SCANNED SEP 09 2010

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, 20 09

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 **Miami Heart Research Institute, Inc.**
Doing Business As **Florida Heart Research Institute**
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**

D Employer identification number **59 0674260**
E Telephone number **(305) 674-3020**
G Gross receipts $ 2,153,173

F Name and address of principal officer

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.floridaheart.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation **1944**
M State of legal domicile **Fl**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **The mission is to 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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	60
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)	406,222	660,243
	9	Program service revenue (Part VIII, line 2g)	296,357	125,940
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,536,814	1,115,605
	11	Other revenue (Part VIII, column (A), lines 5d, 6d, 8c, 9c, 10c, and 11e)	142,302	251,389
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,381,695	2,153,173
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	339,000	225,470
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,430,507	1,457,053
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,142,510	1,253,605
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,912,017	2,936,128
	19	Revenue less expenses. Subtract line 18 from line 12	(530,322)	(782,955)
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	50,660,172	50,766,159
	21	Total liabilities (Part X, line 26)	353,633	367,944
	22	Net assets or fund balances. Subtract line 21 from line 20	50,306,539	51,134,103

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Part II Signature Block

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

Sign Here
▶ Kathleen T. DuCasse   8/15/2010
Signature of officer   Date
▶ Kathleen T. DuCasse, Chief Executive Officer
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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The mission of the lorida Heart Research Institute is to Stop Heart Disease through Research, Education and Prevention. See Attachment O

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 $ **1,224,280** including grants of $ **198,750**) (Revenue $ **26,384**)

Cardiovascular Research- See Schedule O

4b (Code: ________) (Expenses $ **1,036,307** including grants of $ **26,720**) (Revenue $ **205,306**)

Education and Prevention- 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 ▶ **2,260,588**

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.*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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.	38	✓	

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	1a	70		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
	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?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	✓	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

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: 11			
b	Enter the number of voting members that are independent . . . 1b: 11			
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 ▶ Florida

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, Florida Heart Research Institute,4770 Biscayne Blvd. Suite 500, Miami, Florida 33137**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Schedule O attached										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								637,858.80	0	78,045.97

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 ▶ 4

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

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
None		

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	22,267					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	637,976					
	g Noncash contributions included in lines 1a-1f: $		22,942					
	h Total. Add lines 1a–1f ▶				660,243			
Program Service Revenue				Business Code				
	2a screening Revenue				99,556	99,556		
	b Research Milestone				9,125	9,125		
	c Researchl Trials				17,259	17,259		
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a–2f ▶				125,940			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				1,115,605			
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
			(i) Real	(ii) Personal				
	6a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶							
			(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		32,389,000					
	b Less cost or other basis and sales expenses		32,224,228					
	c Gain or (loss)		164,772					
	d Net gain or (loss) ▶				164,772			
	8a Gross income from fundraising events (not including $ 22,267 of contributions reported on line 1c). See Part IV, line 18	a		97,784				
	b Less: direct expenses	b		85,085				
	c Net income or (loss) from fundraising events ▶				12,699			
	9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities ▶							
	10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory ▶							
	Miscellaneous Revenue			Business Code				
	11a Residual Aesculapius Trust				73,914			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a–11d ▶				73,914			
	12 Total revenue. See instructions. ▶				2,153,173			

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	225,470	225,470		
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	247,183	157,028	72,485	17,670
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	808,863	715,454	18,379	75,030
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	49,728	27,595	15,289	6,844
9 Other employee benefits	274,406	235,178	28,210	11,018
10 Payroll taxes	76,873	67,976	2,840	6,057
11 Fees for services (non-employees):				
a Management				
b Legal	51,418	1,000	196	50,222
c Accounting	29,000		29,000	
d Lobbying	52,500		40,000	12,500
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	87,615		87,615	
g Other	202,186	180,780	10,767	10,639
12 Advertising and promotion	150		150	
13 Office expenses	23,214	13,627	4,299	5,288
14 Information technology				
15 Royalties				
16 Occupancy	162,659	101,644	31,259	29,756
17 Travel	12,020	11,811	0	209
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,767	3,767		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,600	55,682	10,807	10,111
23 Insurance	109,392	81,489	27,903	
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 **Supplies**	146,870	138,186	6,121	2,563
b **Printing & Publication**	70,820	42,237	1,612	26,971
c **Equipment rental & Maiteance**	48,551	39,787	5,166	3,598
d				
e				
f All other expenses	176,843	161,877	8,856	6,110
25 **Total functional expenses.** Add lines 1 through 24f	2,936,128	2,260,588	400,954	274,586
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	200	1	200
	2	Savings and temporary cash investments	24,167,450	2	13,523,600
	3	Pledges and grants receivable, net	0	3	0
	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	212,998	9	146,422
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D — 10a 860,570			
	b	Less: accumulated depreciation — 10b 808,535	120,326	10c	52,035
	11	Investments—publicly traded securities	25,810,680	11	37,045,975
	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	348,518	15	365,871
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	50,660,172	16	51,134,103
Liabilities	17	Accounts payable and accrued expenses	237,938	17	255,444
	18	Grants payable	105,185	18	112,500
	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	10,510	25	0
	26	**Total liabilities.** Add lines 17 through 25	353,633	26	367,944
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	50,306,047	27	50,766,159
	28	Temporarily restricted net assets	492	28	0
	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	50,306,539	33	50,766,159
	34	Total liabilities and net assets/fund balances	50,660,172	34	51,134,103

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . .	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute

Employer identification number
59 0674260

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 33⅓ % 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 33⅓ % 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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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")	642,813	425,653	451,726	406,222	660,243	2,586,657
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	642,813	425,653	451,726	406,222	660,243	2,586,657
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)						0
6 **Public support.** Subtract line 5 from line 4.						2,586,657

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	642,813	425,653	451,726	406,222	660,243	2,586,657
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,569,640	2,061,567	2,442,671	1,536,814	1,115,605	8,726,297
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	565,475	461,188	(48,909)	142,302	251,385	1,371,144
11 **Total support.** Add lines 7 through 10						12,684,098

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 125,940

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 | 20.3 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 | 21.5 %

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.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations· Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h))· Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	59 0674260

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures . . . ▶ $
3 Volunteer hours . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ No
4a Was a correction made? . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . ▶ $
3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? . . . ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group.
B Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	52,500	
c Total lobbying expenditures (add lines 1a and 1b)	52,500	
d Other exempt purpose expenditures	2,883,628	
e Total exempt purpose expenditures (add lines 1c and 1d)	2,936,128	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	296,806	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	74,202	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	295,476	291,586	294,100	296,806	1,177,968
b Lobbying ceiling amount (150% of line 2a, column (e))					1,766,952
c Total lobbying expenditures	0	15,000	30,000	52,500	97,500
d Grassroots nontaxable amount	0	0	0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV **Supplemental Information** *(continued)*

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: Miami Heart Research Institute, Inc. d/b/a Florida Heart Institute

Employer identification number: 59 : 0674260

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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		860,570	808,535	52,035
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				52035

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.

(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.

(a) Description	(b) Book value
Due from Florida heart Reseach Institue, Inc. 51-0474502	294,246
Accrued Investment Income	49,076
Screening Receivable	21,336
Misc Receivables	1,213
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	365,871

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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	2,153,173
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,936,128
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(782,955)
4	Net unrealized gains (losses) on investments	4	1,243,065
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(110)
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	460,000

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	3,394,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,243,065		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	85,085		
e	Add lines **2a** through **2d**			2e	1,328,150
3	Subtract line **2e** from line **1**			3	2,065,850
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	87,615		
b	Other (Describe in Part XIV.)	4b	(292)		
c	Add lines **4a** and **4b**			4c	87,323
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,153,173

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

1	Total expenses and losses per audited financial statements			1	2,934,000
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	85,085		
e	Add lines **2a** through **2d**			2e	85,085
3	Subtract line **2e** from line **1**			3	2,848,915
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	87,615		
b	Other (Describe in Part XIV.)	4b	(402)		
c	Add lines **4a** and **4b**			4c	87,213
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	2,936,128

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 #8

Rounding (110)

PartXII d

Event Direct expenses 85,085

Part XII 4d

Rounding (292)

Part XIV **Supplemental Information** *(continued)*

Part XIII d

Event direct Expenses 85,085

Part XIII 4b

Rounding to 1,000 (402)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 0674260

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Driven to Dine (event type)	(b) Event #2 Limo to Lunch (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	96,251	23,800		120,051
	2 Less: Charitable contributions	20,667	1,600		22,267
	3 Gross income (line 1 minus line 2)	75,584	22,200		97,784
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,728	5,849		14,577
	7 Food and beverages	13,000	1,040		14,040
	8 Entertainment				
	9 Other direct expenses	37,841	18,627		56,468
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(85,085)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				12,699

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: ______________			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain. ______________			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: ______________			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: **Miami Heart Research Institute, Inc. d/b/a Florida Heart Research institute**

Employer identification number: **59 : 0674260**

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? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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/Genetics Dr. Hare PO Box 025405 Miami, F	59-0624458		150,000				Research
CRSTI 7777 Forest Lane Suite C742 Da	75-2738449		30,000				Research
Mount Sinai Medical Center 4300 Alton Road Miami Bch, FL :	59-1711400		18,750				Research
Florida International University School of Nrsg 3000 NE 151st Sti	65-0177616		20,000				Nursing Scholarshi
Miami Children Hospital Foundat 3196 SW 62nd Avenue #30 Miam	59-1720704		6,720				Nursing Scholarshi

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 5

3 Enter total number of other organizations . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

All program awards in Cardiovascular research are reviewed by The Scientific Advisory Panel made up of individuals not affiliated with Florida Heart Research Institute

The Florida Heart Research Institute is an active participant in every research study and every education and prevention program or service we provide. All grants are the result of collaborative relationships and projects. By combining our unique resources with those of other established centers we believe that we are stronger as a team than we are individually. Working collaboratively with other organizations allows each entity to participate fully where their individual strengths lie. Since the organization participates in all projects involving program awards, we continually monitor the projects progress and can make strategic adjustments if necessary.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Miami Heart Research Institute, Inc.d/b/a Florida heart Research Institute

Employer identification number: 59 : 0674260

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kathleen T. DuCasse	(i)	179,430.06	500.00			16,145.75	196,075.81	
	(ii)							
Paul Kurlansky, Md	(i)	154,323.64	500.00			22,927.80	177,751.44	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 0674260

The mission of the institute is to stop heart disease through research, education and prevention.

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 : 0674260

Form 990 Part III

The Florida Heart Research Institute is well positioned for a long and productive future in cardiovascular research, education and prevention by combining our unique resources with those of other established centers. Whether in partnership with another research center of excellence nationally or another community service organization locally, we believe that we are stronger as a team than we each are individually Working collaboratively with other organizations allows each entity to participate fully where their individual strengths lie.

Our independence allows us to pursue research, education and prevention programs based solely upon scientific merit and pursuit of our mission. Florida Heart Research Institute's programs and alliances are NOT influenced by political agendas or projected profits. Unlike affiliated research facilities, this freedom permits us to focus on projects and research partners that demonstrate the most promise for advancement in the field.

Partnerships are selected based upon their world-class expertise, credentials and their ability to contribute to the project. These cooperative relationships allow FHRI to "fast-track" the project bypassing the usual bureaucracy endured by larger institutions.

Research projects are selected based upon their scientific validity and their contribution to the advancement of our understanding of the prevention, diagnosis, treatment of heart disease and the disease process. Projects are reviewed by our Scientific Advisory Panel. (Panel members are listed on the following page.) Projects where there has not yet been sufficient interest, knowledge or support are preferred which gives FHRI a cutting edge niche as an innovator and leader.

Education and Prevention projects are pursued that improve public health, reduce health disparities and / or increase access to care in measurable and meaningful ways.

At the Florida Heart Research Institute, we believe that through basic and clinical research combined with education about the causes, risk factors and lifestyle options, heart disease can be stopped. Research discoveries benefit all humanity and education promotes informed choices thereby improving outcomes and quality of life. Research is imperative for our future health while education and prevention are key to health today.

Name of the organization	Employer identification number
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Scientific Advisory Board


Agatston


Blackstone


Burnett


Elias


Myerburg


Oz

The Scientific Advisory Board is comprised of internationally recognized physicians in the field of cardiovascular research who share our mission to stop heart disease. Coordinated by Paul Kurlansky, M.D., FHRI's Director of Research, the Scientific Advisory Board ensures that Florida Heart Research Institute's projects achieve the highest standards of scientific endeavor.

Arthur Agatston, M.D. Dr. Agatston is a cardiologist and an associate professor of medicine at the University of Miami Medical School. Author of The South Beach Diet and The South Beach Heart Program: The 4-Step Plan That Can Save Your Life

Eugene H. Blackstone, M.D. Director, Clinical Research Department of Thoracic and Cardiovascular surgery. Cleveland Clinic Foundation, Cleveland, Ohio and Associate Editor of the Journal of Thoracic and Cardiovascular Surgery

John C. Burnett, M.D. Director, Cardiorenal Research Laboratory and Professor of Medicine and Physiology, Mayo Clinic, Rochester, Minnesota

Richard A. Elias, M.D. Chairman of the Board, Florida Heart Research Institute, Miami, FL

Robert J. Myerberg, M.D. Professor of Medicine and Physiology, University of Miami School of Medicine, Miami, Florida. American Heart Association Chair in Cardiovascular Research

Mehmet Oz, M.D. Director of Cardiovascular Institute, Vice Chair of Cardiovascular Services, Professor of Surgery, New York Presbyterian Hospital-Columbia University, New York

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Progress in Research
January to December 2009

This year has not only been productive in terms of research accomplishments, but has also provided the opportunity to expand our research agenda. While still fulfilling our mission of providing the critical impetus for the pursuit of new areas of leading edge research, we have also begun integrating the FHRI in-house staff more thoroughly in our collaborative efforts. We have also provided the impetus for new collaborations of local talent that would not have been possible without our involvement.

Mayo: Major strides have been made in two areas of our collaboration with Dr Burnett's research team:

1. The development of chimeric natriuretic peptides has led to the discovery of a novel construct which has unique properties of tremendous potential clinical benefit in the treatment of congestive heart failure. This has resulted in a licensing arrangement with a firm committed to proceeding with research directed at bringing this compound to the clinical marketplace. Clinical trials have entered Phase II and are progressing in a very positive direction, confirming in human subjects the findings from the experimental animal models.
2. Data entry is complete on the nearly 900 subjects enrolled from Miami on a joint study of early congestive heart failure in a multiethnic population. Upon completion of all chemical assays and echocardiographic interpretations, an ambitious project has emerged involving:
   a. Analysis of patterns of identifiable risk for heart failure, correlating clinical status with hormonal profile with cardiac function
   b. Follow-up to determine the predictive clinical validity of certain markers; in short, the development of a more effective "early warning system" for the fastest growing population of those with heart disease, that with congestive heart failure
   c. Correlation of existing data with targeted genotypes to study impact of genetic predisposition to hormone expression and the development of congestive heart failure
3. Based on this collaboration, the FHRI has applied as a co-investigating site with the Mayo Clinic on two projects regarding the use of chimeric peptides in the treatment of resistant hypertension and congestive heart failure.

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UM: Both aspects of this project have proven successful·

1. In view of the influx of talent to the UM in the area of cardiac genetics, the FHRI-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 FHRI collaboration
   a. "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.
   b "Enhancing cardiac contractility by expression aoof an adenylate cyclase binding peptide " This project seeks to elucidate and selective 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.
   c. "Genetic/genomic contributions to individual risk prediction of sudden cardiac death." An outgrowth of the project with which the FHRI 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.
   d. "Novel biomarkers for detecting coronary artery disease using gene expression "—work this year has focused on identification of candidate genes for further study
   e. Three additional projects have been launched in this past year—"Transcriptone sequencing for patients with idiopathic dilated cardiomyopathy," "The effect of age and heart failure on mesenchymal stem cells," and "Piloting discovery of copy number variation in dilated cardiomyopathy."
   f. Because of the tremendous excitement created within the department, the joint FHRI/UM challenge grant program has received an outstanding list of proposals which will be evaluated and selected during the early portion of 2010.
2. 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 FHRI, 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.

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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.

Columbia Bone Marrow Stem Cell Project: Experiments helping to better define the signaling mechanisms which attract these cells from the bone marrow to the heart have resulted in publications in peer-review journals, with one final publication from this specific project still in the process of publication.

The Shore Family Heart Surgery Study: Follow-up has now been completed on the over 5000 patients who had coronary artery bypass surgery at the Miami Heart Institute between 1971 and 1994. This unique cohort is almost entirely divided between those patients who received a single (SIMA) vs. those who received a double (BIMA) internal mammary artery graft. This study will thus be the longest follow-up of the largest number of patients comparing SIMA with BIMA grafting anywhere in the literature. Results of this study appear to demonstrate an improved long-term patient survival with the BIMA approach. Results of this study are scheduled to be presented at the 2010 annual meeting of the Society of Thoracic Surgeons, with numerous substudies being planned for 2010.

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.

Quality of Life in Octogenarians after Coronary Bypass Surgery: This unique follow-up of the largest cohort of octogenarians from a single surgical practice reported in the literature examines the quality of life after surgery from the patient's perspective. This project has previously produced four presentations at national meetings and one peer-reviewed publication. Recent presentation of long-term follow-up at the AHA scientific sessions were reported in the NY Times, Washington Post, and multiple other journals and web-information services Subsequent manuscript has been submitted and is under review.

Cardiovascular Risk Profiles in the Miami Hispanic Population. This study, which Dr Terris, Medical Director, initiated this year, takes advantage of the over 6,000 free cardiovascular screenings performed as a public service at MHRI/FHRI since 1997 The Hispanic community is the largest and fastest growing minority in the United States, yet most of the information regarding cardiovascular risk in this population comes from study of Mexican Americans. Miami's unique South American/Caribbean Hispanic population which is well-reflected in the FHRI screening population provides the perfect resource to study the relative cardiovascular risk of this population as compared with the Mexican populations, as well as with the non-Hispanic Caucasian population. Findings from this study can be expected to have significant implications for public and health care policy. Collaboration on the statistical analysis has been initiated with researchers in the epidemiology department of the University of Miami. Presentations over the past two years were made at five international meetings, resulting in one presentation award, and manuscript preparation is currently under way.

Study in Hispanics to Assess Risk factor control in Prehypertensives (SHARP)—In this study, Dr Terris seeks to leverage the excellent access to the Hispanic community which she has developed over the years to explore a critical healthcare issue in the area of hypertension Although a key risk factor for coronary heart disease, congestive heart failure, kidney failure and stroke, hypertension remains a pervasive health problem, with only one quarter of its victims receiving adequate treatment There is now evidence that early identification and intervention of "prehypertensive" individuals may alter the course of the disease. This protocol addresses this critical population with a simple program involving no medication, but rather alteration of diet and life-style. The impact on subsequent development of hypertension will be evaluated. This study is intended to provide a viable regimen to clinicians to help prevent high blood pressure in an at-risk population. Patient enrolment has begun.

CARE Registry—As the strategy for treating severe coronary artery disease matures, scientific debate rages as to the optimal therapeutic approach—surgery vs. stenting? If surgery, on-pump vs. off-pump? If stenting, drug-eluting or bare metal stents? Multiple studies of different patient sets have been performed, but exactly how this information can best be translated into the real world situations of clinical medicine is not clear. The CARE registry is a multicenter study which incorporates clinical data on patients with coronary artery disease who undergo one of the interventions mentioned above and then follows them to record clinical outcome. Initial reports from this registry have been released, but the more meaningful information will accrue from the 3-5 year follow-up. Therefore, FHRI has coordinated a long-term follow-up of this registry to help determine which approach works best for which patient in the real-world setting. The various sites are nearing completion of the follow-up process.

CT Angiography and the identification of early "reversible" heart disease. New imaging techniques are revolutionizing our ability to evaluate the clinical status of

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coronary artery disease Although the techniques for study and review are still in evolution, the potential exists that these imaging modalities may be able to identify those atherosclerotic plaques most likely to cause clinical sequellae, and to identify them at a time when they are most susceptible to risk factor modification as a means of disease reversal Preliminary studies in this area are being initiated in conjunction with Dr Agatston and his prevention program, as well as with internationally recognized experts in the emerging field of CT angiography.

HOPS—Healthier Options for Public School children. FHRI has joined the Agatston Research Institute in this provocative and now nationally acclaimed study to try to address the emerging scourge of childhood obesity by changing how schoolchildren think about the food that they eat, providing critical database support for the project as it enrolled more students. FHRI played a critical role this past year in helping to bring the study portion of the project to a close and to transition the project to a university/community outreach venue.

Institutional Recognition: In addition to several local speaking engagements in scientific forums, Dr Kurlansky, Director of Research, has also served as a reviewer for the prestigious New England Journal of Medicine, Circulation, Journal of Thoracic and Cardiovascular Surgery, the American Journal of Cardiology, the Journal of Heart Valve Disease, and the Annals of Thoracic Surgery, where he has been invited to make several published commentaries He was invited to join the join editorial board of the Journal of Cardiac Surgery.

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Educational and Prevention Programs
January to December 2009

We continue to grow and refine FHRI's Education and Prevention programs. The following is a brief synopsis of our activities over the last year and beyond:

Educational Lectures

Irwin R. Callen Memorial Lecture, hosted annually by FHRI, is designed to bring international leaders in cardiovascular medicine or research to the local medical community. For the fourth time, the Callen lecture was held at the annual conference of the Florida Chapter of the American College of Cardiology in Orlando. The lecture was very well received and attended by more than 65 physicians from around the state. Each received CMEs (educational credits) for attending the lecture.

- **2009 Series** – Dr Arthur Agatston, M.D., Associate Professor of Medicine with the University of Miami's Miller School of Medicine is a preventive cardiologist and author of *The South Beach Diet* books. Dr. Agatston presented a lecture on integrating imaging and advanced blood testing. The use of CT angiography, calcium scoring, carotid imaging, digital thermal monitoring, LDL and HDL gradient gel electrophoresis, and KIF6 gene analysis were discussed in relation to making practical clinical decisions. Dr. Agatston reviewed case histories demonstrating the integrated use of these tests. Patients showing discordance between imaged pre-clinical disease and conventional risk factors were also reviewed. The specific example of identifying patients who are at high risk for cardiovascular events despite markedly elevated HDLs and low risk Framingham scores was also examined.

- **2008 Series** – Dr. Josh Hare, Professor of Medicine, Molecular and Cellular Pharmacology and Biomedical Engineering as well as Chief of the Cardiovascular Division at the University of Miami and Director of Interdisciplinary Stem Cell Institute explained his research in cell-based myocardial regeneration. He has discovered that currently, three general mechanisms are invoked by which cell therapy could lead to successful cardiac regeneration: differentiation of administered cells, release of factors capable of paracrine signaling from administered cells and cell fusion.

- **2007 Series** – Dr. Jose A. Adams, Division of Neonatology at Mt. Sinai Medical Center spoke about endothelial cells (which line every single blood vessel in the body) and how they are now known to play a critical role in vascular tone, coagulation, inflammatory processes, and signal transduction. The lecture clearly provided an understanding of how exercise and periodic acceleration via pulsatile shear stress induces production of favorable cardiovascular mediators.

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- **2006 Series** – Dr John Burnett, Head of the Cardiorenal Research Laboratory and Director of the Cardiovascular Research Center at the Mayo Clinic and Professor of Medicine and Physiology at the Mayo Clinic College of Medicine gave a fascinating lecture on the heart as an endocrine gland and how the hormones secreted can be used as diagnostic tools and bio-markers for determining cardiovascular disease risk

- **2005 Series** – Dr. Silviu Itescu, Director of Transplantation Immunology at Columbia-Presbyterian Medical Center, New York spoke about the advances in myocardial regeneration using human bone marrow cells and the potential impact of these treatments for patients suffering from congestive heart failure.

- **2004 Series** – Dr Peter Libby, Chief of Cardiovascular Medicine at Brigham and Women's Hospital in Boston delivered a thought provoking lecture about the role of inflammation in atherosclerosis and how the increase in obesity and consumption of fast foods among our youth have contributed to early onset of this devastating condition.

- **2003 Series** – Dr Laman Gray, Director of the Division of Thoracic and Cardiovascular Surgery at the University of Louisville gave a timely update on the Total Artificial Human Heart.

- **2002 Series** - Dr Mehmet Oz Chairman of the Cardiovascular Institute and Assistant Professor of Surgery at Columbia Presbyterian Medical Center in New York gave a landmark lecture on the introduction of innovation into medical practice.

- **2001 Series** - Dr. Victor Dzau, Professor at Harvard Medical School and Chairman of Medicine at Brigham and Women's Hospital in Boston Dr. Dzau spoke about the role of genetics in the current and future treatment of heart disease.

Center for Research in Medical Education

Over the past seven years, FHRI has been actively involved in updating and revising the UMedic Cardiology Computer Curriculum, a computer-based learning instrument developed by an international consortium of medical experts to assist the learning of medical students, residents and cardiology fellows. Documented outcome success of this program has led to its adoption by over 100 educational medical centers throughout the world.

- FHRI's Director of Research, Dr. Paul Kurlansky, has become an active participant of the consortium of experts.
- The widespread adoption of this program enables FHRI to leverage its contribution to professional education on an international scale.

"Make Your Heart Healthy" – Educational Lecture Series

The Make Your Heart Healthy educational lecture series was first developed in 2004 for the lay public. Upon request, FHRI visits local community groups and organizations presenting customized lectures about heart disease risk factors, heart healthy eating, the importance of exercise and weight management, stress management, etc. Lectures include visual aids and educational pamphlets.

In 2009, FHRI delivered a total of 10 educational workshops – 14 for corporate wellness programs Topics included Risk Factor Reduction, Facts about Fats, Make Your Heart Healthy, Stress Management, etc. Our nutritionist also participated in 16 events with nutritional counseling.

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CPR / AED / First Aid Certified Training Center

In December 2010, two FHRI staff people successfully completed the American Red Cross's CPR / AED / First Aid Instructor's Training Course FHRI is now an American Red Cross certified Training Center for CPR / AED / First Aid training

We will use this training to expand the programs and services that we offer for free to the community and for a fee to corporations. All training programs can be customized and can be offered at our facility or in any location in South Florida.

Most of FHRI's staff and screening team has already completed CPR / AED training.

FREE Cardiovascular Risk Factor Screening

FHRI's FREE Cardiovascular Risk Factor Screening program has served to not only "catch" thousands of participants who had no idea they had risk factors for heart disease, but it has also served to make the local community aware of who we are and what we do.

Comprehensive On-site Screenings – FHRI's onsite program is the most in-depth free cardiac screening available anywhere (nothing comparable can be found on the internet) The screening includes blood pressure and EKG tests as well as fasting levels of blood cholesterol, triglycerides, glucose, and C-reactive protein levels Each participant meets one on one with the Research Institute's Medical Director and receives counseling and informational literature (in English or Spanish) on maintaining a heart-healthy lifestyle.

Results from the blood work are mailed to the participant's home in one week and are kept strictly confidential. Each participant is urged to share these results with their personal physician. Referrals for follow-up treatment are made as necessary Uninsured screening participants found to have cardiovascular disease are referred by FHRI to public or private health clinics in their neighborhood that accept indigents for treatment. Participants with particularly alarming results are urged to seek follow up medical treatment as soon as possible.

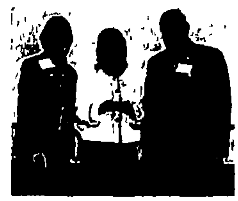
- In 2009, FHRI screened 938 onsite
- In 2008, FHRI screened 915 onsite
- In 2007, FHRI screened 876 onsite
- In 2006, FHRI screened 984 onsite

FHRI continues to put more strategic emphasis on our offsite screening program as that provides more opportunities for community outreach, public relations, corporate marketing and license plate promotion.

Off-site Community and Worksite Wellness Screenings – FHRI's offsite screening program has grown significantly in the last three years. Upon request, FHRI travels throughout South Florida to community groups and organizations to provide our Cardiovascular Risk Factor Screening Program. This program is offered to the underserved population for free and to local corporations for a fee. The program tests for blood pressure, body mass index, and with a five minute testing device, we can accurately determine a participant's blood glucose, total cholesterol and HDL levels. Each participant receives one-on-one counseling on their risks for heart disease, stroke, obesity and Diabetes and coaching to encourage healthy lifestyle changes. Participants are also given FHRI prepared educational pamphlets that pertain to their particular risk factors as well as license plate promotional materials. Thanks to an educational grant from Astra Zeneca this year, our educational pamphlets are now available in Creole to complement those already created in English and Spanish.

All participants are encouraged to share the results with their personal physician. If they don't have a PCP, screeners are equipped with brochures which refer patients to clinics in their neighborhood. We have been working on solidifying relationships with the Federally Qualified Healthcare Clinics throughout the County so that screening participants identified as needing follow up care can be expedited through the system for medical evaluation and treatment. This is a mutually beneficial relationship because the clinics receive Federal reimbursement for any new patients they see and we are able to fill a huge gap by getting indigents into the local healthcare system proactively. We are therefore relieving Emergency Room congestion, increasing access to health care, reducing health disparities and at the same time saving lives! We believe this will make our screening program more and more attractive to local, state and potential Federal funding agencies as well as private foundations looking to reduce health disparities among minorities

Program Director Wins Award



Tori Gabriel, MBA-HA, FHRI's Director of Education and Prevention, received an award for Health Promotion and Disease Prevention in the "individual" category today at Florida International University's Paths of Public Health Awards Luncheon on April 3, 2009 The award is given annually by FIU's Robert Stempel College of Public Health in an effort to recognize individuals and organizations for their contributions and commitment to promoting and protecting the health of the South Florida community.

There are three basic classifications for our offsite screenings (all receive the exact same services)·

1. **Free Health Fairs** (funded solely by FHRI),
2. **Subsidized Health Fairs** (free to participants, but the cost is subsidized *in part or whole by a funder)*
3. **Corporate Screenings** (for employees and paid for by either the employer, their health care provider or insurance broker)

Offsite Screening Growth

Year	Total Participants	Corporate Screenings	Free Health Fairs	Subsidized Health Fairs	Total Events
2009	7,937	57	35	90	182
2008	6,988	60	40	47	147
2007	5,444	58	53	8	119
2006	4,316	32	37	27	96
2005	2,689	18	26	2	46

We are proud that our outreach efforts have resulted in a 14% increase in the number of lives touched by our prevention program from the previous year. Not only has the demand for this program grown from community activities, outreach and word of mouth, but clearly there is a market for funding ranging from 100% fee for service in the corporate setting to partial or full subsidy from grants and corporate sponsors. **We are aggressively and continually seeking funding opportunities to expand this program.**

At the end of 2006, we started a **new follow up component** to our screening program (free community-based screenings only) to determine the effectiveness of this program. Three months after certain selected free screening events, we contacted the participants who were identified as requiring follow up medical care to determine our programs effectiveness. What we discovered was because of our screening and the health counseling participants received at the screening, that three months after the screening participants still improved diets by eating more fruits and vegetables, increased their daily exercise and had many had take our advice and had seen a physician.

Armed with the knowledge that our screenings did encourage those at risk to seek medical treatment and improve their lifestyle choices combined with the knowledge that there were few community based best practice interventions for cardiovascular disease, FHRI applied for grant funding to test our model In the spring of 2008 we received notification that our two year project, **Living for Health in South Miami-Dade** received $125,000 from the Health Foundation of South Florida and $40,000 from the United Way of Miami-Dade. Preliminary outcomes from the project, which will end in May of 2010, show the following promising results·

- 56% (583 out of 1,032) of those screened were referred to their personal physician or CHI (if they didn't have a medical home) for follow up treatment because of high risk clinical values for blood pressure, cholesterol and / or glucose.
- Using the follow up telephone survey and CHI data transmission reports, 53%% (412 out of 774) reported having visited the doctor and 44% (181 out of 412) received a prescription for their condition
- Using pre and post data from lifestyle questions, FHRI determined that of those who were referred for follow-up for concerning clinical values, 47% (326 out of 692) actually increased (and sustained for 3 months) their daily fruit and vegetable consumption at the urging of screeners and / or a physician.
- Using pre and post data from lifestyle questions, FHRI determined that of those who were referred for follow-up for concerning clinical values, 38% (264 out of 695) actually increased (and sustained for 3 months) their daily physical activity levels at the urging of screeners and / or a physician.
- 66% (68 out of 103) of those referred for medical follow-up that DID seek treatment moved from high risk to borderline or normal levels as a result of the treatment.
- At least 12% were successfully connected to a medical home: 49 out of 774 who were reached for follow-up were successfully connected to CHI for medical evaluation and / or treatment (determined either through data downloads or follow up phone surveys).

The following are two testimonials from L4H participants:

- Hello, my name is Eduardo Garcia. I participated in a health fair in August 2009. The health fair event provided me with the opportunity to check my cholesterol and glucose. After I received my cholesterol results, one of the screeners explained the results to me and gave me lots of advice. She explained how making healthy lifestyle changes, like eating more fruits and vegetables and exercising could help me reduce my cholesterol, lose weight and feel better. Since the screening I've been eating more fresh fruits and vegetables, also my family and I don't eat white bread anymore, we buy only whole wheat. I'm still working on other lifestyle changes, especially quitting smoking.

  Eduardo Garcia 305-910-4063 – lives in Florida City and was at Event #47 on 8/8/09 @ Henry Schein Free Children's Health Fair.

- My name is Davon Williams, since the screening in July 2009 I have lost a total of 15 lbs. When I participated at the health fair event, the person that gave my cholesterol results told me how losing some weight would help to reduce my cholesterol levels and also maintain my glucose under control. I have followed her advice and I'm eating healthier and exercising. Losing all that weight makes me feel healthier and with more energy. This program has been a great benefit to my life.

  Davon Williams 786-973-7801 – lives in Florida City and was at Event # 44 on 7/25/09 @ Greater Mt. Zion AME.

FHRI is pursuing additional funding to test the L4H model in differing geographical locations with differing demographic populations to prove that it can be easily replicated in any urban or rural setting with a neighborhood community health center or FQHC. We are also pursuing publication opportunities in public health journals.

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Working to Health - Corporate Screening and Education Program

Started in late 2004, FHRI's Corporate Screening and Educational Program brings our offsite screening program to the corporate world in an effort to help organization decrease health care premiums, increase productivity, reduce employee absenteeism and increase employee satisfaction, well-being and health. It allows FHRI to expand its community wide exposure while fulfilling our mission and promote its mission and the license plate at the same time More importantly, this program costs the Research Institute nothing because it brings in related business income as payment for these services.

In 2009, FHRI worked with 57 local corporations by screening and educating 3,001 employees. All of those screenings were 100% funded at a rate of approximately $18 40 per person

Because of the increase in screening requests by local health providers, insurance brokers, self insured municipalities and small to mid-sized organizations, as well as from our continued participation in corporate health fairs, **we see a clear trend toward a willingness to put healthcare dollars proactively on the prevention and education side rather than reactively on the treatment side**. In fact, as health insurance costs rise and more and more employers opt for lower cost health care policies or no health care insurance at all, we believe the preventive trend toward health promotion / disease prevention programs will continue. The Obama Administration has expressed an urgency to create a preventive "movement". Florida Heart Research Institute is strategically positioned to be a proactive leader in this arena with our ***Working to Health*** corporate wellness program which offers a menu of customized wellness services.

We continue to work with our two pilot sites for this program, Camillus House and Community Partnership for the Homeless. Below are preliminary outcomes reported from the programs:

Camillus House and Community partnership for Homeless have implemented a worksite wellness program for their employees. For the last 3 years, Florida Heart Research Institute has acted as a consultant to both programs participating in their monthly wellness committee meetings and providing ongoing programs and services in weight management, health coaching, and physical activity contests. FHRI has participated in their annual health fair by conducting a cardiovascular screening and providing health risk assessments. The following are some of the health/lifestyle improvements made by the employees since the implementation of the wellness programs.

Community Partnership for Homeless Wellness Program

The wellness profile of CPH employees that attended the health fair events in 2009 displayed an improvement in cardiovascular risk factors relative to 2008 in the following ways:

- A decrease from 37% to 23% of employees with elevated blood pressure numbers.
- A decrease from 13% to 3% of employees with elevated total cholesterol.
- A decrease from 92% to 82% of employees with excess body weight.
- A decrease from 23% to 15% of employees with elevated blood sugar numbers.
- A decrease from 27% to 18% of employees who smoke.
- A decrease from 52% to 45% of employees with overall high coronary risk.

Camillus House Wellness Program

The wellness profile of Camillus House employees that attended the health fair events in 2009 displayed an improvement in cardiovascular risk factors relative to 2008 in the following ways:

- A decrease from 27% to 13% of employees with elevated blood pressure numbers.
- A decrease from 44% to 36% of employees with elevated total cholesterol.
- A decrease from 77% to 69% of employees with excess body weight.
- A decrease from 54% to 13% of employees with elevated blood sugar levels.

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• A decrease from 38% to 28% of employees with overall high coronary risk.

Employees from Camillus House and Community Partnership for Homeless, who attended all 3 health fairs (2007, 2008,2009) showed the following overall improvements:
• Reduced total cholesterol values
• Improved blood pressure
• Reduced Body Mass Index (BMI)

Weight management Sessions: Employees at Camillus house were offered to participate in weight management sessions The participants were counseled on nutrition, behavior change, healthy lifestyle choices and physical activity.
There were 16 participants who attended 6 sessions of 45 minutes each. At the end of the 6 sessions, an average of 6 pounds was lost, the average BMI went from 34" to 32", and waist circumference from 43" to 40" The person that lost the most weight lost 25 pounds. Overall all participants reported positive changes in eating habits, physical activity and lifestyle choices.

The following is a testimonial from one of the participants·
"Nutrition plays an important role in everyone's life. And depending on the foods you eat it can affect your life. Since starting my sessions, I have implemented more fruits and vegetables into my daily diet. I also exercise at least 3 times a week to enhance my physical activity. I learned how to choose meals when I order food at restaurants and I don't skip any meals. Over all by choosing the right foods in addition to exercising you can prevent many diseases "

-----Tania Flores 9/19/08

FHRI's Community Involvement

FHRI continues to be an active member in various community initiatives aimed at improving the health of Miami-Dade residents. These efforts have had a dual purpose: to promote FHRI locally so that the private and business communities know we exist, that we offer cardiovascular research, education and prevention programs, and to distinguish FHRI from the hospital, Miami Heart Institute. In pursuit of our mission to stop heart disease through research, education and prevention programs, FHRI has been an active participant in the following local initiatives:

- **Consortium for a Healthier Miami-Dade** – FHRI actively participates in this local initiative launched and coordinated by the Miami-Dade Department of Health. In 2007, FHRI continued to chair the **Health Promotion and Disease Prevention** subcommittee that seeks to "conduct strategic planning and community education relating to health promotion and disease prevention that meets the needs of specific target populations as well as healthcare and community service providers." We also actively participate in the Consortium's **Worksite Wellness** subcommittee with plans to take over as chair in 2008. We also serve on the Consortium's **Executive Board** and have received numerous commendations from the Miami-Dade County Health Department for our dedication to this effort. Close alliances established with other consortium members has allowed us to establish partnerships for other community based programs such as our Offsite Screening Program and Mission to Health.

- Miami Matters Technical Advisory Committee - to provide guidance throughout the planning, determination of best practices, determination of local indicator selection, data collection, data analysis, priority setting, development of tracking measures, and public input processes of the soon-to-be-launched "Miami Matters" website – a centralized source for local health statistics and outcome indicators.

- Sister to Sister Community Council – now in its 5th year, FHRI has been an active participant on the Community Council and participates in all activities for Heart Month and

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	**59 0674260**

throughout the year This effort is coordinated by the National Women's Heart Foundation

Participation in these community based projects has enabled MRHI to promote and expand its free cardiac screening, its **Make Your Heart Healthy** educational program, and our ***Working to Health*** corporate wellness program Because of the relationships built through these local initiatives, we are better positioned to appropriately refer individuals found in our screenings who need follow-up medical care By reaching these participants before a life threatening event occurs, we are saving lives, teaching residents to live heart-healthy lifestyles, saving the local healthcare system countless dollars and fulfilling our mission to prevent cardiovascular disease!

FHRI Web Site

The Research Institute's web site www.floridaheart.org is considered an important tool that allows us to reach out globally to educate both physicians and lay people about heart disease. The "Learning Center" sections includes an in depth discussion of the cardiovascular system, genetics of heart disease, a heart attack risk assessment, and "FAQs" – frequently asked questions. Content also includes a summary of current research projects, community service programs, FHRI history and a section for our donors where they can make online donations and purchases for event tickets which we hope will generate an increase in funding.

FHRI is in the process of updating and developing a whole new look and feel for our web site.

Mission to Health – 2006 – 2008 – project completed. Through generous grants from the Blue Foundation for a Healthy Florida, the not-for-profit arm of Blue Cross / Blue Shield of Florida and the Health Foundation of South Florida, we have just completed our "Mission to Health" program - a faith based chronic disease prevention program that targets the "Pan African" community of Miami-Dade County. The program includes a comprehensive screening and educational program in health education and nutrition to arm this hard to reach population with the tools necessary to reduce their risks for heart disease, diabetes and obesity. This project was conducted in partnership with the Miami-Dade County Health Department, Miami-Dade County Area Health Education Center, University of Florida's Cooperative Extension Service and Economic Opportunity Family Health Center – now called the Jessie Trice Community Health Center. 92 individuals graduated the program and the results of this study were presented at a State wide conference on Health Disparities and the Third National Leadership Summit put on by the Office of Minority Health in February 2009.

Name of the organization

Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

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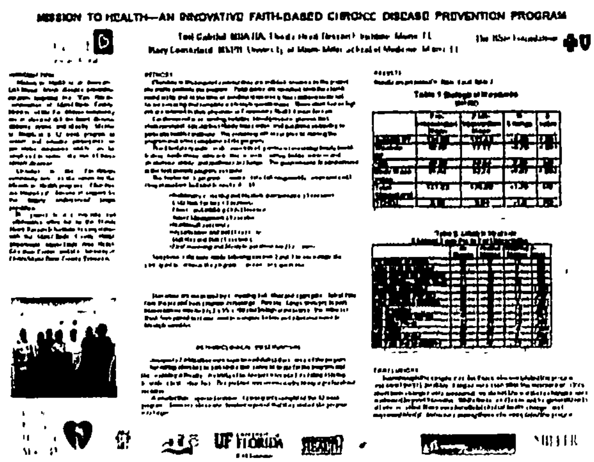
59 0674260



MISSION TO HEALTH—AN INNOVATIVE FAITH-BASED CHRONIC DISEASE PREVENTION PROGRAM

Public Awareness Campaigns

In February, 2009, FHRI was once again an active participant in the sixth annual **Sister to Sister – Women's Heart Day** Miami campaign FHRI was a silver level sponsor in the festive education and health fair held at the James L Knight Center It was attended by 2000 working and underserved residents and FHRI provided screenings to more than 730 in one day!

The campaign featured numerous print, radio and TV public service announcements and news stories both nationally and locally.

Community Partners

Name of the organization: Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

Employer identification number: 59 0674260

florida heart
research institute

The Florida Heart Research Institute successfully passed two educational options through the Florida state legislature to assist in our mission to "stop heart disease through research, education and prevention."

2009 Stop Heart Disease
Motor Vehicle Voluntary Contribution Check Off Summary

The Motor Vehicle Voluntary Contribution Check Off is an option offered to Florida residents with registered motor vehicles that allows them to contribute one dollar or more to the "Stop Heart Disease" Motor Vehicle Voluntary Contribution. Legislation for this voluntary passed in the 2006 session and proceeds began in October of 2006. FHRI believes this option is attractive to those who might not be able to afford the specialty license plate registration fee but would like to support our cause and mission or to those who do not wish to display the license plate on their car. The **Stop Heart Disease** check box is located on the back side of each vehicle's registration renewal form and is also available for online vehicle registration renewals. Motor Vehicle Voluntary Check Offs must raise a minimum of $25,000 in total revenue in any consecutive 5 years.

Since its enactment, the **Stop Heart Disease** Voluntary Contribution has generated predominately $1.00 incremental donations although there is an option to contribute more. This program not only broadens the outreach and exposure of the Florida Heart Research Institute and its mission but it also helps to promote the Stop Heart Disease specialty license plate since marketing of the plate and the voluntary contribution is conducted within every tax collector's office statewide.

Year	Revenue Raised
2007	$39,622.67
2008	$38,799.27
2009	$35,656.19
Total	**$122,983.49**

In 2010, FHRI plans to launch a statewide educational campaign to increase awareness among Florida residents on prevention strategies to avoid, stop and even reverse the onset of cardiovascular disease – the state's leading cause of death and disability!

Where the Money Goes: Revenues raised by the Stop Heart Disease Motor Vehicle Voluntary Check Off are expended on a calendar year basis from January 1 through December 31. Therefore, from January 1 through December 31, 2009, the Stop Heart

Name of the organization	Employer identification number
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Disease Motor Vehicle Voluntary Check Off funded the following Research, Education and Prevention programs:

Amount	**Area**	**Project Description**
$18,750	Research	Mt. Sinai Medl Cntr – Dr. T. Adams PZG Project
$ 2,000	Education / Prevention	Living for Health
$14,906	Education / Prevention	Preventive Community Screenings and Education For Florida Residents (w/ focus on underserved)

$35,656 Total 2009

All of the funds generated are utilized for programs with in Florida.

Name of the organization: Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

Employer identification number: 59 0674260

2009 Stop Heart Disease
Voluntary Contribution Driver's License Check Off Summary

The Driver's License Voluntary Contribution Check Off is an option offered to licensed Florida drivers that allows them to contribute one dollar or more to the "Stop Heart Disease" Driver's License Voluntary Contribution. Legislation for this voluntary passed in the 2009 session and proceeds began in August of 2009. The voluntary contribution is attractive to those who might want to donate $1 or more while renewing or receiving a new drivers license – or those who completely support our cause and mission. Florida drivers can now make a voluntary contribution of $1.00 or more to the Florida Heart Research Institute by donating to **Stop Heart Disease** through the driver's license offices.

Donated funds are predominately in $1.00 increments although there is an option to contribute more. This program broadens the outreach and exposure of the Florida Heart Research Institute and its mission as well as the Stop Heart Disease license plate since marketing of the plate and the voluntary contributions are conducted through every driver's license office statewide. Drivers License Voluntary Check Offs must raise a minimum of $25,000 in total revenue in any consecutive 5 years.

Year	Revenue Raised
2009	$13,038.50

The Driver's License offices allow entities with Voluntary Check Offs to conduct a statewide campaign that highlights their cause. FHRI has been granted permission to pursue a promotion that will not only raise necessary funds, but will raise awareness for a healthier Florida. We will be launching our "Make Florida: State of the Heart campaign" in March 2010.

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Part VI Form 990 #10

The 990 is reviewed by the Executive Committee If the committee 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

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
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 0674260

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: Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

Employer identification number: 59 0674260

(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	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 0674260

Part VI Form 990 #15 Process for determining compensation

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.

Name of the organization

Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

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Form 990 VII

	A	B	C	D	E	F	G	H	I	J	K	L
1	(A) Name	Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
2												
3	WEINTRAUB MICHAEL	Chairman of the Executive Committ	2	X						0	0	0
4	ELIAS, RICHARD	Chairman of the Board of Trustees	2	X						0	0	0
5	BATCHELLER, JOE ANN	Vice Chairmain of the Board of Trust	2	X						0	0	0
6	ALLEN, WILLIAM	Trustees	0	X						0	0	0
7	COBB CHARLES	Trustees	0	X						0	0	0
8	MICHELSON, ROGER	Trustees	0	X						0	0	0
9	ROSENBERG, MARSHAL	Trustees	0	X						0	0	0
10	SAYFIE, EUGENE	Trustees	0	X						0	0	0
11	SCHEIB, RONALD	Trustees	0	X						0	0	0
12	SCOTT, RICK	Trustees	0	X						0	0	0
13	MORRISON, WILLIAM	Trustees	0	X						0	0	0
14	ANTHONY R ABRAHAM	Director	0	X						0	0	0
15	BATCHELLER, DAVID	Director	0	X						0	0	0
16	BRAMAN, NORMAN	Director	0	X						0	0	0
17	BRAMAN,	Director	0	X						0	0	0
18	DORMAN, MALCOLM	Director	0	X						0	0	0
19	ELIAS, SUE	Director	0	X						0	0	0
20	FROST, PHILLIP	Director	0	X						0	0	0
21	FROST, PAT	Director	0	X						0	0	0
22	HOLLEY, FRANK	Director	0	X						0	0	0
23	MAYER, , ROBERTA	Director	0	X						0	0	0
24	MAYER, ROBERT	Director	0	X						0	0	0
25	SIMKIN, JACQUELINE	Director	0	X						0	0	0
26	WEINTRAUB, BARBARA	Director	0	X						0	0	0
27	WHALEN, MICHAEL	Director	0	X						0	0	0
28	WHALEN, ELIZABETH	Director	0	X						0	0	0
29	ANGLETON, JAMES	Director	0	X						0	0	0
30	SHULA, DONALD	Director	0	X						0	0	0
31	SHULA, MARY ANNE	Director	0	X						0	0	0
32	ST JEAN, DOROTHY	Director	0	X						0	0	0
33	HOOPER, LAMBERT,F	Director	0	X						0	0	0
34	HOOPER, JOY L	Director	0	X						0	0	0
35	YOUNG, MARY	Director	0	X						0	0	0
36	STOUT, JOAN	Director	0	X						0	0	0
37	TUCKER, GALE	Director	0	X						0	0	0
38	ADAMS, ANABELLE	Director	0	X						0	0	0
39	ADAMS, JOSE	Director	0	X						0	0	0
40	FELIX, CHARLES	Director	0	X						0	0	0
41	KLEPACH, JULIETE	Director	0	X						0	0	0
42	KLEPACH, BERNARD	Director	0	X						0	0	0
43	MOSELEY, FRAN	Director	0	X						0	0	0
44	MOSELEY, ROBERT	Director	0	X						0	0	0
45	KRUTHOFFER, ANNE	Director	0	X						0	0	0
46	KRUTHOFFER, JAN	Director	0	X						0	0	0
47	MELLA, MARY JEAN	Director	0	X						0	0	0
48	DIAZ, JOSE	Director	0	X						0	0	0
49	WOLF, DEBORAH	Director	0	X						0	0	0
50	SMITH, CECILIA	Director	0	X						0	0	0
51	Kathleen T Ducasse	Assistant Treasurer/CEO	40			X	X	X		179,930 06	0	16,145 75
52	Nancy R Cavalie	Assistant Secretary/Financial Mgr	40			X	X			73,243 70	0	19,929 25
53	Paul Kurlansky, MD	Director of Research	25					X		154,823 64	0	22,927 80
54	Sallie Byrd	Sr VP of Development	40					X		117,340 14	0	7,442 41
55	Maria Canossa-Terris, MD	Medical Director	40					X		112,521 26	0	11,600 76
56												
57												
58												
59												

Name of the organization: **Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute**

Employer identification number: **59 0674260**

Form 990 Part IX
Other Fee for Services
Line 11 g

	(A) Total Expenses	(B) Program Service Expe	(C) Management and ge	(D) Fundraising Expenses
Medical Professional Fees	117,308	117,308		
Statistical and Other Professionals	84,878	63,472	10,767	10,639
Total Other	202,186	180,780	10,767	10,639

All Other Expenses
24 f

	(A) Total Expenses	(B) Program Service Expe	(C) Management and ge	(D) Fundraising Expenses
Lab Charges	24,512	24,512		
Lifestyle Educational fees	50,402	50,402		
Other Misc	101,929	86,963	8,856	6,110
Total All Other	176,843	161,877	8,856	6,110

Name of the organization: **Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute**

Employer identification number: **59 0674260**

Schedule A
Public Support Memo

Miami Heart Research Institute, Inc.
Public Support
December 31, 2009

2009 Update

Management has familiarized itself with the facts and circumstance test and believes that the organization will continue to qualify as publicly supported utilizing this alternative to the one-third support test. The organization meets the *10 percent-of-support requirement* and the *attraction of public support requirement*, having more than 8,000 active donors in its database as well as receiving in excess of $49,000 $1.00 donations from Florida residents renewing their vehicle registration and drivers license.

Management is aware that IRS also considers five other factors The first, *percentage of financial support factor*, considers the actual level of support attained. For the five years ended December 31, 2009 the organization obtained 20.2 percent of its support from the public.

The second, *sources of support factor*, considers whether the organization receives its support from a representative number of persons rather than members of a single family. In 2009, 418 people made contributions as well as 49,000 Florida residents renewing their vehicle registration and driver's license.

The third, *representative governing body factor*, evaluates whether the governing body represents the broad interests of the public. The board of directors consists of individuals, many with special knowledge and expertise in medicine, business and education – persons representing a broad cross-section of the views and interests of the community.
The staff of the organization is representative of the community. The organization has staff cable of speaking Spanish, Creole, French and English All brochures used in screening are in English, Spanish and Creole.

Name of the organization
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute

Employer identification number
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The fourth, *availability of public facilities or services factor,* examines whether the organization generally provides facilities or services directly for the benefit of the general public on a continuing basis MHRI offers free public health screenings on a year-round basis, focusing on the uninsured and underinsured population within the state of Florida. Our screening program has been recognized by the community for its leadership and innovation to reach and have an impact on the uninsured population of our community There is heightened activity during National Heart Month in February. Participation in the organization's research studies is free, and participants in clinical trials provided free medications and monitoring. The availability of these services is broadcast and published through local media and includes information on how to contact the organization for appointments and inquiries Further, the organization utilized paid advertising to promote activities.

Miami Heart Research Institute's research findings are available to the public through trade, scientific and medical journals, presentations to gatherings of scientists and medical professionals at duly recognized local, national and international meetings; presentations to students and faculty of institutions of higher learning, presentations to gatherings of interested lay people within the community; and press releases of both written and oral format.

The organization maintains its official web site to promote awareness about heart disease and inform the public of our efforts to prevent and cure cardiovascular diseases.

The fifth, *additional factors pertinent to membership organizations,* considers: (1) whether solicitations for dues-paying members are designed to enroll a substantial number of members; (2) whether membership dues are at rates that make membership available to a broad cross section of the interested public; and (3) whether the activities will likely appeal to persons having some broad common interest or purpose. The organization has no dues-paying memberships – at this time. Screening events and lectures are open to the public without regard to race, religion, sex, marital status, sexual orientation, national origin, disability, pregnancy, pregnancy related condition, HIV, HIV related condition or status as a disabled veteran or veteran of the Vietnam era.

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	**59 : 0674260**

Miami Heart Research Institute, Inc.
Public Support
December 31, 2008

2008 Update

Management has familiarized itself with the facts and circumstance test and believes that the organization will continue to qualify as publicly supported utilizing this alternative to the one-third support test. The organization meets the *10 percent-of-support requirement* and the *attraction of public support requirement*, having more than 8,000 active donors in its database as well as receiving in excess of $30,000 $1 00 donations from Florida residents renewing their vehicle registration.

Management is aware that IRS also considers five other factors The first, *percentage of financial support factor*, considers the actual level of support attained. For the five years ended December 31, 2008 the organization obtained 21.5 percent of its support from the public.

The second, *sources of support factor,* considers whether the organization receives its support from a representative number of persons rather than members of a single family. In 2008, 211 people made contributions as well as 30,000 Florida residents renewing their vehicle registration.

The third, *representative governing body factor,* evaluates whether the governing body represents the broad interests of the public. The board of directors consists of individuals, many with special knowledge and expertise in medicine, business and education – persons representing a broad cross-section of the views and interests of the community.
The staff of the organization is representative of the community. The organization has staff cable of speaking Spanish, Creole, French and English. All brochures used in screening are in English, Spanish and Creole.

The fourth, *availability of public facilities or services factor,* examines whether the organization generally provides facilities or services directly for the benefit of the general public on a continuing basis. MHRI offers free public health screenings on a year-round basis, focusing on the uninsured and underinsured population within the state of Florida. Our screening program has been recognized by the community for its leadership and innovation to reach and have an impact on the uninsured population of our community. There is heightened activity during National Heart Month in February. Participation in the organization's research studies is free, and participants in clinical trials provided free medications and monitoring. The availability of these services is broadcast and published through local media and includes information on how to contact the organization for appointments and inquiries. Further, the organization utilized paid advertising to promote activities.

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Name of the organization	Employer identification number
Miami Heart Research Institute, Inc d/b/a Florida Heart Research Institute	59 0674260

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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.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: **Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute**

Employer identification number: **59 0674260**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Florida Heart Research Foundation, Inc. 4770 Biscayne Blvd #500 Miami, FL 33137	Research, Education, I	Florida	170(b)(1)(A)(vi)	501(c)3	Florida Heart Resi
51-0474502					59-0674260
					Parent organizatic

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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.

			Yes	No
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?			
a	Receipt of (i) interest (ii) annuities (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)	**Florida Heart Research Foundation, Inc. 51-0474502**	m,n	
(2)	**4770 Biscayne Blvd #500 Miami, FL 33137**		
(3)	**All expenses are accounted for through the Due to /Due from**		
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

- 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	Name of Exempt Organization Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	**Employer identification number** 59 0674260
File by the due date for filing your return See instructions	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	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return See instructions	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 ▶ Kathleen T. LaCasse Title ▶ CEO Date ▶ 5/6/2010