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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Applica-tion pending

C Name of organization
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2400 N STREET, NW 500

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20037-1153

F Name and address of principal officer: NORMAN M. LINSKY
SAME AS C ABOVE

D Employer identification number
34-1266824

E Telephone number
202-741-9978

G Gross receipts $ 10,270,401.

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) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SCAI.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1978 **M** State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SCAI'S MISSION IS TO PROMOTE EXCELLENCE IN INTERVENTIONAL CARDIOVASCULAR MEDICINE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,136,903.	5,234,530.
9	Program service revenue (Part VIII, line 2g)	2,767,529.	2,588,182.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,781.	81,865.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030,448.	578,086.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,001,661.	8,482,663.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,334,250.	2,015,920.
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)	2,176,033.	2,425,616.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,189.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,697,876.	5,135,942.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,208,159.	9,577,478.
19	Revenue less expenses. Subtract line 18 from line 12	<2,206,498.>	<1,094,815.>

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	7,048,305.	6,066,326.
21	Total liabilities (Part X, line 26)	1,498,236.	1,688,102.
22	Net assets or fund balances. Subtract line 21 from line 20	5,550,069.	4,378,224.

Part II Signature Block

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

Sign Here

▶ Signature of officer Norman M. Linsky — Date 9-22-11

▶ Norman M. Linsky
SCAI Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: FRANK H. SMITH	Preparer's signature: Frank H. Smith	Date: 09/21/11	Check ☐ if self-employed	PTIN
Firm's name ▶ RAFFA, P.C.			Firm's EIN ▶	
Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036			Phone no. (202) 822-5000	

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

90-21 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS PROMOTES EXCELLENCE IN INVASIVE AND INTERVENTIONAL CARDIOVASCULAR MEDICINE THROUGH PHYSICIAN EDUCATION AND REPRESENTATION, AND THE ADVANCEMENT OF QUALITY STANDARDS TO ENHANCE PATIENT CARE.

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 [X] 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 [X] 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 $ 8,995,007. including grants of $ 2,015,920.) (Revenue $ 2,532,231.)

IN 2010, SCAI'S THREE LARGEST PROGRAM SERVICES BASED ON EXPENSES INCLUDED ITS ANNUAL SCIENTIFIC SESSIONS, INTERVENTIONAL CARDIOLOGY FELLOWS COURSE AND THE FELLOWS IN TRAINING (FIT) AWARDS PROGRAM.

THE 2010 ANNUAL SCIENTIFIC SESSIONS FEATURED LIVE CASES, SESSIONS THAT PROVIDE MAINTENANCE OF CERTIFICATION AS PART OF SCAI'S ONGOING PARTNERSHIP WITH THE AMERICAN BOARD OF INTERNAL MEDICINE, MULTIPLE BREAKOUT SESSIONS ON THE LATEST UPDATES IN THE FIELD AND A NUMBER OF LATE BREAKING CLINICAL TRIALS.

THE INTERVENTIONAL CARDIOLOGY FALL FELLOWS COURSE IS NOW THE PREMIER COURSE FOR INTERVENTIONAL CARDIOLOGY FELLOWS. THE ANNUAL COURSE

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ 8,995,007.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	154		
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	0		
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.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
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	N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
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	N/A		
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	N/A		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	N/A	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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		X
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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 ▶ NONE

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 [X] 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: ▶

TERIE KING, DIR. OF FIN. & ACT. - 202-741-9978
2400 N STREET, NW, #500, WASHINGTON, DC 20037-1153

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY S. DEAN, M.D., PRESIDENT	8.00	X		X				5,500.	0.	0.
STEVEN R. BAILEY, M.D., IMMEDIATE PAST PRESIDENT	4.00	X		X				4,000.	0.	0.
CHRISTOPHER J. WHITE, M.D., PRESIDENT-ELECT	4.00	X		X				4,500.	0.	0.
J. JEFFREY MARSHALL, M.D., VICE PRESIDENT	2.00	X		X				5,000.	0.	0.
CARL L. TOMMASO, M.D., TREASURER	4.00	X		X				0.	0.	0.
THEODORE A. BASS, M.D., SECRETARY	2.00	X		X				12,000.	0.	0.
ALEXANDER ABIZAID, M.D. TRUSTEE	1.00	X						0.	0.	0.
LEE N. BENSON, M.D. TRUSTEE	1.00	X						1,000.	0.	0.
ROBERT BERSIN, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
CHRISTOPHER U. CATES, MD TRUSTEE (THRU 5/2010)	1.00	X						10,000.	0.	0.
JEFFREY CAVENDISH, M.D. TRUSTEE	1.00	X						0.	0.	0.
TYRONE J. COLLINS, M.D. TRUSTEE	1.00	X						0.	0.	0.
DAVID A. COX, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
ANTHONY FARAH, M.D. TRUSTEE	1.00	X						0.	0.	0.
RUNLIN GAO, M.D. TRUSTEE	1.00	X						0.	0.	0.
JAMES A. GOLDSTEIN, M.D. TRUSTEE	1.00	X						0.	0.	0.
JAMES HERMILLER, M.D TRUSTEE	1.00	X						8,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ZIYAD HIJAZI, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						5,000.	0.	0.
THOMAS JONES, M.D. TRUSTEE	1.00	X						1,000.	0.	0.
UPENDRA KAUL, M.D. TRUSTEE	1.00	X						0.	0.	0.
CLIFFORD KAVINSKY, M.D., PH.D TRUSTEE	1.00	X						0.	0.	0.
AHMED MAGDY, M.D. TRUSTEE	1.00	X						0.	0.	0.
ROXANA MEHRAN, M.D. TRUSTEE	1.00	X						4,000.	0.	0.
IAN MEREDITH, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
ISSAM D. MOUSSA, M.D. TRUSTEE	1.00	X						1,000.	0.	0.
TIMOTHY A. SANBORN, MD TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
1b Sub-total							▶	61,500.	0.	0.
c Total from continuation sheets to Part VII, Section A							▶	873,160.	0.	157,486.
d Total (add lines 1b and 1c)							▶	934,660.	0.	157,486.

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 ▶ 6

		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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

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
ENFORME INTERACTIVE, 228 N. MARKET STREET, #200, FREDERICK, MD 21701	COMPUTER SOFTWARE CONSULTANT	442,960.
WEBER SHANDWICK, PO BOX 7247-6593, PHILADELPHIA, PA 19170-6593	MEDIA & PUBLIC RELATIONS CONSULTANT	332,871.
COMPLETE CONFERENCE MANAGEMENT , 11440 NORTH KENDALL DRIVE, #306, MIAMI, FL 33176	MEETING CONSULTANTS	235,000.
THE MIRAGE HOTEL, 3400 LAS VEGAS BOULEVARD SOUTH, LAS VEGAS, NV 89109	FALL FELLOW MEETING	214,957.
FIGUR CONGRESS SERVICES NO 7 80888 DIKILLIAS, ISTANBUL, TURKEY	MEETING CONSULTANTS	202,767.

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 ▶ 10

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,234,530.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	5,234,530.			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	1,234,833.	1,234,833.		
	b MEETING INCOME	900099	616,100.	560,149.		55,951.
	c EXHIBITS	900099	374,750.	374,750.		
	d SATELLITE SYMPOSIUM	900099	320,000.	320,000.		
	e LAB SURVEY PROGRAM	900099	42,499.	42,499.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	2,588,182.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	59,203.			59,203.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	541,495.			541,495.
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 1810400. / (ii) Other				
	b Less: cost or other basis and sales expenses	1787738.				
	c Gain or (loss)	22,662.				
	d Net gain or (loss)	▶	22,662.			22,662.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	900099	26,500.			26,500.
	b BANQUET	900099	6,639.			6,639.
	c MAILING LIST RENTALS	900099	3,000.			3,000.
	d All other revenue	900099	452.			452.
	e **Total.** Add lines 11a-11d	▶	36,591.			
	12 **Total revenue.** See instructions.	▶	8,482,663.	2,532,231.	0.	715,902.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,011,670.	2,011,670.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,250.	4,250.		
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	345,689.	238,386.	107,303.	
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	1,519,569.	1,322,471.	114,684.	82,414.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	153,494.	135,362.	7,836.	10,296.
9 Other employee benefits	272,176.	239,266.	18,305.	14,605.
10 Payroll taxes	134,688.	114,859.	14,708.	5,121.
11 Fees for services (non-employees).				
a Management	35,534.	29,020.	6,514.	
b Legal	38,520.	24,914.	13,606.	
c Accounting	39,625.	32,344.	7,281.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	63,531.	51,899.	11,632.	
g Other	939,871.	917,095.	11,853.	10,923.
12 Advertising and promotion	36,434.	33,476.	2,958.	
13 Office expenses	357,461.	330,998.	22,652.	3,811.
14 Information technology	124,704.	110,931.	13,773.	
15 Royalties				
16 Occupancy	71,819.	58,652.	13,167.	
17 Travel	724,200.	680,063.	7,007.	37,130.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,791,332.	1,771,508.	17,959.	1,865.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,455.	192,570.	12,885.	
23 Insurance	46,330.	43,208.	3,122.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a HONORARIA	315,811.	315,811.		
b SUBSCRIPTIONS-JOURNALS	310,681.	310,378.	303.	
c MISCELLANEOUS	17,911.	15,385.	2,526.	
d TAXES, DUES AND FEES	16,723.	10,491.	208.	6,024.
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,577,478.	8,995,007.	410,282.	172,189.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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	100.	1	3,794.
	2	Savings and temporary cash investments	2,018,584.	2	1,812,467.
	3	Pledges and grants receivable, net	2,831,902.	3	1,490,000.
	4	Accounts receivable, net	32,669.	4	95,000.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	67,303.	7	66,235.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,950.	9	30,439.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 1,055,207.			
	b	Less: accumulated depreciation — 10b: 544,479.	411,706.	10c	510,728.
	11	Investments - publicly traded securities	1,634,307.	11	1,797,259.
	12	Investments - other securities. See Part IV, line 11		12	260,404.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	44,784.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,048,305.	16	6,066,326.
Liabilities	17	Accounts payable and accrued expenses	705,612.	17	674,016.
	18	Grants payable		18	
	19	Deferred revenue	792,624.	19	1,014,086.
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	1,498,236.	26	1,688,102.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,209,405.	27	790,454.
	28	Temporarily restricted net assets	4,340,664.	28	3,587,770.
	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	5,550,069.	33	4,378,224.
	34	Total liabilities and net assets/fund balances	7,048,305.	34	6,066,326.

Form **990** (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,482,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,577,478.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,094,815.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,550,069.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<77,030.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,378,224.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 separate basis, consolidated basis, or both [X] 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	34-1266824

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	2969497.	5111836.	9609175.	4136903.	5234530.	27061941.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2969497.	5111836.	9609175.	4136903.	5234530.	27061941.
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)						19492648.
6 **Public support.** Subtract line 5 from line 4						7569293.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2969497.	5111836.	9609175.	4136903.	5234530.	27061941.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,709.	237,014.	145,430.	1070056.	603,698.	2131907.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				791.		791.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,616.	8,120.	23,374.	11,123.	36,591.	90,824.
11 **Total support.** Add lines 7 through 10						29285463.
12 Gross receipts from related activities, etc (see instructions)					12	14,391,182.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	25.85 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	29.13 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV 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 Also complete this part for any additional information (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

ADVERTISING

BANQUET

MAILING LIST RENTAL

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS MEETS THE FACTS AND CIRCUMSTANCES TEST UNDER INCOME TAX REGULATIONS SEC. 1.170A-9T(F)(3) FOR THE CURRENT TAX YEAR 2010 BASED ON THE FOUR TAX YEARS IMMEDIATELY PRECEDING THE CURRENT TAX YEAR (2006 THROUGH 2009).

UNDER THE FACTS AND CIRCUMSTANCES TEST: (1) THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITING FUNDS FROM THE PUBLIC AND MEMBERSHIP GROUPS, AND (2) THE SOURCES OF SUPPORT PROVIDE SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS.

THE ORGANIZATION'S FUNDRAISING IS CONDUCTED BY DIRECT CONTACT WITH POTENTIAL DONORS. IT IS CARRIED OUT UNDER THE SUPERVISION OF SCAI STAFF OR VOLUNTEERS OF THE ORGANIZATION. THE ORGANIZATION HAS ALSO ATTEMPTED TO BROADEN ITS GRANT RELATIONSHIPS AND INTENDS TO CONTINUE ITS EFFORTS TO INCREASE AND DIVERSITY PUBLIC SUPPORT.

IN ADDITION TO THE TWO REQUIREMENTS DISCUSSED ABOVE, THE FACTS RELATIVE TO THE OTHER RELEVANT PUBLIC SUPPORT FACTORS DESCRIBED IN REG. SEC. 1.170A-9T(F)(3) ARE PRESENTED BELOW:

(1) PERCENTAGE OF FINANCIAL SUPPORT FACTOR. THE ORGANIZATION HAS RECEIVED

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 Also complete this part for any additional information (See instructions).

OVER 25.86 PERCENT OF ITS SUPPORT FROM CONTRIBUTIONS MADE DIRECTLY BY THE PUBLIC OVER THE LAST FIVE YEARS (2006-2010). THIS CONSTITUTES SIGNIFICANT PUBLIC SUPPORT, AND SUBSTANTIALLY EXCEEDS THE MINIMUM 10 PERCENT OF PUBLIC SUPPORT REQUIREMENT.

(2) SOURCES OF SUPPORT FACTOR. THE ORGANIZATION RECEIVED CONTRIBUTIONS IN THE PERIOD 2006-2010 FROM A VARIETY OF DONORS AND CONTINUOUSLY WORKS TO BROADEN PUBLIC SUPPORT.

(3) REPRESENTATIVE GOVERNING BODY FACTOR. THE ORGANIZATION IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS COMPRISED OF INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN THE PARTICULAR FIELD IN WHICH THE ORGANIZATION IS OPERATING, EDUCATING THE PUBLIC ON HEART DISEASE AND RELATED ISSUES. THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ARE AS FOLLOWS:

OFFICERS

CHRISTOPHER J. WHITE, M.D., FSCAI - PRESIDENT

J. JEFFREY MARSHALL, M.D., FSCAI - PRESIDENT-ELECT

LARRY S. DEAN, M.D., FSCAI - IMMEDIATE PAST PRESIDENT

THEODORE A. BASS, M.D., FSCAI - VICE PRESIDENT

CHARLES E. CHAMBERS, M.D., FSCAI -SECRETARY

CARL L. TOMMASO, M.D., FSCAI - TREASURER

TRUSTEES

ALEXANDER ABIZAID, M.D., PH.D., FSCAI

LEE N. BENSON, M.D., FSCAI

JEFFREY J. CAVENDISH, M.D., FSCAI

TYRONE J. COLLINS, M.D., FSCAI

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 Also complete this part for any additional information. (See instructions).

TONY G. FARAH, M.D., FSCAI

RUNLIN GAO, M.D., FSCAI

JAMES A. GOLDSTEIN, M.D., FSCAI

JAMES B. HERMILLER, M.D, FSCAI

THOMAS K. JONES, M.D., FSCAI

UPENDRA KAUL, M.D., FSCAI

CLIFFORD J. KAVINSKY, M.D., PH.D., FSCAI

AHMED MAGDY, M.D., FSCAI

ISSAM D. MOUSSA, M.D., FSCAI

SRIHARI S. NAIDU, M.D., FSCAI

KIMBERLY A. SKELDING, M.D., FSCAI

HUAY-CHEEM TAN, MBBS, FSCAI

ZOLTAN G. TURI, M.D., FSCAI

TRUSTEES FOR LIFE

FRANK J. HILDNER, M.D., FSCAI

WILLIAM C. SHELDON, M.D., FSCAI

(4) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES. THE ORGANIZATION, HISTORICALLY AND CONSISTENTLY, HAS ENGAGED IN A VARIETY OF ACTIVITIES THAT ARE PARTICULARLY ORIENTED TO PUBLIC EDUCATION AND PARTICIPATION. RECENT PROGRAMS ILLUSTRATE THIS ORIENTATION.

SCAI'S KNOW WHAT COUNTS PROGRAM IS A SERIES OF REGIONAL EDUCATIONAL EVENTS DESIGNED TO PROMOTE AWARENESS OF CARDIOVASCULAR DISEASE AND HEALTHCARE ISSUES.

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. Also complete this part for any additional information (See instructions)

SCAI'S SECONDS COUNT WEBSITE PROVIDES MEMBERS OF THE PUBLIC INFORMATION ABOUT CARDIOVASCULAR DISEASE, INFORMATION REGARDING THE DISEASE PROCESS AS WELL AS DIAGNOSTIC AND TREATMENT OPTIONS.

WOMEN IN INNOVATIONS (WIN) IS AN EFFORT DEVOTED TO IMPROVING THE OVERALL APPROACH TO THE MEDICAL TREATMENT OF WOMEN WITH CARDIOVASCULAR DISEASE, AS WELL AS INCREASING THE QUALITY AND SCOPE OF PROFESSIONAL AND EDUCATIONAL OPPORTUNITIES OFFERED TO FEMALE INTERVENTIONAL CARDIOLOGISTS. THE WIN PROGRAM FOCUSES ON EDUCATION, RESEARCH AND PROFESSIONAL DEVELOPMENT IN THE FIELD OF WOMEN CARDIOVASCULAR DISEASE.

THE 2010 ANNUAL SCIENTIFIC SESSIONS PROVIDE MAINTENANCE OF CERTIFICATION AS PART OF SCAI'S ONGOING PARTNERSHIP WITH THE AMERICAN BOARD OF INTERNAL MEDICINE, WITH MULTIPLE BREAKOUT SESSIONS ON THE LATEST UPDATES IN THE FIELD OF CARDIOLOGY AND ALSO PRESENTED A NUMBER OF LATE BREAKING CLINICAL TRIALS.

THE INTERVENTIONAL CARDIOLOGY FALL FELLOWS COURSE IS FOR INTERVENTIONAL CARDIOLOGY FELLOWS. THE ANNUAL COURSE FEATURES DIDACTIC LECTURES BY THE LEADERS IN THE FIELD AND HANDS ON SIMULATION TRAINING FOR FELLOWS WHO ATTEND THE COURSE.

THE FIT AWARDS PROGRAM IS AN AWARDS PROGRAM DESIGNED TO ASSIST ACADEMIC INSTITUTIONS WHO OFFER INTERVENTIONAL CARDIOLOGY FELLOWS IN TRAINING PROGRAMS. PROGRAM DIRECTORS APPLY DIRECTLY FOR THE AWARD MONEY. ALL APPLICATIONS ARE GRADED OBJECTIVELY BY A PEER REVIEW PANEL USING PRE-DETERMINED GRADING CRITERIA. AWARDS OF EQUAL SUMS ARE DISTRIBUTED TO THE SELECTED WINNERS.

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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization	Employer identification number
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	34-1266824

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 the filing organization made payments 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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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.

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		112.
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5,908.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		7,533.
j	Total. Add lines 1c through 1i			13,553.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

POWERS PYLES SUTTER & VERVILLE, P.C. ADVISED SCAI ON HOW TO SET UP A (C)(6) CORPORATION TO BE CREATED FOR LOBBYING.

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

2010

Open to Public Inspection

Name of the organization: SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number: 34-1266824

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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 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		122,045.	59,900.	62,145.
e Other		933,162.	484,579.	448,583.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				510,728.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 (ASC 740) 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 (ASC 740)

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	8,482,663.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,577,478.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,094,815.>
4	Net unrealized gains (losses) on investments	4	95,760.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<172,790.>
9	Total adjustments (net) Add lines 4 through 8	9	<77,030.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<1,171,845.>

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	8,465,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	95,760.		
b	Donated services and use of facilities	2b	59,500.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	<172,790.>		
e	Add lines **2a** through **2d**			2e	<17,530.>
3	Subtract line **2e** from line **1**			3	8,482,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	8,482,663.

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

1	Total expenses and losses per audited financial statements			1	9,636,978.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	59,500.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	59,500.
3	Subtract line **2e** from line **1**			3	9,577,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,577,478.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE SOCIETY PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY LOSS IN ACE, INC. -172,790.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY LOSS IN ACE, INC.	-172,790.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number
34-1266824

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL MEETING	236,308.
3 a Sub-total	0	0			236,308.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			236,308.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2010**

032071
12-20-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ ☐

Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Schedule F (Form 990) 2010

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

2010

Open to Public Inspection

Name of the organization SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number 34-1266824

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? [X] 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 Part II can be duplicated 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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 9040 WEST GATES PAVILION, 3400 SPRUCE STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	25,000.	0.			EDUCATIONAL GRANT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 1409 GREYWALL LANE - WYNNEWOOD, PA 19096	23-1352166	501(C)(3)	25,000.	0.			EDUCATIONAL GRANT
BAYSTATE MEDICAL 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2888373	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
BORGRESS MEDICAL CENTER 1521 GULL ROAD KALAMAZOO, MI 49024	38-1360526	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET, PBB-1 BOSTON, MA 02115	04-2312909	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, J2-3 CLEVELAND, OH 44195-5066	34-0714585	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT

2 Enter total number of section 501(c)(3) and government organizations ▶ 38.

3 Enter total number of other organizations ▶ 10.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2010)**

032101 01-13-11

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
COLUMBIA PRESBYTERIAN MEDICAL CENTER - 173 FORT WASHINGTON AVE, HC 2ND FLR - NEW YORK, NY 10032	03-0546088	N/A	42,645.	0.			EDUCATIONAL GRANT
DUKE UNIVERSITY DUMC 3157 ERWIN ROAD, ROOM 7402 DURHAM, NC 27710	56-0532129	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
EMORY UNIVERSITY 1364 CLIFTON ROAD, SUITE F606 ATLANTA, GA 30322	85-2030692	N/A	42,645.	0.			EDUCATIONAL GRANT
GEORGE WASHINGTON UNIVERSITY 2150 PENN. AVE. NW, 4-417, WASHINGTON, DC 20037	53-0196584	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
INDIANA UNIVERSITY SCHOOL OF MEDICINE - 800 NORTH CAPITAL AVE., RM. E400 - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET, BLALOCK 910 BALTIMORE, MD 21287	52-0595110	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
LOYOLA UNIVERSITY 2160 SOUTH FIRST AVE, EMS RM 6270 MAYWOOD, IL 60153	36-3999801	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, CARDIOLOGY DIV GRB BOSTON, MA 02114	04-2697983	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
MT. SINAI SCHOOL MEDICINE ONE GUSTAVE LEVY PLACE BOX 1030 NEW YORK, NY 10029	13-6171197	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
MEDSTAR HEALTH 110 IRVING STREET NW, SUITE 4B-1 WASHINGTON, DC 20037	52-6056274	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
NORTHWESTERN UNIVERSITY 676 N ST. CLAIRE, SUITE 600 CHICAGO, IL 60611	63-2167817	N/A	42,645.	0.			EDUCATIONAL GRANT
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY, 3RD FLOOR NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PKWY, SUITE 103S CHICAGO, IL 60612	36-2174823	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
SCRIPPS CLINIC 40666 N. TORREY PINES RD. LAJOLLA, CA 92037	95-1684089	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
ST. LUKE'S HOSPITAL FOUNDATION, INC. - 4401 WORNALL, MAHI 601 - KANSAS CITY, MO 64024	44-6014699	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - 1402 SOUTH GRAND BLVD, FDT 13TH FLR - ST. LOUIS, MO 63104	43-0654872	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
STANFORD UNIVERSITY 300 PASTEUR DRIVE, RM H-2103 INTERVENTIONAL CARDIOLOGY - STANFORD, CT 94304	94-1156365	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
THE MARY WARREN FUND THE MIRIAM HOSPITAL, 164 SUMMIT AVE PROVIDENCE, RI 02906	22-2861978	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 1101 BOSTON, MA 02111	04-3400617	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UCLA MEDICAL CENTER 10833 LE CONTE AVENUE, FACTOR BLDG LOS ANGELES, CA 90095	95-6006143	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY HOSPITAL CASE MEDICAL CENTER - 11100 EUCLID AVENUE, MAILSTOP LKS5038 - CLEVELAND, OH 44106	34-1018992	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 200 WEST ARBOR DR. - SAN DIEGO, CA 92103-8784	95-6006144	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF CALIFORNIA, DAVIS 4860 Y ST., STE. 2820 SACRAMENTO, CA 95817	94-6036494	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 505 PARNASSUS AVENUE, L523 LONG HOSPITAL - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF FLORIDA 1600 SW ARCHER RD PO BOX 100277 GAINESVILLE, FL 32610	59-6002052	N/A	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD., STE G600 - KANSAS CITY, KS 66160	48-0647734	N/A	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF KENTUCKY 900 SOUTH LIMESTONE, 326 CTW BLDG LEXINGTON, KY 40356	61-6001218	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
UNIVERSITY OF MINNESOTA 420 DELAWARE ST SE, MMC 508 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 130 MASON FARM RD, 4TH FLOOR CB#7075 - CHAPEL HILL, NC 27599-7075	56-6001393	N/A	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF PITTSBURGH 200 LOTHROP STREET, SCAIFE HALL S-5 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE., BOX 679-C ROCHESTER, NY 14642	16-0743209	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF TEXAS 7703 FLOYD CURL DR. ROOM 5.53U SAN ANTONIO, TX 78229	74-1586031	N/A	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF TOLEDO 2801 BANCROFT ST., MAIL STOP 319 TOLEDO, OH 43606	34-6555110	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
UNIVERSITY OF VERMONT MEDICAL CENTER - 111 COLCHESTER AVENUE - BURLINGTON, VT 05401	23-6154859	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - 383 PRB, 2220 PIERCE AVENUE - NASHVILLE, TN 37232-6300	62-0476822	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
VIRGINIA COMMONWEALTH UNIVERSITY 1200 EAST BROAD ST. RICHMOND, VA 23298	54-1848065	N/A	42,645.	0.			EDUCATIONAL GRANT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 SOUTH EUCLID, CAMPUS BOX 8086 - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
WESTCHESTER MEDICAL CENTER 95 GRASSLANDS ROAD VALHALLA, NY 10595	13-3964321	N/A	42,645.	0.			EDUCATIONAL GRANT
WILLIAM BEAUMONT HOSPITAL 3601 W 13 MILE ROAD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT
WEILL MEDICAL COLLEGE CORNELL 525 EAST 68TH STREET NEW YORK, NY 10021	13-1623978	N/A	42,645.	0.			EDUCATIONAL GRANT
YALE - NEW HAVEN 333 CEDAR STREET, 3-FMP NEW HAVEN, CT 06510	06-0646973	501(C)(3)	42,645.	0.			EDUCATIONAL GRANT

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. Part III can be duplicated 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

SCHEDULE I, PART I, LINE 2: CORDIS AWARDS (2- $25K AWARDS) - THE RECIPIENTS PRESENT A RESEARCH BUDGETS TO SCAI IN THE APPLICATION PROCESS AND ARE REQUIRED TO PRESENT THEIR RESEARCH FINDINGS THE FOLLOWING YEAR, ILLUSTRATING THEIR USE OF THE FUNDS BY COMPLETING THE PROJECT WITHIN THEIR SUBMITTED BUDGET.

FIT AWARDS ($42,645) - AWARD RECIPIENTS ARE ALL INSTITUTIONS THAT OUTLINE TRAINING PROGRAMS, TRAINING BUDGET AND NUMBER OF FELLOWS IN TRAINING, AS PART OF THE APPLICATION PROCESS BEFORE THE AWARDS ARE PRESENTED. THE

Part IV Supplemental Information

AMOUNT OF THE AWARD IS MINIMAL ASSISTANCE FOR THEIR OVERALL TRAINING PROGRAMS. SCAI MAINTAINS CONTACT WITH THE TRAINING DIRECTOR DURING THE YEAR TO MONITOR THE PROGRESS OF THE PROGRAM.

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

2010

Open to Public Inspection

Name of the organization: SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number: 34-1266824

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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 duplicate copies 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				
1 NORMAN M. LINSKY	(i)	213,703.	10,000.	0.	26,875.	17,680.	268,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 WAYNE A. POWELL	(i)	174,837.	8,000.	0.	22,650.	17,956.	223,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

PART I, LINE 7: NORMAN M. LINSKY AND WAYNE A. POWELL WERE PAID BONUSES THAT WERE DETERMINED BY THE BOARD EXECUTIVE COMMITTEE BASED ON PERFORMANCE EVALUATIONS.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number: 34-1266824

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPHASIS IS PLACED ON REGISTRATION OF ALL PROCEDURES PERFORMED BY MEMBERS, DEVELOPMENT OF QUALITY STANDARDS FOR LABORATORIES, ESTABLISHMENT OF CRITERIA FOR CREDENTIALING PHYSICIANS AND DIRECTORS AND PRESENTATION OF GUIDELINES FOR TRAINING IN CARDIAC CARDIOVASCULAR ANGIOGRAPHY.

FOCUS AREAS FOR SCAI INCLUDE ESTABLISHING STANDARDS AND GUIDELINES FOR ALL ASPECTS OF CARDIAC CARDIOVASCULAR ANGIOGRAPHY, TRAINING, CREDENTIALING, SAFETY AND QUALITY ASSURANCE FOR CARDIAC PROCEDURES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FEATURES DIDACTIC LECTURES BY THE LEADERS IN THE FIELD, HANDS ON SIMULATION TRAINING AND IMPORTANT NETWORKING OPPORTUNITIES FOR FELLOWS WHO ATTEND THE COURSE.

THE FIT AWARDS PROGRAM IS AN AWARDS PROGRAM DESIGNED TO ASSIST ACADEMIC INSTITUTIONS WHO OFFER INTERVENTIONAL CARDIOLOGY FELLOWS IN TRAINING PROGRAMS. PROGRAM DIRECTORS APPLY DIRECTLY FOR THE AWARD MONEY. ALL APPLICATIONS ARE GRADED OBJECTIVELY BY A PEER REVIEW PANEL USING PRE-DETERMINED GRADING CRITERIA. AWARDS OF EQUAL SUMS ARE DISTRIBUTED TO THE SELECTED WINNERS.

FORM 990, PART VI, SECTION A, LINE 6: THE CLASSES OF MEMBERS ARE: FELLOW, SENIOR FELLOW, EMERITUS FELLOW, MEMBER, AFFILIATE, CONSULTANT TO THE

Name of the organization SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Employer identification number 34-1266824

SOCIETY, TRUSTEE FOR LIFE, AND INTERNATIONAL ASSOCIATE MEMBER.

THE NATURE OF THEIR RIGHTS ARE:

FELLOW - SHALL BE ELIGIBLE TO VOTE, TO SERVE ON COMMITTEES, AND TO SERVE AS TRUSTEES AND OFFICERS. EACH FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, FELLOWS SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS AS MAY BE DEEMED NECESSARY OR ADVISABLE.

SENIOR FELLOW - SHALL BE ELIGIBLE TO VOTE AND TO SERVE ON COMMITTEES, BUT MAY NOT SERVE AS TRUSTEES OR OFFICERS. EACH SENIOR FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, SENIOR FELLOWS SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS AS MAY BE DEEMED NECESSARY OR ADVISABLE.

EMERITUS FELLOW - SHALL BE EXEMPT FROM ANNUAL DUES OR ASSESSMENTS AND SHALL NOT HAVE A VOTE, BUT SHALL BE INVITED TO ALL OFFICIAL FUNCTIONS OF THE SOCIETY, AND MAY SERVE ON COMMITTEES.

AFFILIATE - NONE.

CONSULTANT - NONE.

TRUSTEE FOR LIFE - SHALL SERVE ON THE BOARD OF TRUSTEES UNTIL DEATH OR RESIGNATION. IN ADDITION, TRUSTEES FOR LIFE SHALL RETAIN THE STATUS OF FELLOWS OF THE SOCIETY, AND AS SUCH, SHALL RETAIN ALL RIGHTS AND PRIVILEGES

OF FELLOWS OF THE SOCIETY INCLUDING THE RIGHT TO VOTE, TO SERVE AS OFFICERS AND TO SERVE ON COMMITTEES.

INTERNATIONAL ASSOCIATE MEMBER - NONE.

FORM 990, PART VI, SECTION A, LINE 7A: THE CLASSES OF MEMBERS ARE: FELLOW, SENIOR FELLOW, EMERITUS FELLOW, MEMBER, AFFILIATE, CONSULTANT TO THE SOCIETY, TRUSTEE FOR LIFE, AND INTERNATIONAL ASSOCIATE MEMBER.

THE NATURE OF THEIR RIGHTS ARE:

FELLOW - SHALL BE ELIGIBLE TO VOTE, TO SERVE ON COMMITTEES, AND TO SERVE AS TRUSTEES AND OFFICERS. EACH FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, FELLOWS SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS AS MAY BE DEEMED NECESSARY OR ADVISABLE.

SENIOR FELLOW - SHALL BE ELIGIBLE TO VOTE AND TO SERVE ON COMMITTEES, BUT MAY NOT SERVE AS TRUSTEES OR OFFICERS. EACH SENIOR FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, SENIOR FELLOWS SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS AS MAY BE DEEMED NECESSARY OR ADVISABLE.

EMERITUS FELLOW - SHALL BE EXEMPT FROM ANNUAL DUES OR ASSESSMENTS AND SHALL NOT HAVE A VOTE, BUT SHALL BE INVITED TO ALL OFFICIAL FUNCTIONS OF THE SOCIETY, AND MAY SERVE ON COMMITTEES.

AFFILIATE - NONE.

CONSULTANT - NONE.

TRUSTEE FOR LIFE - SHALL SERVE ON THE BOARD OF TRUSTEES UNTIL DEATH OR RESIGNATION. IN ADDITION, TRUSTEES FOR LIFE SHALL RETAIN THE STATUS OF FELLOWS OF THE SOCIETY, AND AS SUCH, SHALL RETAIN ALL RIGHTS AND PRIVILEGES OF FELLOWS OF THE SOCIETY INCLUDING THE RIGHT TO VOTE, TO SERVE AS OFFICERS AND TO SERVE ON COMMITTEES.

INTERNATIONAL ASSOCIATE MEMBER - NONE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY RAFFA AND REVIEWED BY SCAI'S EXECUTIVE DIRECTOR, DIRECTOR OF ACCOUNTING AND FINANCE AND TREASURER FOR ACCURACY. A COPY OF THE FINAL RETURN IS SENT TO THE BOARD'S EXECUTIVE COMMITTEE BEFORE IT IS MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: SCAI IS RIGOROUS IN THE ENFORCEMENT OF POLICIES THAT RELATE TO POTENTIAL CONFLICTS OF INTEREST (COI). SCAI MAKES ITS POLICIES ON THE REPORTING OF COI CONSISTENTLY CLEAR TO ALL PHYSICIAN VOLUNTEERS WHO SERVE AS FACULTY OR ENGAGE IN BUSINESS ON BEHALF OF THE SOCIETY, REQUIRING EACH VOLUNTEER TO DISCLOSE THEIR FINANCIAL INTERESTS TO THEIR AUDIENCES PRIOR TO SPEAKING OR PARTICIPATING IN SOCIETY RELATED FUNCTIONS. IN ADDITION, SCAI MAINTAINS CLEAR CONSISTENT POLICIES ON STAFF AND VOLUNTEER EXPENSE REIMBURSEMENT AND PROVISION OF HONORARIA FOR SPEAKING ENGAGEMENTS, AND DISTRIBUTES THOSE POLICIES TO ALL VOLUNTEERS PRIOR TO THEIR ENGAGEMENT IN ANY SOCIETY RELATED BUSINESS. LAST, SCAI TAKES CAREFUL NOTE TO MAINTAIN STRICT COMPLIANCE WITH ALL APPLICABLE GUIDELINES AND REGULATIONS, ESPECIALLY AS THEY RELATE TO THE GAAP, ACCME, AMA AND OTHER REGULATORY BODIES.

Name of the organization SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

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FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION ANALYSIS FROM TRINET, ASAE, AND ASSOCIATION EXECUTIVE IS PROVIDED TO THE BOARD'S EXECUTIVE COMMITTEE AND THEY DETERMINE AND APPROVE THE COMPENSATION FOR THE OFFICER AND KEY EMPLOYEES. COMPENSATION DECISIONS ARE DOCUMENTED IN SCAI'S MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: BYLAWS AND OTHER GOVERNING DOCUMENTS ARE ON THE SCAI WEB SITE AT WWW.SCAI.ORG. THE FEDERAL FORM 990 MAY BE VIEWED IN HOUSE OR COPIES ARE PROVIDED ON REQUEST FOR A NOMINAL FEE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	95,760.
EQUITY LOSS IN ACE, INC.	-172,790.
TOTAL TO FORM 990, PART XI, LINE 5	-77,030.

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
2010
Open to Public Inspection

Name of the organization: SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

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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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
ACCREDITATION FOR CARDIOVASCULAR EXCELLENCE, INC. - 27-0636029, 2400 N ST., NW, #500, WASHINGTON, DC 20037-1153	EVALUATING HEALTH CARE ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2010**

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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	(k) Percentage ownership

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, 35a, or 36)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ASHOK SETH, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
KIMBERLY A. SKELDING, M.D. TRUSTEE	1.00	X						3,000.	0.	0.
CORRADO TAMBURINO, M.D. TRUSTEE	1.00	X						0.	0.	0.
JONATHAN M. TOBIS, MD TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
MARK A. TURCO, MD, FSCAI TRUSTEE (THRU 5/2010)	1.00	X						0.	0.	0.
ZOLTAN G. TURI, M.D. TRUSTEE	1.00	X						0.	0.	0.
FRANK J. HILDNER, M.D., FSCAI TRUSTEE FOR LIFE	1.00	X						0.	0.	0.
WILLIAM C. SHELDON, M.D. TRUSTEE FOR LIFE	1.00	X						17,931.	0.	0.
NORMAN M. LINSKY EXECUTIVE DIRECTOR	37.50			X				223,703.	0.	44,555.
KERRY CURTIS SR. DIRECTOR, MEETINGS	37.50					X		114,315.	0.	31,748.
KATHY BOYD-DAVID CONSULTANT	37.50					X		105,750.	0.	0.
JOEL C. HARDER DIRECTOR, GUIDELINES	37.50					X		113,597.	0.	20,483.
DAWN R HOPKINS DIRECTOR, ADVOCACY	37.50					X		112,027.	0.	20,094.
WAYNE A. POWELL SENIOR DIRECTOR	37.50					X		182,837.	0.	40,606.
Total to Part VII, Section A, line 1c								873,160.		157,486.