its cause, its cure, and, most importantly, its prevention, and

WHEREAS, the Florida Heart Research Foundation, Inc., was developed for cardiovascular research, education, and prevention programs throughout the State of Florida, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (mm) is added to subsection (4) of section 320.08056, Florida Statutes, to read:

320.08056 Specialty license plates.--

(4) The following license plate annual use fees shall be collected for the appropriate specialty license plates:

(mm) Stop Heart Disease license plate, \$25.

Section 2. Subsection (39) is added to section 320.08058, Florida Statutes, to read:

Page 2 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

51

0474502

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S



ENROLLED

HB 0789, Engrossed 1

2003 Legislature

320.08058 Specialty license plates.--

(39) STOP HEART DISEASE LICENSE PLATES.--

(a) The department shall develop a Stop Heart Disease license plate as provided in this section. Stop Heart Disease license plates must bear the colors and design approved by the department. The plate shall be designed to include a red, white, and blue background with a slanted heart shape in the middle of the plate. The word "Florida" shall appear at the top of the plate in yellow outlined in black, and the words "Stop Heart Disease" shall appear at the bottom of the plate in yellow.

(b) The department shall remit the proceeds of the annual use fee to the Florida Heart Research Foundation, Inc. The first \$80,000 of the use fee given to the Florida Heart Research Foundation, Inc., shall be used to pay startup costs, including costs incurred developing and issuing the plates. Thereafter, the Florida Heart Research Foundation, Inc., shall provide for a peer review grant solicitation and award process to distribute fees for cardiovascular disease research, education, and prevention within the state and shall make the funds available for any one or more of the following:

1. Quality research to pursue top quality cardiovascular research that will further understanding of heart disease and its cause, treatment, cure, and prevention. Accepted projects must conform to the highest standards of scientific research, be efficiently organized, and report updates continually to ensure research credibility and excellence.

2. Heart disease prevention programs to provide cardiovascular screenings to state residents.

Page 3 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

51 0474502

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

**ENROLLED**

HB 0789, Engrossed 1

2003 Legislature

3. Educational programs to offer educational programs, literature, seminars, or speakers for both clinicians and lay people so that the latest risk factors, technologies, treatments, methodologies, protocols, and preventive measures are well known and used in the state.

(c) In the first year in which the plate is issued, no more than 25 percent of the fees collected may be used for administrative costs directly associated with the operation of the Florida Heart Research Foundation, Inc., and marketing and promotion of the Stop Heart Disease license plate. In the second and subsequent years in which the plate is sold, no more than 20 percent of the fees collected may be used for administrative costs directly associated with the operation of the Florida Heart Research Foundation, Inc., and marketing and promotion of the Stop Heart Disease license plate.

Section 3. This act shall take effect July 1, 2003.

Name of the organization

Employer identification number

Florida Heart Research Foundation, Inc.

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2009 Stop Heart Disease Specialty License Plate Summary From the Florida Heart Research Foundation

The Stop Heart Disease specialty license plate was enacted on July 1, 2003 by the Florida State Legislature. \$25 from each plate sold or renewed goes to the Florida Heart Research Foundation (FHRF) and is legislatively mandated to go toward heart disease research, education and prevention programs in Florida. FHRF is permitted to allocate 20% of the funds raised toward administration and marketing of the plate. FHRF is a wholly owned subsidiary of the Florida Heart Research Institute – an independent, not-for-profit 501(c)(3) organization with the mission to stop heart disease through research, education and prevention.

2009 marks the sixth year of sales of the **Stop Heart Disease** license plate for the Florida Heart Research Institute. **In the last year, the license plate has sold over 2,074 new plates and over a 9,810 renewals raising \$290,935.00 in total net revenue.** This is a 1% increase from the previous year's net revenue of \$287,140.

Year	New Issues	Renewals	Total # Sold	Net Total Sales	% Change
2003	Enacted June 25th				
2004			3,497	\$91,012	
2005			6,611	\$165,211	82%
2006	3,064	5,948	9,012	\$219,595	33%
2007	2,715	7,864	10,579	\$257,890	17%
2008	2,359	9,585	11,944	\$287,140	11%
2009	2,074	9,810	11,884	\$290,935	1%

One major reason for the decrease in percentage change in net revenue is that during the 2009 legislative session, the Florida state legislature unexpectedly imposed an increase in fees for specialty license plates of an additional \$33 to the state of Florida. This increase has driven an unprecedented decrease in new specialty plate sales of 67%. Compared to the decrease in sales of other specialty plates, however, the Stop Heart Disease specialty license plate has had the **LOWEST** rate of decrease of all other specialty plates. We believe this stronghold is due to three key reasons: people are strong supporters of the cause, people love the design, and we are doing a good job marketing the plate.

Name of the organization

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In spite of this lag in sales, we are well over the state's minimum requirement of 1,000 sold in one year (there were 11,884 plates sold in 2009)

Most of the highly populated counties continue to lead in license plate sales largely due to our marketing efforts (plates sold per county/per month).

1. Miami-Dade County
2. Broward County
3. Palm Beach County
4. Hillsborough
5. Pinellas

We are in constant contact with the tax collectors offices across the state and work closely with them to promote the license plate. They recognize the value and importance of this license plate and the Florida Heart Research Institute's mission and have been very supportive of both our cause and our marketing efforts.

Where the Money Goes: License plate revenue is expended on a fiscal year basis from July 1 to June 30. Therefore, from July 1, 2008 to June 30, 2009, the Stop Heart Disease specialty license plate funded the following Research, Education and Prevention programs.

Amount	Area	Project Description
\$30,000	Research	Keith Webster Project
\$31,250	Research	PZg Project
\$50,000	Research	Miami Hare Project
\$50,000	Research	Nanette Bishopric – University of Miami
\$25,000	Research	2009 Stop Heart Disease Researcher of the Year
		University of Florida Foundation – Dr. A. Bavry
\$10,000	Education / Prevention	Living for Health
\$27,962	Education / Prevention	Preventive Community Screenings and Education
		For Florida Residents (w/ focus on underserved)
\$56,053	Marketing / Admin	20% Administrative / Marketing per FL statute

The ending balance of \$146,210.33 at December 31, 2009 will be expended in 2010.

The following is a summary of our 2009 license plate and voluntary contribution marketing efforts and achievements:

- ♥ **Gubernatorial Proclamation** – Governor Crist proclaimed the week of February 2 – 9, 2009 to be **Stop Heart Disease Week** in order for us to wage a public awareness campaign. Several publications printed the announcement of the proclamation; which highly publicized Florida Heart Research Institute and the work we continue to do.

Name of the organization

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- ♥ **Corporate Outreach Program** – Through our Corporate Screening and Education Program, we have successfully worked with various corporations to help promote the license plate.
- ♥ **Stop Heart Disease Researcher of the Year Award** - This was the sixth award given for cardiovascular research at the annual conference of the Florida Chapter of the American College of Cardiology. This year, the \$25,000 award was given to Dr. Anthony Bavry, from the University of Florida in Gainesville. Dr. Bavry has been at the forefront of exploring the current controversy regarding stent thrombosis and the risk for stent clinical attention.
- ♥ **Screening Outreach** – We continue to travel throughout the state to screen Florida residents and simultaneously promote the license plate. Of special interest was the Annual Tax Collector's Conference held in Orlando this year that was attended by over 500 tax collectors and their top managers. Since most motorists purchase their license plates from their local tax collector, this is an extremely important marketing effort because they see firsthand what we do for the general public.
- ♥ **County Promotion**- Several counties collaborated with FHRI in the month of February to promote the Stop Heart Disease license plate as well as bring awareness to this cause.
- ♥ **UM Research**- In view of the influx of talent to the UM in the area of cardiac genetics, the FHRF-established laboratory is now embarking on an expanded mission under the direction of the new departmental chair, Dr. Joshua Hare. Four pilot projects have been initiated in different areas of cardiac genomics, all of which leverage the talent and resources of the UM team to enter areas of investigation which would not have been possible without the impetus of FHRF collaboration.
 - "Piloting next generation resequencing strategies for dilated cardiomyopathy"—this study generated preliminary pilot data used advance sequencing techniques to study the DNA of individuals with dilated cardiomyopathy. The data generated and experienced gained were used to submit an NIH RO1 grant.
 - "Enhancing cardiac contractility by expression of an adenylate cyclase binding peptide." This project seeks to elucidate and selectively activate intracellular mechanisms governing myocardial contractility in order to develop novel approaches to the treatment of heart failure. A key transgenic mouse model was successfully created and the preliminary data generated were used to apply for three separate grants currently under review, two from the NIH and one from the Julie Martin Mid-Career Award in Aging.
 - "Genetic/genomic contributions to individual risk prediction of sudden cardiac death." An outgrowth of the project with which the FHRF launched cardiac genetics at UM, this study demonstrated a cluster of single nucleotide polymorphisms associated with sudden cardiac death in the very genes which encode 2 calcium-handling proteins.

Name of the organization

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- "Novel biomarkers for detecting coronary artery disease using gene expression"—work this year has focused on identification of candidate genes for further study

♥ The support for the "Miami mouse" project studying the cellular response to hypertensive stress has resulted in 5 NIH and American Heart Association grants, as well as seven peer-review publications and 16 presentations at national meetings. Under joint direction with FHRF, this project has now begun to explore the behavior of native cardiac stem cells, as well as several unique genetic modulations related to the p300 protein.

♥ **Periodic Acceleration:** This highly innovative project has begun to gain considerable scientific traction, resulting in 17 presentations (some of which were award-winning) at national meetings as well as 17 publications in peer-review journals, and an AHA grant to study another aspect of the project. Based on this progress, this project has expanded to incorporate collaboration with Dr. Keith Webster's Vascular Institute at the University of Miami, designed to study the molecular and genetic mechanisms behind the physiologic phenomena observed in the larger animal model. Research is now focusing on the possible prevention of reperfusion injury, a topic of immense clinical potential. Findings from this collaboration have opened up investigation on an international scale related to the treatment of ischemic heart disease and stroke.

♥ **Obesity and the South Beach Diet:** This is a study in which FHRI brought together local resources to help address the leading health epidemic in the country—obesity. Collaboration between FHRI, Dr Keith Webster of the University of Miami and Dr Arthur Agatston of the South Beach Diet is studying the impact of different dietary components on the physiology of obesity—on a cellular, biochemical and genetic level. Research is underway with preliminary results demonstrating a dramatic difference between the Mediterranean style "South Beach"-type diet, and standard western diet, especially in the critical areas of insulin-resistance and obesity. Preliminary findings have been presented at the recent AHA scientific sessions, and have resulted in a successful NIH grant, with several other grant applications in process.

Name of the organization

Florida Heart Research Foundation, Inc.

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51 : 0474502

Part VI Form 990 #11

The 990 is reviewed by the Board. If the Board is unable to review it prior to filing any changes resulting from their review will be filed as an amended return. Annually a copy of the 990 is provided to the Independent auditors.

Part VI Form 990 #12 Conflict of interest

Florida Heart Research Foundation utilizes the conflict of interest of its Parent company The Florida Heart Research Institute. Both the Board of Trustees and all employees are required to sign a conflict of interest statement and review it annually. The procedures for policy enforcement follow:

Board conflict of interest:

1. It is the policy of the Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute that no member of its Board of Trustees or Board of Directors shall vote upon any matter coming before a meeting of those bodies, or any committee of those bodies, if that member has any substantial or significant interest, financial or otherwise, direct or indirect, in the outcome such that the person cannot fairly be said to be disinterested and able to act in the best interests of the Research Institute;
2. No employee shall comment or render a report upon any matter coming before a meeting of the Board of Trustees, Board of Directors, or any of the committees of those boards of the Research Institute if that employee has a substantial or significant interest, financial or otherwise, direct or indirect, in the outcome such that the person cannot fairly be said to be disinterested and able to act in the best interests of the Research Institute;
3. It shall be the duty and obligation of each such excluded person to disclose any conflict of interest before participation in debate or deliberation on issues or matters, even if the member does not intend to cast a vote, so that other participants in the deliberation shall be aware of the member's interests,

Name of the organization

Employer identification number

Florida Heart Research Foundation, Inc.

51

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4. It shall be a requirement that no member of the Board of Trustees, of the Board of Directors, of a committee of those bodies or of the employed staff of the Institute shall, directly or indirectly or through any entity, family member or intermediary, purchase, rent, lease or sell any realty, goods or services, from, to or with the Research Institute without prior full disclosure; and
5. It shall be a requirement of membership on the Board of Trustees, Board of Directors, or the Executive Director that they execute the statement attached hereto, on a yearly basis that:
 - (a.) they have read and reviewed the Conflict of Interest Policy and agree to abide by it,
 - (b.) and they agree to divulge any interests in companies, partnerships or other entities that, to their knowledge, are conducting or attempting to conduct business with the Research Institute.
6. In the event a potential conflict is disclosed by a member of the Board of Trustees, Board of Directors, or the Executive Director, then the Executive Committee will advise him of whether or not it recommends that he/she abstain from comment, participation in or attendance during discussion of the issue, voting, or any combination of them. The Executive Committee's decision shall be binding on the person requesting the advice unless he requests the full membership of the Board to review that advice. These matters shall be handled informally and confidentially.

Employee conflict of interest:

It is the policy of FHRI to prohibit its employees from engaging in any activity, practice or act that conflict with, or appears to conflict with, the interests of FHRI or its participants. Since it is impossible to describe all of the situations that may cause or give the appearance of a conflict of interest, the prohibitions included in this policy are not intended to be exhaustive and only include some of the more clear-cut examples.

Employees are expected to represent FHRI in a positive and ethical manner and have an obligation both to avoid conflicts of interest and to refer questions and concerns about potential conflicts to their supervisor.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

51 : 0474502

- (1) Employees are not to engage in, directly or indirectly either on or off the job, any conduct that is disloyal, disruptive, competitive, or damaging to FHRI
- (2) Employees are not to accept any employment or consulting relationship with any organization that does business with FHRI or any competitor without prior written approval of the Chief Executive Officer. See also **Outside Employment, policy #208**
- (3) Employees and their immediate families are not to accept gifts, except those of nominal value, or any special discounts or loans from any person or firm doing, or seeking to do, business with FHRI. The meaning of gifts for purposes of this policy includes the acceptance of gifts with a monetary value exceeding \$25 00.
- (4) Employees are not to give, offer, or promise, directly or indirectly, anything of value to any representative of a research participant, of a potential research participant, a supplier, or of a financial institution in connection with any transaction or business that FHRI may have with such customer, potential customer, or financial institution.
- (5) Employees are not to disclose inside information to anyone, either inside or outside the organization, who does not have a legitimate business need to know it (see **Disclosure of Confidential Information, policy #406.**) This applies to active employees and to those who have left the organization.

Disclosures of Potential Conflicts

Employees must disclose to the Chief Executive Officer any financial interest they or their immediate family have in any firm that does business with FHRI or any competitor. FHRI may require divestiture of such interest if it deems the financial involvement to be in conflict with its best interests. Such disclosures will be communicated via the **Conflict of Interest and Outside Employment Questionnaire** (see **Appendix A**) which is completed upon hiring. It is the employee's responsibility to promptly submit a revised questionnaire to Administration when their circumstances would warrant different responses. Failure to disclose potential conflict of interest can result in disciplinary action up to and including termination.

Any monies earned during FHRI work time or at FHRI's expense (i.e. royalties or honorariums received as a result of speaking engagements or published articles, etc.) is the property of FHRI and should be endorsed over to FHRI.

Name of the organization

Florida Heart Research Foundation, Inc.

Employer identification number

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Part VI Form 990 #15 Process for determining compensation

Employees including the CEO allocate time spent to the Florida Heart Research Foundation based on actual hours worked from the Florida Heart Research Institute (parent organization).

Compensation at the parent organization is determined as follows:

The CEO/Executive Director compensation is determined and reviewed by the Executive Committee of the Board of Trustees. The committee bases compensation on performance, job duties and utilizes market comparisons of similar positions to determine compensation is reasonable and competitive.

All other managers and employees are reviewed on an annual basis based on job performance, job description and the employee's attainment of previously set objectives and goals.

Part VI Form 990 #19

Governing documents, conflict of interest statement and financial statements are available to be reviewed during normal business hours by making a written request to Administration. We will provide photocopies when requested for a nominal fee to cover costs.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

Name of the organization

Florida Heart Research Foundation, Inc

Employer identification number
51 : 0474502

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)[illegible]

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	m,n,r	
(2)	59-0674260 Parent organization		
(3)	All related expenses are accounted for through the Due to/from		
(4)			
(5)			
(6)			

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 • If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Florida Heart Research Foundation, Inc.		Employer identification number 51 0474502	
	Number, street, and room or suite no. If a P.O. box, see instructions. 4770 Biscayne Blvd. , Suite 500			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Miami, Florida 33137-3225			

Check type of return to be filed (file a separate application for each return):

- ☒ Form 990
 ☐ Form 990-T (corporation)
 ☐ Form 4720
- ☐ Form 990-BL
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 5227
- ☐ Form 990-EZ
 ☐ Form 990-T (trust other than above)
 ☐ Form 6069
- ☐ Form 990-PF
 ☐ Form 1041-A
 ☐ Form 8870

- The books are in the care of ► **Kathleen T. DuCasse**

Telephone No. ▶ (305) 674-3020 FAX No. ▶ (305) 535-3642

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 16**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ▶ ☒ calendar year 20**09** or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20_____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
Telephone No. ▶ (_____) FAX No. ▶ (_____) ☐
 - If the organization does not have an office or place of business in the United States, check this box ☐
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Harold E. DuCasse Title ▶ CEO Date ▶ 5/6/2010