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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 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNEAPOLIS HEART INSTITUTE FOUNDATION	D Employer identification number 41-1426406
	Doing Business As	E Telephone number (612) 863-3833
	Number and street (or P O box if mail is not delivered to street address) 920 E 28TH STREET NO 100	Room/suite
	G Gross receipts \$ 13,531,602	
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 554071191	
	F Name and address of principal officer JAMES V TOSCANO 920 E 28TH STREET NO 100 MINNEAPOLIS, MN 554071191	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW MPLSHEART ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1981
		M State of legal domicile MN

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND IMPROVE CARDIOVASCULAR HEALTH, QUALITY OF LIFE AND LONGEVITY FOR ALL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	92
6 Total number of volunteers (estimate if necessary)	6	1,400	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,125	
b Net unrelated business taxable income from Form 990-T, line 34	7b	6,251	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,997,715	6,194,845
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,624,269	2,560,056
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,697,738	459,845
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	704,013	641,978
		9,628,259	9,856,724
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,267	326,835
	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)	4,856,781	5,437,478
	16a Professional fundraising fees (Part IX, column (A), line 11e)	22,543	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 866,610		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,295,428	4,282,039
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,204,019	10,046,352
	19 Revenue less expenses Subtract line 18 from line 12	424,240	-189,628
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	22,145,432	23,657,369
	21 Total liabilities (Part X, line 26)	1,747,117	2,075,680
	22 Net assets or fund balances Subtract line 21 from line 20	20,398,315	21,581,689

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			2011-10-19 Date	
	DANIEL B STENNES-ROGNESS CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name XIAOYAN LUO	Preparer's signature XIAOYAN LUO	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LARSONALLEN LLP				Firm's EIN ▶
	Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				Phone no ▶ (612) 376-4500
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THROUGH GROUND-BREAKING CLINICAL RESEARCH, EDUCATION INITIATIVES AND HEALTH BEHAVIOR CHANGE PROGRAMS, WE WILL MAKE A TANGIBLE IMPACT ON IMPROVING INDIVIDUAL'S HEALTH AND REDUCE THE MORTALITY AND MORBIDITY OF CARDIOVASCULAR DISEASE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 5,969,898 including grants of \$ 326,835) (Revenue \$ 2,346,456)

RESEARCH DR TIMOTHY HENRY, DIRECTOR OF RESEARCH AT THE MINNEAPOLIS HEART INSTITUTE FOUNDATION (MHIF) LED THE RESEARCH INITIATIVES FOR THE FOUNDATION AS PRINCIPAL INVESTIGATOR FOR THE MINNESOTA CARDIOVASCULAR CELL THERAPY RESEARCH NETWORK (MNCCTRN), ONE OF FIVE SUCH NETWORKS DESIGNATED BY THE NATIONAL HEART LUNG & BLOOD INSTITUTE OF THE NATIONAL INSTITUTES OF HEALTH (NIH) CONTRIBUTED MEANINGFULLY IN 2010 ST PAUL HEART CLINIC, MERCY HOSPITAL AND THE UNIVERSITY OF MINNESOTA FACULTY PRACTICE WERE JOINED BY THE MAYO CLINIC DR TIMOTHY HENRY AND DR JAY TRAVERSE ALONG WITH PHYSICIAN INVESTIGATORS OF THE NEWLY ACTIVATED SITES AND THEIR RESEARCH STAFF WERE CREDITED WITH SIGNIFICANTLY CONTRIBUTING TO THE ENROLLMENT ON ALL OF THE APPROVED CELL THERAPY PROTOCOLS ACCOUNTING FOR UP TO TWO-THIRDS OF ENROLLMENT THE OTHER FOUR CENTERS INCLUDE CLEVELAND CLINIC, UNIVERSITY OF FLORIDA AT GAINESVILLE, TEXAS HEART INSTITUTE AT ST LUKE'S HOSPITAL AND VANDERBILT UNIVERSITY THERE ARE THREE CLINICAL RESEARCH PROTOCOLS THAT ARE INVESTIGATING THE SAFETY AND EFFICACY OF CELL THERAPY IN HEART ATTACKS AND HEART FAILURE AS THIS GRANT APPROACHES ITS FINAL YEAR, WE ARE PREPARING TO APPLY FOR COMPETITIVE RENEWAL WITH THE NIH WE ARE HOPEFUL THAT BASED ON OUR PERFORMANCE, WE WILL CONTINUE IN OUR PURSUIT TO ADDRESS HEART DISEASE THROUGH NOVEL TREATMENTS AFFORDED BY FURTHER UNDERSTANDING CARDIOVASCULAR CELL THERAPIES DR BARRY MARON, DIRECTOR OF THE HYPERTROPHIC CARDIOMYOPATHY (HCM) CENTER AT THE MINNEAPOLIS HEART INSTITUTE FOUNDATION, IS A CLINICAL RESEARCH PIONEER IN THE DIAGNOSIS, TREATMENT AND MANAGEMENT OF HCM IN 2010, HE IS CONTINUING HIS MULTI-YEAR GRANT FUNDED STUDY ON THE LONG-TERM FOLLOW-UP OF THE LARGEST DATA SET OF HCM PATIENTS WHO RECEIVED IMPLANTABLE CARDIAC DEFIBRILLATORS THE RESULT OF THIS STUDY WILL SIGNIFICANTLY CONTRIBUTE TO THE UNDERSTANDING OF THE EFFICACY OF ICD THERAPY IN THIS PATIENT POPULATION THE FOUNDATION EXPERIENCED A BOOM IN HEART FAILURE, HEART TRANSPLANT AND MECHANICAL CIRCULATORY SUPPORT RESEARCH UNDER THE LEADERSHIP OF DRS DAVID FELDMAN, NADER MOAZAMI AND BENJAMIN SUN, WE PARTICIPATED IN SEVERAL RESEARCH STUDIES INCLUDING PROTOCOLS FROM THE NIH HEART FAILURE CONSORTIUM AND SEVERAL PHARMACEUTICAL AND BIOMEDICAL DEVICE COMPANIES UNDER DR WILLIAM KATSIYIANNIS, OUR GENETIC ARRHYTHMIA CLINIC BEGAN COLLECTING DATA ON FAMILIAL CONNECTIONS OF SEVERAL LIFE-THREATENING ARRHYTHMIAS THIS UNIQUE CLINIC STARTED ANALYZING BASELINE DEMOGRAPHICS AND CO-MORBID CHARACTERISTICS OF ENTIRE FAMILIES AND WOULD START REPORTING OUTCOMES DATA IN THE FUTURE ONE OF OUR PHYSICIAN-INITIATED STUDIES WAS PRESENTED BY DR DANIEL MELBY AT THE HEART RHYTHM SOCIETY MEETING IN DENVER, COLORADO AS PART OF LATE-BREAKING CLINICAL TRIAL SESSION HE REPORTED THAT PATIENTS HAD LESS EARLY ATRIAL FIBRILLATION WHEN THEY RECEIVED STEROIDAL THERAPY AFTER THEIR ABLATION PROCEDURES HISTORICALLY, WOMEN HAVE COMPRISED ONLY 25% OF PARTICIPANTS IN ALL HEART-RELATED CLINICAL RESEARCH STUDIES INDICATING THAT MORE INVESTIGATION IS NECESSARY WE HAVE SEVERAL CLINICAL RESEARCH PROTOCOLS DELIBERATELY INVESTIGATING THE DYNAMICS OF HEART DISEASE IN WOMEN IN OUR COLLABORATION WITH THE UNIVERSITY OF MINNESOTA AND YALE UNIVERSITY, WE HOPE TO CONTRIBUTE TO THE UNDERSTANDING OF WHY WOMEN WITH HEART DISEASE PRESENT AND RESPOND TO TREATMENT DIFFERENTLY FROM MEN MHIF OBTAINED INFORMED CONSENTS AND ENROLLED 1,400 PATIENTS IN 2010 MHIF RESEARCHERS PUBLISHED NEARLY 90 ARTICLES IN PEER-REVIEWED JOURNALS AND PRESENTED THEIR FINDINGS AT OVER 100 PEER-REVIEWED OR INVITED LECTURES AND POSTERS IN THE PAST YEAR MHIF HAD OVER 130 IRB APPROVED PROTOCOLS IN 2010, FROM COMPLEX CELL THERAPY, NOVEL INVESTIGATIONAL DEVICES TO OUTCOMES STUDIES ALL OF THESE CONTRIBUTED TO THE UNDERSTANDING AND TREATMENT OF CARDIOVASCULAR DISEASE AND IMPROVE THE QUALITY OF LIFE OF PATIENTS FROM OUR IMMEDIATE COMMUNITY TO THE GREATER PUBLIC AT LARGE

4b

(Code) (Expenses \$ 2,220,541 including grants of \$ 0) (Revenue \$ 213,600)

EDUCATION AT THE MINNEAPOLIS HEART INSTITUTE FOUNDATION (MHIF), RESEARCH AND EDUCATION PRACTICES INFORM ONE ANOTHER AND IN CONCERT, IMPROVE THE HEALTH AND CARE OF INDIVIDUALS WITH CARDIOVASCULAR DISEASE IN 2010, THE FOUNDATION CONTINUED TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR BOTH STUDENTS AND HEALTH PROFESSIONALS THE FOUNDATION EDUCATED MORE THAN 800 HEALTH PROFESSIONALS ON THE LATEST CARDIOVASCULAR RESEARCH PROTOCOLS AND FINDINGS THROUGH A REGIONAL WOMEN'S HEART HEALTH SUMMIT IN MINNEAPOLIS CO-HOSTED WITH THE UNIVERSITY OF MINNESOTA AND MAYO CLINIC, A NATIONAL CONFERENCE ON THERAPEUTIC HYPOTHERMIA FOR SUDDEN CARDIAC ARREST HELD IN MINNEAPOLIS, A NATIONAL SATELLITE SYMPOSIUM ON ADVANCED IMAGING TECHNIQUES AT THE VIVA (VASCULAR INTERVENTIONAL ADVANCES) MEETING IN LAS VEGAS, A NATIONAL SATELLITE SYMPOSIUM ON SYSTEMS OF CARE FOR EMERGENT CARDIOVASCULAR CONDITIONS AT THE AMERICAN HEART ASSOCIATION SCIENTIFIC SESSIONS IN CHICAGO, AND THROUGH NUMEROUS LOCAL PROGRAMS (E G , CARDIOLOGY GRAND ROUNDS AND THE MHI FALL CARDIOVASCULAR NURSING CONFERENCE) MHIF ALSO PROVIDED A SUMMER RESEARCH INTERN PROGRAM FOR 13 UNDERGRADUATE STUDENTS INTERESTED IN BOTH RESEARCH AND MEDICINE BESIDES PROFESSIONAL EDUCATION, MHIF CONTINUED TO PROVIDE COMMUNITY EDUCATION IN 2010, EDUCATION WAS DELIVERED TO A VARIETY OF AUDIENCES, REACHING NEARLY 7,000 INDIVIDUALS THROUGHOUT THE YEAR AT NEARLY 110 DIFFERENT EVENTS THE PROGRAMS DELIVERED INCLUDED BLOOD PRESSURE SCREENINGS, PRESENTATIONS, AND COOKING DEMONSTRATIONS AT WORKSITES AND COMMUNITY EVENTS, WOMEN AND GIRLS HEART HEALTH PREVENTION PROGRAMS (E G , WOMEN ON THE MOVE, AND GIRLS AND MOMS ON THE MOVE), AND DISPLAYS AT HEALTH FAIRS PROGRAM DEVELOPMENT IS UNDERWAY FOR SEVERAL NEW PROJECTS INCLUDING AN EXPANSION OF THE GIRLS AND MOMS ON THE MOVE PROGRAM, WHICH INCLUDES A WEB-BASED VERSION OF THE PROGRAM, DEVELOPMENT OF ONLINE CURRICULUM FOR WOMENHEARTS' SUPPORT NETWORK COORDINATOR PATIENT SERVICES PROGRAM, AND THE DEVELOPMENT OF A CHILDREN'S BOOK AND INTERACTIVE WEBSITE TARGETING THIRD AND FOURTH GRADERS, WHICH INCLUDES ACTIVITIES FOR TEACHERS AND PARENTS WE CONTINUE TO REACH OUT TO PARTNER WITH OTHER ORGANIZATIONS AND GROUPS IN ORDER TO EXPAND THE REACH OF OUR PROGRAMS TO OTHER DIVERSE COMMUNITIES MHIF IS CURRENTLY REACHING OUT TO ORGANIZATIONS TO REACH AFRICAN AMERICANS AND HISPANICS WITH THE GOAL OF EXPANDING TO OTHER COMMUNITIES ONCE THESE PARTNERSHIPS ARE ESTABLISHED IN PARTNERSHIP WITH ALLINA HOSPITALS & CLINICS, NEW ULM MEDICAL CENTER AND THE RESIDENTS OF NEW ULM, MHIF DELIVERED THE SECOND YEAR OF A 10-YEAR RESEARCH AND DEMONSTRATION PROJECT CALLED THE HEARTS BEAT BACK THE HEART OF NEW ULM PROJECT THE PROJECT GOAL IS TO REDUCE, AND EVENTUALLY ELIMINATE, HEART ATTACKS IN NEW ULM, MINNESOTA THROUGH INTEGRATED HEALTH CARE DELIVERY AND SERVICE ENHANCEMENTS, LIFESTYLE AND SOCIAL BEHAVIOR CHANGE PROGRAMS AND ENVIRONMENTAL POLICY CHANGES IN 2010, THE PROJECT PROMOTED COMMUNITY HEALTH CHALLENGES TO EVERY HOUSEHOLD (APPROXIMATELY 6,000) IN TOWN AROUND IMPROVING PHYSICAL ACTIVITY LEVELS AND INCREASING CONSUMPTION OF FRUITS AND VEGETABLES IN ADDITION, ALMOST 1,000 PEOPLE ATTENDED OVER 41 EDUCATIONAL SESSIONS (PRESENTATIONS, COOKING CLASSES AND GROCERY STORE TOURS), AND MANY MORE ATTENDED SEVERAL COMMUNITY EVENTS, INCLUDING DISTRICT LEADER LED EVENTS - WHICH USES A NEW MODEL OF COMMUNITY LEADERS TO EXPAND THE REACH OF THE PROJECT THROUGHOUT THE COMMUNITY THE MAIN EVENTS, WHICH INCLUDED A FALL SUMMIT AND A FOOD HEALTH FAIR WITH A CULINARY COMPETITION, ATTRACTED AROUND 700 ATTENDEES A THOROUGH WORKSITE WELLNESS ASSESSMENT FROM WELCOA WAS COMPLETED AT 45 WORKSITES WORKSITES ALSO HAD A FALL SUMMIT, HEALTH PRESENTATIONS, AND FOUR WORKSITE WELLNESS PROGRAMS WHICH ATTRACTED OVER 2,000 EMPLOYEES AS PARTICIPANTS THREE HEART OF NEW ULM PROVIDER GRAND ROUNDS EVENTS WERE HELD TO PROVIDE AN OPPORTUNITY FOR CLINICIANS TO LEARN MORE ABOUT STATE-OF-THE-ART THERAPIES FOR RISK IDENTIFICATION AND HEART ATTACK PREVENTION NINETY PERCENT OF ALL AREA DOCTORS ATTENDED AT LEAST ONE OF THESE SESSIONS THE HEARTBEAT CONNECTIONS PROGRAM LAUNCHED TO PROVIDE TELEPHONE-BASED COACHING TO PEOPLE AT HIGH RISK FOR A HEART ATTACK

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 \$ 8,190,439

Form 990 (2010)

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
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	No
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	No
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	
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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	Yes
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	Yes
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	Yes
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	No
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	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
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	Yes
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	Yes
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	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	Yes
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	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement 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)

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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–24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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			
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>							
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	87				
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			Yes	
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	92				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b			Yes	
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		Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		Yes			
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			No		
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			No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No		
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			No		
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		Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No		
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			No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?							
8							
9 Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10 Section 501(c)(7) organizations. Enter							
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b					
11 Section 501(c)(12) organizations. Enter							
a	Gross income from members or shareholders.	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b					
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a					
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?							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No		

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 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 ☒

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 34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 33		
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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	Yes	
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? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 <input checked="" type="checkbox"/> MN , <input type="checkbox"/> IL , <input type="checkbox"/> AZ , <input type="checkbox"/> FL , <input type="checkbox"/> NY , <input type="checkbox"/> WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> DANIEL B STENNES-ROGNESS 920 E 28TH STREET SUITE 100 MINNEAPOLIS, MN 554071191 (612) 863-3789

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,121,525	0	148,292

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶7

3Did 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*

4For 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*

5Did 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*

YesNo

3No

4Yes

5No

Section B. Independent Contractors

1Complete 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
ALLINA HEALTH SYSTEM 920 EAST 28TH STREET MINNEAPOLIS, MN 55407	PHYSICIANS/CARDIOLOGISTS	579,792
NEW ULM MEDICAL CENTER 1324 FIFTH STREET NORTH NEW ULM, MN 56073	PROFESSIONAL MEDICAL SERVICES	393,790
UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	STATISTICAL ANALYSIS	133,511
DANIEL J EDELMAN INC 21992 NETWORK PLACE CHICAGO, IL 60673	MARKETING SERVICES	131,577

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶4

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	34,959			
	b	Membership dues	1b				
	c	Fundraising events	1c	688,462			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,061,882			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,409,542			
	g	Noncash contributions included in lines 1a-1f \$		16,456			
	h	Total. Add lines 1a-1f		6,194,845			
	Program Service Revenue			Business Code			
2a		RESEARCH STUDY REVENUE	541900	2,346,456			2,346,456
b		MISC PROGRAM SVC REV	900099	115,086	104,961	10,125	
c		TUITION REVENUE	611600	67,414	67,414		
d		EECP PROGRAM REVENUE	541900	16,800	16,800		
e		TRAINING IN CT ANGIO	611600	14,300	14,300		
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,560,056			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)					
				434,665			434,665
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		3,485,080					
		3,459,900					
		25,180					
	d	Net gain or (loss)			25,180		25,180
	8a	Gross income from fundraising events (not including \$ 688,462 of contributions reported on line 1c) See Part IV, line 18					
		a		110,676			
		b Less direct expenses b		214,978			
	c	Net income or (loss) from fundraising events			-104,302		-104,302
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	LICENSING FEES	900099	746,280			746,280	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		746,280				
12	Total revenue. See Instructions			9,856,724	203,475	10,125	3,448,279

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	326,835	326,835		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	630,573	227,901	312,766	89,906
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	3,961,706	3,235,443	264,205	462,058
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	228,664	184,711	24,457	19,496
9	Other employee benefits	290,424	226,113	9,833	54,478
10	Payroll taxes	326,111	252,610	35,879	37,622
a	Fees for services (non-employees) Management				
b	Legal	28,204	6,248	21,956	
c	Accounting	35,700		35,700	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	58,565		58,565	
g	Other	2,803,493	2,698,089	42,545	62,859
12	Advertising and promotion	34,618	29,603	4,500	515
13	Office expenses	214,014	160,121	1,302	52,591
14	Information technology	43,895	26,222	12,328	5,345
15	Royalties				
16	Occupancy	469,278	377,030	46,013	46,235
17	Travel	282,277	251,851	21,565	8,861
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	129,777	59,638	62,808	7,331
23	Insurance	37,061	29,790	7,271	
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	MISCELLANEOUS	84,155	56,903	21,569	5,683
b	COMMUNITY RELATIONS	55,748	36,824	6,041	12,883
c	AUDIO VISUAL	4,754	4,507	0	247
d	PROVISION FOR BAD DEBTS	500	0	0	500
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,046,352	8,190,439	989,303	866,610
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,607,051	1	3,719,770
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,885,328	3	1,365,158
	4	Accounts receivable, net			1,667,478	4	1,370,920
	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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			33,369	9	23,396
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,804,920	385,450	10c	401,265
	b	Less: accumulated depreciation	10b	1,403,655			
	11	Investments—publicly traded securities			14,782,646	11	15,510,581
	12	Investments—other securities. See Part IV, line 11			1,784,110	12	1,266,279
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			22,145,432	16	23,657,369	
Liabilities	17	Accounts payable and accrued expenses			1,429,964	17	1,773,214
	18	Grants payable				18	
	19	Deferred revenue			107,552	19	102,650
	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			209,601	25	199,816
	26	Total liabilities. Add lines 17 through 25			1,747,117	26	2,075,680
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,850,417	27	5,147,790
	28	Temporarily restricted net assets			4,093,791	28	3,938,615
	29	Permanently restricted net assets			12,454,107	29	12,495,284
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			20,398,315	33	21,581,689
34	Total liabilities and net assets/fund balances			22,145,432	34	23,657,369	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,856,724
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,046,352
3	Revenue less expenses Subtract line 2 from line 1	3	-189,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,398,315
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,373,002
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	21,581,689

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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 MINNEAPOLIS HEART INSTITUTE FOUNDATION	Employer identification number 41-1426406
--	--

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
ABBOTT NORTHWESTERN HOSPITAL MINNEAPOLIS, MN
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

a family member of a person described in (i) above?

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15
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 the 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 IIISupport 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. 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNEAPOLIS HEART INSTITUTE FOUNDATION

Employer identification number
41-1426406

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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

Using the organization's 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	15,869,588	13,594,481	19,367,606		
b Contributions	41,177	377,857	72,884		
c Investment earnings or losses	1,762,831	2,466,911	-5,126,113		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	545,566	569,661	719,896		
f Administrative expenses	0	0	0		
g End of year balance	17,128,030	15,869,588	13,594,481		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 20 000 %

b

Permanent endowment ▶ 73 000 %

c

Term endowment ▶ 7 000 %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		48,786	32,493	16,293
d Equipment		1,337,250	1,135,718	201,532
e Other		418,884	235,444	183,440
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				401,265

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	19,856,724
2	Total expenses (Form 990, Part IX, column (A), line 25)	210,046,352
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-189,628
4	Net unrealized gains (losses) on investments	41,383,984
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-10,982
9	Total adjustments (net) Add lines 4 - 8	91,373,002
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,183,374

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	111,171,161
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a1,383,984	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-10,982	
e	Add lines 2a through 2d2e1,373,002	
3	Subtract line 2e from line 13	39,798,159
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 7b4a58,565	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c58,565	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	59,856,724

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	19,987,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e0	
3	Subtract line 2e from line 13	39,987,787
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 7b4a58,565	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c58,565	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	510,046,352

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS ARE USED FOR EDUCATION, CARDIOLOGY RESEARCH, CARDIAC SURGERY RESEARCH AND TO SUPPORT RESEARCH CHAIRS AND PHYSICIAN RESEARCH
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING IT IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AND IS NOT A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(III) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS ALSO EXEMPT FROM MINNESOTA INCOME TAXES UNDER MINNESOTA STATUTE CHAPTER 290.05. THE FOUNDATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ONLY ON ANY UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 511 OF THE INTERNAL REVENUE CODE. THE FOUNDATION'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. THE FOUNDATION RECORDED NO AMOUNTS IN 2010 AND 2009 FOR UNRECOGNIZED TAX BENEFITS. THE FOUNDATION'S 2007 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 12,932 CONTRIBUTION GAIN 1,950
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONTRIBUTION GAIN 1,950 CHANGE IN VALUE OF SPLIT INTEREST VALUE -12,932

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MINNEAPOLIS HEART INSTITUTE FOUNDATION

Employer identification number
41-1426406

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

- 3

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GALA</u>	<u>GOLF TOURNAMENT</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	632,100	115,415	51,623	799,138	
	2	Less Charitable contributions	562,350	86,542	39,570	688,462	
3	Gross income (line 1 minus line 2)	69,750	28,873	12,053	110,676		
Direct Expenses	4	Cash prizes	0	0	0		
	5	Non-cash prizes	0	0	0		
	6	Rent/facility costs	0	0	500	500	
	7	Food and beverages	65,871	8,477	11,199	85,547	
	8	Entertainment	35,750	0	0	35,750	
	9	Other direct expenses	70,975	16,139	6,067	93,181	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					214,978
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-104,302

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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
MINNEAPOLIS HEART INSTITUTE FOUNDATION

Employer identification number
41-1426406

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) UNIVERSITY OF MINNESOTA308 HARVARD STREET SOUTHEAST MINNEAPOLIS,MN 55455	41-6007513	501(C)(3)	83,743		N/A	N/A	MEDICAL RESEARCH - FEDERAL SUB-AWARD
(2) ST PAUL HEART CLINIC 225 SMITH AVENUE NORTH SUITE 400 SAINT PAUL, MN 551022568		N/A	105,706		N/A	N/A	MEDICAL RESEARCH - FEDERAL SUB-AWARD
(3) METROPOLITAN CARDIOLOGY CONSULTANTS4040 COON RAPIDS BOULEVARD SUITE 120 MINNEAPOLIS, MN 554334568		N/A	119,438		N/A	N/A	MEDICAL RESEARCH - FEDERAL SUB-AWARD

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

2

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FOUNDATION REQUIRES REPORTING BY THE GRANTEE AT THE BEGINNING OF THE GRANT PROJECT AND ALSO WITHIN THIRTY DAYS OF COMPLETION OF THE PROJECT BOTH A STATEMENT OF ACTIVITIES AND A FINANCIAL SUMMARY ARE REQUIRED AT BOTH DATES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization MINNEAPOLIS HEART INSTITUTE FOUNDATION	Employer identification number 41-1426406
--	--

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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	No
b	Any related organization?	5b	No
	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	No
b	Any related organization?	6b	No
	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
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) JAMES V TOSCANO	(i)	221,439	0	6,490	16,940	12,004	256,873	0
	(ii)	0	0	0	0	0	0	0
(2) JOE COSICO	(i)	169,994	0	19,161	15,067	23,679	227,901	0
	(ii)	0	0	0	0	0	0	0
(3) BARRY MARON MD	(i)	241,436	0	762	18,206	6,017	266,421	0
	(ii)	0	0	0	0	0	0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	J TOSCANO - HEALTH OR SOCIAL CLUB DUES - \$4,971 - NOT INCLUDED IN TAXABLE INCOME, BUSINESS USE ONLY

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 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 MINNEAPOLIS HEART INSTITUTE FOUNDATION	Employer identification number 41-1426406
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE FOUNDATION'S EXECUTIVE COMMITTEE CONSISTS OF THE BOARD OFFICERS, CHAIRS OF EACH COMMITTEE OF THE BOARD AND ANY OTHER SUCH MEMBERS AS DIRECTED BY THE CHAIR THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE BOARD BETWEEN MEETINGS OF THE BOARD, EXCEPT THAT IS SHALL NOT HAVE THE POWER TO FILL VACANCIES OF ITS OWN MEMBERSHIP NOR VACANCIES IN THE MEMBERSHIP OF THE BOARD OF DIRECTORS, THE POWER TO FILL SUCH VACANCIES BEING VESTED IN THE BOARD IN ADDITION, UNLESS OTHERWISE DIRECTED BY THE BOARD, THE EXECUTIVE COMMITTEE SHALL FUNCTION AS THE PERSONNEL, FINANCE AND AUDIT COMMITTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		M NICHOLAS BURKE AND FORREST BURKE - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE FOUNDATION'S BY LAWS WERE AMENDED TO INCREASE THE NUMBER OF INDIVIDUALS ON THE BOARD OF DIRECTORS FROM THIRTY TO THIRTY-SIX

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS IN ADVANCE OF THE MEETING WHERE ACTION IS TAKEN TO APPROVE OR MODIFY THE FORM 990. UPON APPROVAL, THE FORM 990 IS FILED WITH GOVERNMENT AGENCIES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, MANAGEMENT, PHYSICIANS AND EMPLOYEES CONDUCTING RESEARCH ARE COVERED BY THE CONFLICT OF INTEREST POLICY. CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE RETURNED TO THE PRESIDENT ANNUALLY. THE PRESIDENT REVIEWS EACH DISCLOSURE STATEMENT AND CONFERS WITH THE BOARD CHAIR TO ADDRESS ANY CONFLICTS. THOSE INDIVIDUALS WITH CONFLICTS ARE EXCUSED FROM THE PORTION OF ANY MEETING WHERE A DECISION IS MADE REGARDING A TRANSACTION THAT GIVES RISE TO THE CONFLICT. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE FOR THE PRESIDENT AND MANAGEMENT TEAM (VP RESEARCH OPERATIONS, VP EDUCATION, VP EXTERNAL AFFAIRS, AND CFO) THE EXECUTIVE COMMITTEE OBTAINS COMPARABLE COMPENSATION DATA FROM SURVEYS AND/OR CONSULTANTS TO ASSIST THEM IN THEIR DELIBERATIONS ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE INDEPENDENT OF THE PRESIDENT AND MANAGEMENT TEAM THE DELIBERATION AND DECISION PROCESS IS CONTEMPORANEOUSLY SUBSTANTIATED IN THE EXECUTIVE COMMITTEE MEETING MINUTES COMPENSATION FOR THE PRESIDENT J TOSCANO WAS REVIEWED IN 2009 COMPENSATION PACKAGES FOR THE VP RESEARCH OPERATIONS, J COSICO, VP EDUCATION, J BOUCHER, VP EXTERNAL AFFAIRS, S FINK, AND CFO, D STENNES-ROGNESS WERE REVIEWED IN MARCH, 2009

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION'S OFFICES IF REQUESTED, COPIES ARE AVAILABLE BY MAIL THE AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, AND FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE THE FORM 990 AND ALL ACCOMPANYING SCHEDULES ARE AVAILABLE ON-LINE THROUGH GUIDESTAR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,383,984 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -12,932 CONTRIBUTION GAIN 1,950 TOTAL TO FORM 990, PART XI, LINE 5 1,373,002

Additional Data

Software ID:

Software Version:

EIN: 41-1426406

Name: MINNEAPOLIS HEART INSTITUTE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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				
JAMES V TOSCANO PRESIDENT	40 00	X		X				227,929	0	28,944	
M NICHOLAS BURKE MD CHAIR	1 00	X		X				0	0	0	
ANN BENTDAHL VICE-CHAIR	1 00	X		X				0	0	0	
TAMARRA GIERTZ SECRETARY	1 00	X		X				0	0	0	
JERRY JOHNSON TREASURER	1 00	X		X				0	0	0	
PHIL ANKENY DIRECTOR	1 00	X						0	0	0	
FORREST BURKE DIRECTOR	1 00	X						0	0	0	
BARBARA BURWELL DIRECTOR	1 00	X						0	0	0	
BRADLEY CHAPIN DIRECTOR	1 00	X						0	0	0	
DEBORAH DIXSON DIRECTOR	1 00	X						0	0	0	
BARBARA SPELL DOVOLIS DIRECTOR	1 00	X						0	0	0	
MARNA FULLERTON DIRECTOR	1 00	X						0	0	0	
MORRIS GOODWIN JR DIRECTOR	1 00	X						0	0	0	
KEVIN GRAHAM MD DIRECTOR	1 00	X						0	0	0	
ELIZABETH GREY MD DIRECTOR	1 00	X						0	0	0	
ROBERT HAUSER MD DIRECTOR	1 00	X						0	0	0	
ALAN HIRSCH MD DIRECTOR	1 00	X						0	0	0	
MORRISON HODGES MD DIRECTOR	1 00	X						0	0	0	
ELIZABETH HOWELL DIRECTOR	1 00	X						0	0	0	
DAVID HURRELL MD DIRECTOR	1 00	X						0	0	0	
BEN JAFFRAY DIRECTOR	1 00	X						0	0	0	
WILLIAM KATSIYIANNIS MD DIRECTOR	1 00	X						0	0	0	
WILLIAM KAUFMAN DIRECTOR	1 00	X						0	0	0	
THOMAS KELLER III DIRECTOR	1 00	X						0	0	0	
MAUREEN KUCERA-WALSH DIRECTOR	1 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CASEY LAWLER MD DIRECTOR	1 00	X						0	0	0
RICK LEGGOTT DIRECTOR	1 00	X						0	0	0
RICHARD MEYER EX-OFFICIO MEMBER	1 00	X						0	0	0
MICHAEL MOONEY MD DIRECTOR	1 00	X						0	0	0
STUART NOLAN PAST CHAIR/DIRECTOR	1 00	X						0	0	0
CINDY PIPER DIRECTOR	1 00	X						0	0	0
OCTAVIO PORTU DIRECTOR	1 00	X						0	0	0
COLLEEN SARGENT DIRECTOR	1 00	X						0	0	0
ROBERT SCOTT MD DIRECTOR	1 00	X						0	0	0
JOHN SEABERG DIRECTOR	1 00	X						0	0	0
STEVE SJOBLAD DIRECTOR	1 00	X						0	0	0
ARCHIE SMITH DIRECTOR	1 00	X						0	0	0
TIM SULLIVAN MD DIRECTOR	1 00	X						0	0	0
EMILY ANN TUTTLE DIRECTOR	1 00	X						0	0	0
ROBERT VAN TASSEL MD DIRECTOR	1 00	X						0	0	0
SHELDON WERT DIRECTOR	1 00	X						0	0	0
DANIEL B STENNES-ROGNESS CHIEF FINANCIAL OFFICER	40 00			X				127,479	0	17,433
JOE COSICO VICE PRESIDENT - RESEARCH OPERATIONS	40 00				X			189,155	0	38,746
BARRY MARON MD DIRECTOR - HCM RESEARCH	40 00					X		242,198	0	24,223
JACKIE BOUCHER VICE PRESIDENT - EDUCATION	40 00					X		130,087	0	17,433
SUSAN FINK VICE PRESIDENT - EXTERNAL RELATIONS	40 00					X		102,628	0	6,728
JEFF VAN WORMER DIRECTOR - HEART OF NEW ULM	40 00					X		102,049	0	14,785