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Form 990

## Return of Organization Exempt From Income Tax

2010

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

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

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
MINNEAPOLIS HEART INSTITUTE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
920 E 28TH STREET NO 100

Room/suite

City or town, state or country, and ZIP + 4  
MINNEAPOLIS, MN 554071191F Name and address of principal officer  
JAMES V TOSCANO  
920 E 28TH STREET NO 100  
MINNEAPOLIS, MN 554071191H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.MPLSHEART.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1981

M State of legal domicile  
MN

## Part I Summary

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 ► 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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h) . . . . .	7,997,715	6,194,845
9	Program service revenue (Part VIII, line 2g) . . . . .	2,624,269	2,560,056
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-1,697,738	459,845
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	704,013	641,978
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,628,259	9,856,724

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12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,628,259	9,856,724
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) ► 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

		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) . . . . .  Yes  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?  Yes  No**

If "Yes," describe these new services on Schedule O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No**

If "Yes," describe these changes on Schedule O

**4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

**4a (Code) (Expenses \$) 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 (MNCCTR), 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 DR'S 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 KATSYIANNIS, 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. BESESIDES 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**

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

**2** Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

**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.

**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.

**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.

**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.

**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.

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

**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.

**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.

**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.

**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.

**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.

**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.

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

**f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

**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.

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

**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.

**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.

**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.

**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)

**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.

**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.

**20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

**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)

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	b A family member of a current or former officer, director, trustee, or key employee? 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	
36	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	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36	No	
37	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		38	Yes	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O				

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	87
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	92
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	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>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a	34	
1b	33	
2	Yes	
3		No
4	Yes	
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MN , IL , AZ , FL , NY , 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

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 ►

DANIEL B STENNES-ROGNESS  
920 E 28TH STREET SUITE 100  
MINNEAPOLIS, MN 554071191  
(612) 863-3789



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

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>4</b>		

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	34,959				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	688,462				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,061,882				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,409,542				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		16,456				
	<b>h Total.</b> Add lines 1a-1f . . . . .			6,194,845			
<b>Program Service Revenue</b>	<b>2a</b> RESEARCH STUDY REVENUE		Business Code				
			541900	2,346,456		2,346,456	
	<b>b</b> MISC PROGRAM SVC REV		900099	115,086	104,961	10,125	
	<b>c</b> TUITION REVENUE		611600	67,414	67,414		
	<b>d</b> EECP PROGRAM REVENUE		541900	16,800	16,800		
	<b>e</b> TRAINING IN CT ANGIO		611600	14,300	14,300		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .			2,560,056			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
				434,665		434,665	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
	3,485,080						
	3,459,900						
	25,180						
	<b>d</b> Net gain or (loss) . . . . .			25,180		25,180	
<b>8a</b> Gross income from fundraising events (not including \$ 688,462 of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>		110,676					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	214,978					
<b>c</b> Net income or (loss) from fundraising events . . . . .			-104,302		-104,302		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b> LICENSING FEES		900099	746,280		746,280		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			746,280				
<b>12 Total revenue.</b> 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 checked="" 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1,607,051	<b>1</b> 3,719,770
	2 Savings and temporary cash investments . . . . .	2	
	3 Pledges and grants receivable, net . . . . .	1,885,328	<b>3</b> 1,365,158
	4 Accounts receivable, net . . . . .	1,667,478	<b>4</b> 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	<b>9</b> 23,396
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,804,920	
	b Less accumulated depreciation . . . . .	10b 1,403,655	<b>10c</b> 385,450 401,265
	11 Investments—publicly traded securities . . . . .	14,782,646	<b>11</b> 15,510,581
	12 Investments—other securities See Part IV, line 11 . . . . .	1,784,110	<b>12</b> 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	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	22,145,432	<b>16</b> 23,657,369
Liabilities	17 Accounts payable and accrued expenses . . . . .	1,429,964	<b>17</b> 1,773,214
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	107,552	<b>19</b> 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	<b>25</b> 199,816
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,747,117	<b>26</b> 2,075,680
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	3,850,417	<b>27</b> 5,147,790
	28 Temporarily restricted net assets . . . . .	4,093,791	<b>28</b> 3,938,615
	29 Permanently restricted net assets . . . . .	12,454,107	<b>29</b> 12,495,284
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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	<b>33</b> 21,581,689
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	22,145,432	<b>34</b> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d 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? <input type="checkbox"/>	3a	Yes
3b 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 <input type="checkbox"/>	3b	Yes

2010

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName 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	
<b>Total</b>									

**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 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**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 <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (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 <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b</b> <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
20 <b>Private Foundation</b> 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).

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### **Facts And Circumstances Test**

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2010

Open to Public  
Inspection**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.

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?  Yes  No

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?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically 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
2a	
2b	
2c	
2d	

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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
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

	Yes	No
3a(i) unrelated organizations . . . . .		No
3a(ii) related organizations . . . . .		No

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

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
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					401,265

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIP INVESTMENTS	265,530	F
(B) HEDGE FUNDS	1,000,749	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	1,266,279	

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

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

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	1,006
DEFERRED RENT	198,810
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	199,816

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,856,724
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,046,352
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-189,628
4	Net unrealized gains (losses) on investments	4	1,383,984
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	9	1,373,002
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,183,374

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	11,171,161
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,383,984
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-10,982
e	Add lines 2a through 2d . . . . .	2e	1,373,002
3	Subtract line 2e from line 1 . . . . .	3	9,798,159
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 7b . . . . .	4a	58,565
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	58,565
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	9,856,724

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

1	Total expenses and losses per audited financial statements . . . . .	1	9,987,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	9,987,787
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 7b . . . . .	4a	58,565
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	58,565
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	10,046,352

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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.**

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

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

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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
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)	
Revenue	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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	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? . . . . .				<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "No," Explain . . . . .				
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .				<input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>a</b> The organization's facility	13a
<b>b</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)**

## **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**

**► Attach to Form 990**

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MINNEAPOLIS HEART INSTITUTE FOUNDATION**

**Employer identification number**

## **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.

**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**Department of the Treasury  
Internal Revenue Service

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.**

**Open to Public Inspection****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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**4a** No

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**4b** No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c** No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**5a** No

**a** The 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

**6a** No

**a** The 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 (ii) 0	0 0	6,490 0	16,940 0	12,004 0	256,873 0	0 0
(2) JO E COSICO	(i) 169,994 (ii) 0	0 0	19,161 0	15,067 0	23,679 0	227,901 0	0 0
(3) BARRY MARON MD	(i) 241,436 (ii) 0	0 0	762 0	18,206 0	6,017 0	266,421 0	0 0
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**Part III Supplemental Information**

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

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.

**2010****Open to Public  
Inspection****Name of the organization**

MINNEAPOLIS HEART INSTITUTE FOUNDATION

**Employer identification number**

41-1426406

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4		THE FOUNDATION'S BYLAWS 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	Official	Key employee	Highest compensated employee			
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			
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-ROGNES 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