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2013

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable	C Name of organization MINNEAPOLIS HEART INSTITUTE FOUNDATION		D Employer identification number 41-1426406
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 920 E 28TH STREET NO 100		E Telephone number (612) 863-3833
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554071191		
<input type="checkbox"/> Application pending			G Gross receipts \$ 17,253,173
F Name and address of principal officer CHARLES ZAUGG 920 E 28TH STREET NO 100 MINNEAPOLIS, MN 554071191		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? If "No," attach a list (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1982	M State of legal domicile MN
J Website: ► WWW MPLSHEART.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			

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	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	102
6 Total number of volunteers (estimate if necessary)	6	1,200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,954
b Net unrelated business taxable income from Form 990-T, line 34	7b	-4,954

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	6,634,782	6,936,881
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,763,629	3,362,648
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	664,719	1,175,001
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,103,583	607,321
	11,166,713	12,081,851
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	144,813	18,579
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)	5,806,420	5,903,538
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 801,671		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,042,884	4,267,878
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,994,117	10,189,995
19 Revenue less expenses Subtract line 18 from line 12	1,172,596	1,891,856

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	24,907,596	28,843,307
22 Net assets or fund balances Subtract line 21 from line 20	1,857,613	1,950,690
	23,049,983	26,892,617

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 CHARLES ZAUGG CHIEF FINANCIAL OFFICER Type or print name and title	2014-10-23 Date
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Paid Preparer Use Only	Print/Type preparer's name HAROLD PARSONS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01484734
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
	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 AccomplishmentsCheck if Schedule O contains a response or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,691,327 including grants of \$ 18,579) (Revenue \$ 3,062,786)

RESEARCH CARDIOVASCULAR CELL THERAPY WAS A HIGHLIGHT OF 2013. THE NIH AWARDED MHIF A SEVEN YEAR GRANT (CCTRNI II) TO CONTINUE THE WORK WITH CELL THERAPY AND CARDIOVASCULAR DISEASE. THESE COLLABORATIONS HAVE RESULTED IN BETTER ACCESS TO NOVEL THERAPIES FOR PATIENTS WITH HEART DISEASE, AND EXPANDED THE SCIENTIFIC KNOWLEDGE AND UNDERSTANDING OF CELL THERAPY TECHNOLOGY. IN ADDITION TO THE CCTRNI II GRANT, WE WERE AWARDED A NURSE TRAINING GRANT FROM THE NIH TO TRAIN RESEARCH NURSE COORDINATORS IN STEM CELL RESEARCH. IN 2014 WE TRAINED 3 TRAINEES ON CONDUCTING STEM CELL RESEARCH STUDIES. WE ACCOMPLISHED THIS THROUGH JOURNAL CLUB, WEEKLY MEETINGS WITH RECORDED OR LIVE PRESENTATIONS AND OBSERVATIONS ON STEM CELL CASES. THE FIFTH INTERNATIONAL HYPERTROPHIC CARDIOMYOPATHY SUMMIT WAS HELD SEPTEMBER 27-29, 2013 IN MINNEAPOLIS. A RECORD OF MORE THAN 230 ATTENDEES FROM 16 COUNTRIES AND 29 STATES TRAVELED TO MINNESOTA TO ATTEND THE SUMMIT. PROVIDED ATTENDEES WITH AN OPPORTUNITY TO LEARN THE CLINICAL, MORPHOLOGIC AND GENETIC SPECTRUM OF HYPERTROPHIC CARDIOMYOPATHY (HCM) FROM A WORLD-RENNED FACULTY AND EXPLORED THE DIVERSE VIEWS ON THE NATURAL HISTORY AND ASSESSMENT OF RISK FOR SUDDEN DEATH. THE FIRST ANNUAL VALVE SUMMIT 2014 WAS HELD APRIL 24-25TH OF THIS YEAR WITH DR. PAUL SORAJJA AND WESLEY PEDERSEN AS CO-MODERATORS. THE GOAL OF THE CONFERENCE WAS TO PROVIDE OPPORTUNITIES FOR INTERVENTIONAL CARDIOLOGISTS, CARDIAC SURGEONS AND CLINICAL CARDIOLOGISTS TO LEARN FROM LEADING EXPERTS FROM ACROSS THE COUNTRY. THERE WERE KEY FACULTY PRESENTING INNOVATIONS IN SURGICAL AND CATHETER-BASED VALVE THERAPIES, AS WELL AS DISCUSSIONS RELATED TO THE LATEST GUIDELINES AND RECOMMENDATIONS FOR CLINICAL PRACTICE. EDUCATION WAS PROVIDED TO ATTENDEES IN EFFORTS TO LEARN HOW TO DELIVER APPROPRIATE CARE ACROSS THE ENTIRE SPECTRUM OF DISEASE MANIFESTATION BY GAINING A DETAILED UNDERSTANDING OF NEW SETS OF INDICATIONS, COMPLICATIONS AND OUTCOMES. THE VALVE SUMMIT 2014 OFFERED OPPORTUNITIES TO DEVELOP PRACTICAL SKILLS, EXCHANGE IDEAS, AND LEARN FROM EXPERTS AND COLLEAGUES FROM ACROSS THE COUNTRY. MHIF MAINTAINED SEVERAL RESEARCH DATABASES FROM WHICH OUR INVESTIGATORS EXTRACTED DATA DURING 2013. MHIF RESEARCHERS PRESENTED THEIR ANALYSES AND FINDINGS IN OVER 150 LECTURES OR POSTER PRESENTATIONS AND PUBLISHED 108 ARTICLES IN SCIENTIFIC, PEER-REVIEWED JOURNALS DURING THE YEAR. MHIF HAD 155 IRB APPROVED PROTOCOLS IN 2013. IT HAD A ROBUST PIPELINE OF RESEARCH PROJECTS THAT WERE SHARED THROUGH PRESENTATIONS AND PEER-REVIEWED PUBLICATIONS WITHIN THE CARDIOVASCULAR COMMUNITY. MHIF BENEFITED FROM THE GENEROSITY OF THE PHILANTHROPIC COMMUNITY. WE CONTINUED TO BE INDEBTED TO INDIVIDUALS FOR THEIR CONTRIBUTIONS IN THE QUEST TO PREVENT, TREAT AND CARE FOR THOSE WITH CARDIOVASCULAR DISEASE.

4b (Code) (Expenses \$ 2,262,873 including grants of \$ 0) (Revenue \$ 212,801)

EDUCATION AT THE MINNEAPOLIS HEART INSTITUTE FOUNDATION (MHIF), RESEARCH IS COMPLEMENTED BY EDUCATION AND POPULATION PROGRAMS THAT IMPROVE THE HEALTH AND CARE OF INDIVIDUALS AND COMMUNITIES. IN 2013, MHIF CONTINUED TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR STUDENTS AND HEALTH PROFESSIONALS ALONG WITH SEVERAL SUCCESSFUL POPULATION HEALTH PROGRAMS. MHIF HOSTED SEVERAL EDUCATIONAL EVENTS FOR HEALTH PROFESSIONALS IN 2013. IN APRIL, MHIF HOSTED CONNECTING TO TRANSFORM COMMUNITIES STAKEHOLDERS IN HEALTH AND WELLNESS. THIS EVENT HIGHLIGHTED SUCCESSFUL POPULATION HEALTH PROGRAMS, SHARED SUCCESSES AND PROMOTED ADDITIONAL COLLABORATION. THE CONFERENCE WAS WELL ATTENDED (262 PARTICIPANTS) AND WELL-RECEIVED (99% OF EVALUATIONS INDICATED THAT ATTENDEES WOULD RECOMMEND THE EVENT TO OTHERS). IN ADDITION, THE FIFTH INTERNATIONAL HYPERTROPHIC CARDIOMYOPATHY SUMMIT WAS HOSTED IN 2013. A RECORD NUMBER OF ATTENDEES PARTICIPATED IN THIS CONFERENCE, HELD AT THE END OF SEPTEMBER. MORE THAN 230 ATTENDEES FROM 16 COUNTRIES AND 29 STATES TRAVELED TO MINNESOTA TO JOIN DR. BARRY MARON AND HIS WORLD-RENNED FACULTY TO DISCUSS HYPERTROPHIC CARDIOMYOPATHY, THE MOST COMMON GENETIC HEART DISEASE. IN OCTOBER, MHIF ONCE AGAIN HOSTED A CONFERENCE FOR CARDIOVASCULAR NURSES. THE THEME FOR THE CONFERENCE WAS OUR NEIGHBORS, OUR WORLD AND FEATURED A GLOBAL HEALTH KEYNOTE. OTHER PROFESSIONAL EDUCATION PROGRAMS AT MHIF INCLUDED WEEKLY CARDIOVASCULAR GRAND ROUNDS SESSIONS AND OUR SUMMER RESEARCH INTERNSHIP PROGRAM. IN 2013, 14 INTERNs WERE SELECTED FROM 125 APPLICANTS. THESE STUDENTS CONTRIBUTED TO RESEARCH AT THE FOUNDATION AND HELPED TO COMPLETE MULTIPLE PUBLICATIONS AND PRESENTATIONS. IN ADDITION TO THESE PROFESSIONAL EDUCATION ACTIVITIES, MHIF LED SEVERAL POPULATION HEALTH INITIATIVES. IN 2013, MHIF BUILT ON THE SUCCESS OF ITS FOOD EXPLORERS PROGRAM. THIS SCHOOL-BASED EXPERIMENTAL NUTRITION PROGRAM ENCOURAGES KINDERGARTEN AND FIRST GRADE STUDENTS TO TRY NEW RECIPES THEY MAKE THEMSELVES FEATURING FRUITS AND VEGETABLES. MHIF SECURED A \$10,000 ACADEMY OF NUTRITION AND DIETETICS/GENERAL MILLS FOUNDATION CHAMPIONS FOR HEALTHY KIDS GRANT TO OFFER THE PROGRAM IN ADDITIONAL SCHOOLS AND INTEGRATE A PHYSICAL ACTIVITY COMPONENT AND A \$10,000 HEALTHY FOODS, HEALTHY LIVES GRANT TO IMPROVE COLLABORATION ON THE PROJECT. TWENTY-FOUR PARENT AND STUDENT VOLUNTEER LEADERS WERE RECRUITED AND TRAINED TO DELIVER THE 120 LESSONS FROM JANUARY TO MARCH 2014. TEACHERS WERE TRAINED TO PROVIDE EXTENSION ACTIVITIES DURING THE SCHOOL DAY AND FOOD SERVICE STAFF WILL OFFER AND ENCOURAGE TARGETED FRUITS AND VEGETABLES IN THE LUNCHROOM. THE PROGRAM WILL REACH OVER 600 STUDENTS, INCLUDING MANY LOW-INCOME STUDENTS, IN FIVE SCHOOLS IN EAGAN, BLOOMINGTON, BURNSVILLE AND NEW ULM. ANOTHER KEY POPULATION HEALTH INITIATIVE WAS THE HEARTS BEAT BACK SOCIAL MEDIA INITIATIVE. THIS INITIATIVE EMPOWERS INDIVIDUALS WITH HEART DISEASE AND THOSE AT RISK FOR HEART DISEASE WITH CREDIBLE INFORMATION, SOCIAL SUPPORT AND BEHAVIOR CHANGE STRATEGIES TO IMPROVE THEIR HEALTH. AND INCLUDES SOCIAL MEDIA CAMPAIGNS AS WELL AS AN E-NEWSLETTER. ENGAGEMENT, REACH AND OTHER SUCCESS MEASURES FOR THIS INITIATIVE EXCEEDED EXPECTATIONS. THE WOMEN'S HEART HEALTH PROGRAM AT MHIF CONTINUED ITS PARTNERSHIP WITH WOMENHEART. THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE IN 2013 TOGETHER, THEY DEVELOPED THREE ADDITIONAL EDUCATIONAL VIDEOS AND CURRICULUM TO SUPPORT THE WOMENHEART VOLUNTEER-LED SUPPORT NETWORK ACROSS THE UNITED STATES. THE PROGRAM ALSO BEGAN WORK ON AN EVALUATION OF THIS SUPPORT NETWORK. IN ADDITION, THE WOMEN'S ONLY CARDIAC SUPPORT GROUP CONTINUED TO MEET ON A BI-WEEKLY BASIS. THIS PROGRAM IS DESIGNED TO PROVIDE HELPFUL INFORMATION ABOUT LIVING A HEALTHY LIFESTYLE, AND OFFER SOCIAL SUPPORT TO WOMEN LIVING WITH HEART DISEASE OR THOSE WHO DESIRE TO PREVENT HEART DISEASE. THE GROUP FILLS THE GAP BETWEEN HIGHLY TECHNICAL, COMPLEX CARE AND RECOMMENDED HEALTH THERAPIES. THE WOMEN'S HEART HEALTH PROGRAM ALSO LAUNCHED THE BROACH STUDY (BROADENING THE ROLE OF OBGYNs IN ASSESSING CARDIOVASCULAR HEALTH). THIS STUDY WILL EVALUATE THE STATE OF CARDIOVASCULAR SCREENING AND PRIMARY PREVENTION BY OBGYNs, PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS WHO SPECIALIZE IN OBGYN CARE IN MINNESOTA. THIS PROJECT IS A COLLABORATIVE PROJECT THAT MHIF IS LEADING WITH MAYO CLINIC, UNIVERSITY OF MINNESOTA AND ALLINA HEALTH IN PARTNERSHIP WITH ALLINA HOSPITALS & CLINICS, NEW ULM MEDICAL CENTER AND THE RESIDENTS OF NEW ULM. MHIF DELIVERED THE FIFTH YEAR OF A 10-YEAR RESEARCH AND DEMONSTRATION PROJECT CALLED HEARTS BEAT BACK. THE HEART OF NEW ULM (HONU) 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 2013, HONU WAS FEATURED IN AT LEAST SIX NATIONAL MEDIA ARTICLES AND 34 LOCAL MEDIA ARTICLES. AMONG THEM, THE EATINGWELL MAGAZINE, MPLS/ST. PAUL MAGAZINE, TPT'S "REDESIGNING MN" TELEVISION SHOW AND FAMILY PRACTICE NEWS. IN 2013, NEW ULMITES PARTICIPATED IN THE LOSE IT TO WIN IT COMMUNITY HEALTH CHALLENGE. AS OF YEAR END, MORE THAN 3,300 POUNDS WERE LOST BY 2,238 PARTICIPANTS WHO WEIGHED IN USING THE PROGRAM'S KIOSKS. WORK WAS ALSO COMPLETED ON A FARMERS MARKET PROMOTION PROGRAM THAT EXTENDED THE FARMERS MARKET SEASON, ADDED A FARMERS MARKET LOCATION, AND INCREASED UTILIZATION OF THE MARKET. OTHER COMMUNITY INITIATIVES INCLUDED CONTINUATION OF THE SWAP IT TO DROP IT SOCIAL MARKETING CAMPAIGN DESIGNED TO PROMOTE THE SIMPLE MESSAGE THAT 100 CALORIE SWAPS CAN HELP YOU LOSE WEIGHT AND THE IMPLEMENTATION OF "MENU FAIRY" VIDEOS ENCOURAGING VIEWERS TO MAKE HEALTHIER CHOICES WHEN EATING OUT. WORKSITE INITIATIVES INCLUDED CREATION OF A NEW DATABASE TO IMPROVE REPORTING, COMMUNICATIONS AND TRACKING RELATED TO WORKSITE INITIATIVES, A SELF-CARE PROGRAM ASSESSMENT AND IMPROVEMENTS TO BENEFIT DESIGNS TO COMPLY WITH THE AFFORDABLE CARE ACT. THE HONU TEAM ALSO CONTINUED TO WORK CLOSELY WITH THE HEALTHCARE SYSTEM IN NEW ULM. IN 2013, THE HEARTBEAT CONNECTIONS TELEPHONIC HEALTH COACHING PROGRAM WORKED WITH NEARLY 600 PEOPLE ON PRIMARY AND SECONDARY PREVENTION. RESULTS OF THE PROGRAM REVEAL THAT PROGRAM PARTICIPANTS WHEN COMPARED WITH A SIMILAR GROUP OF ELIGIBLE, NON-PARTICIPANTS SIGNIFICANTLY IMPROVED THEIR LDL (THE PROPORTION WITH LDL <100 MG/DL INCREASED BY 70% IN ENROLLEES VS. 24% IN NON-ENROLLEES). ADDITIONALLY, TWO EVENTS OFFERING CME WERE HELD FOR NEW ULM PROVIDERS IN 2013. THE FIRST EVENT FEATURED PUJA K. MEHTA, MD, FACC, DIRECTOR, NON-INVASIVE VASCULAR FUNCTION RESEARCH LAB AND CO-DIRECTOR, CARDIO-ONCOLOGY PROGRAM AT THE BARBRA STREISAND WOMEN'S HEART CENTER, CEDARS-SINAI HEART INSTITUTE IN LOS ANGELES. DR. MEHTA SPOKE ON THE TOPIC, "ISCHEMIC HEART DISEASE: KEY GENDER DIFFERENCES CLINICIANS SHOULD UNDERSTAND." THE SECOND EVENT FEATURED COURTNEY JORDAN BAECHLER, MD, MS, VICE PRESIDENT OF THE CLINICAL SERVICE LINE AT PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING, AND MEDICAL DIRECTOR OF THE HEALTHY COMMUNITIES PARTNERSHIP. DR. BAECHLER SPOKE ON THE TOPIC, "AN APPROACH TO HYPERTENSION USING INTEGRATIVE MEDICINE." IN 2013, WORK ALSO BEGAN TO REPLICATE SOME HONU INITIATIVES IN SPRINGFIELD AND SLEEPY EYE, MINN. AS PART OF THE HEART OF BROWN COUNTY, FUNDED BY THE CENTERS FOR DISEASE CONTROL.

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 ► 7,954,200

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 instructions)?

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 for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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 XI

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

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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		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	33		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	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. 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 or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	71	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	102	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		No
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e		No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966? . . .			
b Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a		No
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 or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	29		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> MN	<input type="checkbox"/> FL	<input type="checkbox"/> IL	<input type="checkbox"/> NJ	<input type="checkbox"/> NY	<input type="checkbox"/> ND	<input type="checkbox"/> WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)			
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year							
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	<input checked="" type="checkbox"/> CHARLES ZAUGG 920 E 28TH STREET SUITE 100						
	MINNEAPOLIS, MN 554071191	(612) 863-1658					

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

Check if Schedule O contains a response or note to any line in this Part VI

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►10**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALLINA HEALTH	2925 CHICAGO AVENUE S	MINNEAPOLIS MN 55407
INCENTAHEALTH LLC	4600 ULSTER STREET SUITE 850	DENVER CO 80237

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 30,932			
	b Membership dues	1b			
	c Fundraising events	1c 457,185			
	d Related organizations	1d			
	e Government grants (contributions)	1e 752,064			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,696,700			
	g Noncash contributions included in lines 1a-1f \$		13,410		
	h Total. Add lines 1a-1f		6,936,881		
Program Service Revenue	2a RESEARCH STUDY REVENUE	Business Code 541900	3,062,786		3,062,786
	b TUITION REVENUE	611600	160,267	160,267	
	c MISC PROGRAM SVC REV	900099	122,795	122,795	
	d EECP PROGRAM REVENUE	541900	16,800	16,800	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		3,362,648		
	3 Investment income (including dividends, interest, and other similar amounts)		301,833		-4,954
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	5,780,318				
c Gain or (loss)	4,907,150				
d Net gain or (loss)	873,168		873,168		873,168
8a Gross income from fundraising events (not including \$ <u>457,185</u> of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a 70,660				
c Net income or (loss) from fundraising events	b 264,172		-193,512		-193,512
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a LICENSING FEES	900099	800,833			800,833
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		800,833			
12 Total revenue. See Instructions		12,081,851	299,862	-4,954	4,850,062

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)

Check if Schedule O contains a response or note to any line in this Part IX

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 United States See Part IV, line 21	18,579	18,579		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	950,423	420,131	234,678	295,614
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	4,069,224	3,250,583	564,968	253,673
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	264,023	218,462	35,590	9,971
9 Other employee benefits	239,101	172,564	48,970	17,567
10 Payroll taxes	380,767	289,961	56,773	34,033
11 Fees for services (non-employees)				
a Management				
b Legal	5,799		5,799	
c Accounting	27,482		27,482	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	66,791		66,791	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,522,353	2,350,149	137,691	34,513
12 Advertising and promotion	55,475	55,475		
13 Office expenses	238,533	174,627	10,553	53,353
14 Information technology	61,623	49,074	3,692	8,857
15 Royalties				
16 Occupancy	557,581	429,553	76,278	51,750
17 Travel	388,040	351,990	30,126	5,924
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	135,249	54,090	69,780	11,379
23 Insurance	43,666	32,926	10,740	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	108,756	77,677	22,270	8,809
b PROVISION FOR BAD DEBTS	28,385		28,385	
c COMMUNITY RELATIONS	23,139	4,333	3,258	15,548
d AUDIO VISUAL	5,006	4,026	300	680
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,189,995	7,954,200	1,434,124	801,671
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year	
Assets				
1	Cash—non-interest-bearing	551,406	1	136,682
2	Savings and temporary cash investments	2,050,996	2	1,310,332
3	Pledges and grants receivable, net	2,009,544	3	4,305,483
4	Accounts receivable, net	1,612,491	4	1,238,239
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other 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) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	60,871	9	83,319
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,021,959	
b	Less accumulated depreciation	10b	697,689	411,736
			10c	324,270
11	Investments—publicly traded securities	16,297,478	11	18,860,891
12	Investments—other securities See Part IV, line 11	1,796,218	12	2,467,736
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	116,856	15	116,355
16	Total assets. Add lines 1 through 15 (must equal line 34)	24,907,596	16	28,843,307
Liabilities				
17	Accounts payable and accrued expenses	1,509,373	17	1,604,500
18	Grants payable		18	
19	Deferred revenue	155,642	19	168,600
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	192,598	25	177,590
26	Total liabilities. Add lines 17 through 25	1,857,613	26	1,950,690
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,874,714	27	5,102,263
28	Temporarily restricted net assets	5,325,292	28	8,928,507
29	Permanently restricted net assets	12,849,977	29	12,861,847
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	23,049,983	33	26,892,617
34	Total liabilities and net assets/fund balances	24,907,596	34	28,843,307

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,081,851
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,189,995
3	Revenue less expenses Subtract line 2 from line 1	3	1,891,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,049,983
5	Net unrealized gains (losses) on investments	5	2,030,322
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-79,544
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,892,617

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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 separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
JERRY JOHNSON CHAIR	1 00	X		X			0	0	0
WILLIAM KATSIYIANNIS MD VICE CHAIR	1 00	X		X			0	0	0
TAMARRA GIERTZ SECRETARY	1 00	X		X			0	0	0
WILLIAM KAUFMAN TREASURER	1 00	X		X			0	0	0
BARBARA ARMAJANI DIRECTOR	1 00	X					0	0	0
CONLEY BROOKS JR DIRECTOR	1 00	X					0	0	0
M NICHOLAS BURKE DIRECTOR	1 00	X					0	0	0
BARBARA BURWELL DIRECTOR	1 00	X					0	0	0
WILLIAM FABIAN MD DIRECTOR	1 00	X					0	0	0
MARNA FULLERTON DIRECTOR	1 00	X					0	0	0
ELIZABETH GREY MD DIRECTOR	1 00	X					0	0	0
THOMAS GUNDERSON DIRECTOR	1 00	X					0	0	0
ROBERT HAUSER MD DIRECTOR	1 00	X					0	0	0
MORRISON HODGES MD 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
THOMAS KELLER III DIRECTOR	1 00	X					0	0	0
MAUREEN KUCERA-WALSH DIRECTOR	1 00	X					0	0	0
STEVEN MARSICH DIRECTOR	1 00	X					0	0	0
RICHARD MEYER DIRECTOR	1 00	X					0	0	0
DAVID MILBRATH DDS DIRECTOR	1 00	X					0	0	0
MICHAEL MOONEY MD DIRECTOR	1 00	X					0	0	0
PETER QUIMBY DIRECTOR	1 00	X					0	0	0
ROBERT SCOTT MD DIRECTOR	1 00	X					0	0	0
STEVEN SJOBBLAD 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
ARCHIE SMITH DIRECTOR	1 00	X					0	0	0
TIMOTHY SULLIVAN MD DIRECTOR	1 00	X					0	0	0
EMILY ANNE TUTTLE DIRECTOR	1 00	X					0	0	0
JAMES TOSCANO PRESIDENT	40 00	X		X			106,388	0	8,887
DANIEL B STENNES-ROGNESS CHIEF FINANCIAL OFFICER	40 00			X			139,444	0	20,305
JACKIE BOUCHER VICE PRESIDENT-EDUCATION	40 00				X		198,103	0	23,724
JOE COSICO VICE PRESIDENT- RESEARCH OPERATIONS	40 00				X		164,380	0	33,924
DOUG KINGSRITER VICE PRESIDENT- EXTERNAL RELATIONS	40 00				X		217,919	0	37,348
BARRY MARON VICE PRESIDENT- HCM RESEARCH	40 00					X	242,431	0	25,424
STEVE GOODYEAR VICE PRESIDENT - MARKETING & COMM	40 00					X	126,930	0	20,311
RACHEL OLSON SECTION MANAGER - RESEARCH	40 00					X	108,035	0	18,863
JOANNE GOLDMAN SECTION MANAGER - RESEARCH	40 00					X	104,135	0	16,298
LISA TINDELL SECTION MANAGER - RESEARCH	40 00					X	102,173	0	5,797

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2013****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**
MINNEAPOLIS HEART INSTITUTE FOUNDATION**Employer identification number**

41-1426406

Part I 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 - Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 (ii) A family member of a person described in (i) above? Yes No
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? Yes No
 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2013

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public InspectionDepartment 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> 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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	18,013,908	15,914,556	17,128,029	15,869,588	13,594,481
b Contributions	11,870	510,025	219,668	41,177	377,857
c Net investment earnings, gains, and losses	3,138,379	2,142,025	-531,958	1,762,831	2,466,911
d Grants or scholarships					
e Other expenditures for facilities and programs	589,346	552,698	526,183	545,567	569,661
f Administrative expenses			375,000		
g End of year balance	20,574,811	18,013,908	15,914,556	17,128,029	15,869,588

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 19.860 %

b Permanent endowment ► 62.510 %

c Temporarily restricted endowment ► 17.630 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(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		72,206	19,337	52,869	
d Equipment		949,753	678,352	271,401	
e Other					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				324,270	

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) REAL ESTATE PARTNERSHIPS	66,987	F
(B) MULTI-STRATEGY FUND OF FUNDS	2,400,749	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,467,736	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	177,590
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	177,590

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,965,838
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,030,322
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-79,544
e	Add lines 2a through 2d	2e	1,950,778
3	Subtract line 2e from line 1	3	12,015,060
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	66,791
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,791
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,081,851

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,123,204
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,123,204
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	66,791
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,791
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,189,995

Part XIII Supplemental Information

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

Return Reference	Explanation
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
PART X, LINE 2	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 2013 AND 2012 FOR UNRECOGNIZED TAX BENEFITS. THE FOUNDATION'S 2010 THROUGH 2012 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONTRIBUTION LOSS -63,566 CHANGE IN VALUE OF SPLIT INTEREST VALUE -15,978

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2013

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue ServiceName 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. Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		GALA (event type)	GOLF EVENT (event type)	1 (total number)	
1	Gross receipts . . .	453,945	71,980	1,920	527,845
2	Less Contributions . . .	408,345	46,920	1,920	457,185
3	Gross income (line 1 minus line 2) . . .	45,600	25,060		70,660
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . .	62,528	14,683	332	77,543
8	Entertainment . . .	75,000			75,000
9	Other direct expenses .	79,993	31,451	185	111,629
10	Direct expense summary Add lines 4 through 9 in column (d)				► (264,172)
11	Net income summary Subtract line 10 from line 3, column (d)				► -193,512

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))
1	Gross revenue				
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 Subtract line 7 from line 1, column (d)				►

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

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

► **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

2013

**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

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED HEART & VASCULAR CLINIC 225 SMITH AVENUE NORTH SUITE 400 SAINT PAUL, MN 551022568	36-3261413	501(C)(3)	5,319		N/A	N/A	MEDICAL RESEARCH - FEDERAL SUB-AWARD
(2) METROPOLITAN CARDIOLOGY CONSULTANTS 4040 COON RAPIDS BOULEVARD SUITE 120 MINNEAPOLIS, MN 554334568	41-1787141	N/A	10,188		N/A	N/A	MEDICAL RESEARCH - FEDERAL SUB-AWARD

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MINNEAPOLIS HEART INSTITUTE FOUNDATION

Employer identification number

41-1426406

Part I Questions Regarding Compensation**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 of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<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 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**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**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**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL B STENNES-ROGNESS CHIEF FINANCIAL OFFICER	(i) 139,354 (ii) 0	0 0	90 0	10,675 0	9,630 0	159,749 0	0 0
(2) JACKIE BOUCHER VICE PRESIDENT- EDUCATION	(i) 198,013 (ii) 0	0 0	90 0	15,006 0	8,718 0	221,827 0	0 0
(3) JOE COSICO VICE PRESIDENT- RESEARCH OPERATIONS	(i) 164,311 (ii) 0	0 0	69 0	13,220 0	20,704 0	198,304 0	0 0
(4) DOUG KINGSRITER VICE PRESIDENT- EXTERNAL RELATIONS	(i) 217,523 (ii) 0	0 0	396 0	17,121 0	20,227 0	255,267 0	0 0
(5) BARRY MARON VICE PRESIDENT- HCM RESEARCH	(i) 242,431 (ii) 0	0 0	0 0	18,278 0	7,146 0	267,855 0	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	J TOSCANO HEALTH OR SOCIAL CLUB DUES - NOT INCLUDED IN TAXABLE INCOME, AS THEY WERE FOR 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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**Name of the organization
MINNEAPOLIS HEART INSTITUTE FOUNDATION**Employer identification number**

41-1426406

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 IT 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE WHO THEN PASSES IT ALONG TO THE BOARD OF DIRECTORS. 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.

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 CONFLICT OF INTEREST COMMITTEE (COIC) ANNUALLY. THE COIC REVIEWS EACH DISCLOSURE STATEMENT AND ADDRESSES 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE FOR THE PRESIDENT AND EXECUTIVE TEAM (VP RESEARCH OPERATIONS, VP EDUCATION, VP DEVELOPMENT, VP MARKETING 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 EXECUTIVE TEAM THE DELIBERATION AND DECISION PROCESS IS CONTEMPORANEOUSLY SUBSTANTIATED IN THE EXECUTIVE COMMITTEE MEETING MINUTES

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 AND ANNUAL REPORT ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. THE FORM 990 AND ALL ACCOMPANYING SCHEDULES ARE AVAILABLE ON-LINE THROUGH GUIDESTAR

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RESEARCH STUDY PATIENT-RELATED EXPENSES PROGRAM SERVICE EXPENSES 990,001 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 990,001 PHYSICIAN STAFFING EXPENSES PROGRAM SERVICE EXPENSES 522,703 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 522,703 OTHER CONSULTING EXPENSES PROGRAM SERVICE EXPENSES 437,696 MANAGEMENT AND GENERAL EXPENSES 54,707 FUNDRAISING EXPENSES 7,590 TOTAL EXPENSES 499,993 OTHER EXPENSES PROGRAM SERVICE EXPENSES 399,749 MANAGEMENT AND GENERAL EXPENSES 82,984 FUNDRAISING EXPENSES 26,923 TOTAL EXPENSES 509,656

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -15,978 CONTRIBUTION LOSS -63,566