See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **Miami Heart Research Institute,Inc.**
Doing Business As **Florida Heart Research Institute**
Number and street (or P.O. box if mail is not delivered to street address) **4770 Biscayne Blvd** Room/suite **500**
City or town, state or province, country, and ZIP or foreign postal code **Miami, Fl 33137-3225**

D Employer identification number **59-0674260**

E Telephone number **305-674-3020**

G Gross receipts $ **2,639,445.71**

F Name and address of principal officer **Kathleen DuCasse** same as above

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

Website: ▶ **www.floridaheart.org**

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1944**

M State of legal domicile: **Fl**

SCANNED AUG 27 2014

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The mission is to Stop Heart Disease through research, education and prevention.**

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

RECEIVED AUG 14 2014 IRS-OSC OGDEN UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	706,867.12	583,519.97
9	Program service revenue (Part VIII, line 2g)	62,994.04	398,144.30
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	996,454.63	1,964,717.44
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(11,153.63)	(6936.00)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,755,162.16	2,639,445.71
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	225,000.00	337,500.00
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,512,754.93	1,551,695.75
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 343,832.85		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,362,957.28	1,302,117.03
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,100,712.21	3,191,312.78
19	Revenue less expenses. Subtract line 18 from line 12	(1,345,550.05)	(551,867.07)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	49,307,052.31	50,852,260.15
21	Total liabilities (Part X, line 26)	249,034.16	182,009.17
22	Net assets or fund balances. Subtract line 21 from line 20	49,058,018.15	50,670,250.98

Part II Signature Block

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

Sign Here

Kathleen T. DuCasse
Signature of officer

Date 8/13/2014

Kathleen T. DuCasse, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

GI7 4

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

The mission of the Florida Heart Research Institute is to Stop Heart Disease through Research Education and Prevention.

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 $ 1,279,840.59 including grants of $ 322,500.00) (Revenue $ 0)

Cardiovascular Research - See Attachment Schedule O

4b (Code:) (Expenses $ 1,091,801.22 including grants of $ 15,000.00) (Revenue $ 81,999.98)

Education and Prevention- See Attachment Schedule O

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

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

4e Total program service expenses ▶ 2,371,641.81

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, 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*	9		✓
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*	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
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*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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.*	14b		✓
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*	15		✓
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.*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

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	69		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
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			✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See 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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	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.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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

Check if Schedule O contains a response 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 . . 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.	1a 7		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		✓

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		✓
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		✓
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," 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 ▶ **Florida**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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: ▶ **Kathleen T DuCasse, Florida Heart Research Institute, 4770 Biscayne Blvd.,Suite 500,Miami,Fl 33137 305-674-3020**

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 VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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	Former			
(1) see attached schedule O										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(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	Former			
(15) see attached schedule O										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								787,769.65		111,264.01
d Total (add lines 1b and 1c) ▶								787,769.65		111,264.01

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 ▶

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

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 ▶ 0

Part VIII Statement of Revenue

Check 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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	583,519.97			
	g	Noncash contributions included in lines 1a-1f. $		200.00			
	h	**Total.** Add lines 1a–1f ▶		583,519.97			
Program Service Revenue			Business Code				
	2a	Screening		398,144.30	398,144.30		
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	**Total.** Add lines 2a–2f ▶		398,144.30			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		877,183,.25			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	37,939,000.00				
	b	Less cost or other basis and sales expenses	37,151,465.81				
	c	Gain or (loss)	787,534.19				
	d	Net gain or (loss) ▶		787,534.19			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 29,475.00				
	b	Less: direct expenses	b 36,411.00				
	c	Net income or (loss) from fundraising events ▶		(6,936.00)			
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		0			
	12	**Total revenue.** See instructions. ▶		2,639,445.71			

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	337,500.00	337,500.00		
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	250,024.00	107,506 00	119,164.00	23,354 00
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	860,367.42	765,834.57	(29,680.30)	124,213.15
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,899.07	24,274.42	16109.22	7,515.43
9	Other employee benefits	307,578.26	205,856.55	65,927.67	35,794.04
10	Payroll taxes	85,827.00	66,421.98	7,506.04	11,898.98
11	Fees for services (non-employees):				
a	Management				
b	Legal	30,592.46	30,332.46		260.00
c	Accounting	24,000.00		24,000.00	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	171,254.52		171,254.52	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	193,464.96	150,126.30	9,310.88	34,027.78
12	Advertising and promotion	49,825.06	35,239.32	1,731.61	12,854.13
13	Office expenses	183,711.60	136,661.33	11,765.90	35,284.37
14	Information technology				
15	Royalties				
16	Occupancy	251,378.07	164,367.61	45,173.36	41,837.10
17	Travel	13,940.04	13,940.04		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	625.00	625.00		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	14,465.57	13,228.72	815.06	421.79
23	Insurance	72,904.79	51,236.52	21,668.27	
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	Medical Professional Fees	169,279.05	169,279.05		
b					
c					
d					
e	All other expenses Other Misc	126,675.91	99,211.94	11,090.89	16,373.08
25	**Total functional expenses.** Add lines 1 through 24e	3,191,312.78	2,371,641.81	475,837.12	343,833.85
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 ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .				

Part X Balance Sheet

Check 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		200.00	1	200.00
	2	Savings and temporary cash investments		29,314,945.72	2	24,655,292.10
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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		95,596.54	9	59,592.26
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 923,991.72			
	b	Less: accumulated depreciation	10b 888,630.94	33,124.36	10c	35,360.78
	11	Investments—publicly traded securities		19,494,371.41	11	25,932,006.29
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		368,814.28	15	169,808.72
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		49,307,052.31	16	50,852,260.15
Liabilities	17	Accounts payable and accrued expenses		234,034.16	17	167,009.17
	18	Grants payable		15,000.00	18	15,000.00
	19	Deferred revenue			19	
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		249,034.16	26	182,009.17
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		49,058,018.15	27	50,670,250.98
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		49,058,018.15	33	50,670,250.98
	34	Total liabilities and net assets/fund balances		49,307,052.31	34	50,852,260.15

Part XI Reconciliation of Net Assets

Check 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	2,639,445.71
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,191,312.78
3	Revenue less expenses. Subtract line 2 from line 1	3	(551,867.07)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,058,018.15
5	Net unrealized gains (losses) on investments	5	2,292,898.74
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	(128,798.94)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,670,250.88

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	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: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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.") . . .	660,243	1,137,533	675,272	706,867	583,520	3,763,435
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	660,243	1,137,533	675,272	706,867	583,520	3,763,435
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.						3,763,435

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	660,243	1,137,533	675,272	706,867	583,520	3,763,435
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,115,605	1,781,736	1,303,839	996,455	1,964,717	7,162,352
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.)	251,385	(81,401)	(18,964)	(11,154)	(6936)	132,930
11 **Total support.** Add lines 7 through 10						11,058,717
12 Gross receipts from related activities, etc. (see instructions)					12	3,763,435

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	34.03 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	33.8 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—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 section 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).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1b)	0	
d	Other exempt purpose expenditures	3,191,313	
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,191,313	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	309,566	
g	Grassroots nontaxable amount (enter 25% of line 1f)	77,392	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

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

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	308,898	305,111	305,036	309,566	1,228,611
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures	45,000	0	0	0	45,000
d	Grassroots nontaxable amount					0
e	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					0

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

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

Employer identification number

59-0674260

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ____

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

9 In Part 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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part 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				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) **Accrued Investment Income**	**4,374.97**
(2) **Due From Florida Heart Research Foundation**	**146,964.57**
(3) **Short term Receivable**	**15,627.63**
(4) **Misc**	**42.00**
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	**167,009.17**

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

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	4,798,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,292,898.74		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	36,411.00		
e	Add lines **2a** through **2d**			2e	2,329,309 74
3	Subtract line **2e** from line **1**			3	2,468,690.26
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	171,254.52		
b	Other (Describe in Part XIII.)	4b	(499.07)		
c	Add lines **4a** and **4b**			4c	170,755.45
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,639,445.71

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	3,057,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	36,411.00		
e	Add lines **2a** through **2d**			2e	36,411.00
3	Subtract line **2e** from line **1**			3	3,020,589.00
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	171,254.52		
b	Other (Describe in Part XIII.)	4b	(530.74)		
c	Add lines **4a** and **4b**			4c	170,723.78
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,191,312.78

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.

4b- rounding to thousands- (499.07)

2d- 36,411.00 expenses carved out related to events rounding to thousands- (530.74)

Part XIII Supplemental Information *(continued)*

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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							
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 Driven to Dine (event type)	(b) Event #2 Limo to Lunch (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	116,825.00	31,090.60		147,915.60
	2 Less: Contributions	102,650.00	15,790.60		118,440.60
	3 Gross income (line 1 minus line 2)	14,175.00	15,300.00		29,475.00
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,795.14	7,001.50		13,796.64
	7 Food and beverages	719.33	1,935.42		2,654.75
	8 Entertainment	11,150.00	2,676.00		13,826.00
	9 Other direct expenses	4,666.90	1,466.71		6,133.61
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,411.00
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(6,936.00)

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

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

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in:

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

14 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 to be 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).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Miami heart Research institute, inc d/b/a Florida heart Research Institute

Employer identification number

59-0674260

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Miami Dade School of Nursing Miami, Fl	59-1210485		15,000.00				Cardiac Nursing
(2) Mount Sinai Medical center 4300 Alton RD,Miami Beach,Fl	59-1711400		150,000.00				Research
(3) Mayo Foundation	41-1506440		100,000.00				Research
(4) University of Miami	59-0624458		72,500.00				Research
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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
1						
2						
3						
4						
5						
6						
7						

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

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

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

Employer identification number

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 Kathleen T. DuCasse, CEO/CFO	(i)	179,338.41			23,000.00	9,269.88	211,608.29	
	(ii)							
2 Paul Kurlansky,MD Dir of Research	(i)	152,611.71			14,151.20	8,294.34	175,057.25	
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7 Note Retirement 401(k)	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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.

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ 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	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	59-0674260

Form 990 Part III

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

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

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

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

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

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

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	**59-0672460**

Form 990 Part III

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

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

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

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

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

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

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	59-0672460

Scientific Advisory Board


Agatston


Blackstone


Burnett


Elias


Myerburg


Oz

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

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

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

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

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

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

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

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

Employer identification number: **59-0672460**

Our mission:
Stop Heart Disease through research, education and prevention.

florida heart research institute

FHRI Research: Executive Summary 2013

Periodic Acceleration: Dr. Tony Adams' work on this novel project continues a remarkable record of productivity (over 60 peer-review presentations and publications, as well as numerous invited lectureships since FHRI involvement). Current areas of investigation are focusing on the mechanisms by which pGz protects brain and heart from ischemic injury. In addition to leveraging connections made by FHRI with Dr. Keith Webster in order to explore the molecular mechanisms of pGz action, and its impact on mobilization of bone marrow progenitor cells, presentation of this work has inspired the collaboration of the cardiac anesthesia laboratories at the University of Pennsylvania, who are exploring the potential role of pGz in cerebral protection. Other collaborations with laboratories at the Brigham and Women's Hospital in Boston are exploring the relationship between pGz-induced nitric oxide production and reversal of the defects in muscular dystrophy, while collaboration with the investigators at the University of Louisville have created an in vitro cell model to better explain the mechanisms by which pGz-induced shear stress induces endothelial responsiveness. Reports of the findings of this project have inspired investigators in Spain to explore the promising role of pGz in preventing brain damage after stroke, while investigators in Japan are studying the apparently profound impact that pGz can have on ameliorating peripheral vascular disease.

Recent presentations and publications:

Uryash A, Bassuk J, Kurlansky P, Adams JA. Left ventricular ischemia: Beneficial effects of chronic periodic acceleration in rats. American Heart Association Scientific Sessions, Los Angeles, Nov 3, 2012

Uryash A, Bassuk, Kurlansky P, Lopez-Padrino JR, Adams JA. Whole body periodic acceleration (pGz) in mice increases antioxidant enzymes in the heart. American Heart Association Scientific Sessions, Los Angeles, Nov 4, 2012

Adams JA, Schears G, Pastuszko A, Wilsoon DF, Kurlansky P, Nadkarni VM, Greeley WJ. Whole body periodic acceleration (pGz) decreases hypoxia induced apoptotic signaling in

the brain of newborn piglets. American Heart Association Scientific Sessions, Orlando, Florida, 2011

Uryash A, Bassuk J, Kurlansky P, Adams JA. Neurotrophin expression is increased by whole body periodic acceleration (pGz) in mice. American Heart Association Scientific Sessions, Orlando, Florida, 2011

Uryash A, JBassuk J, Kurlansky P, Adams JA. Preconditioning with Periodic Acceleration (pGz)

Provides Second Window of Cardioprotection. Life Sciences 2012;91:178-185

Wu H, Uryash A, JBassuk J, Kurlansky P, Giridharan GA, Shakeri M, Estrada R, Sethu P, Adams JA. Mechanisms of periodic acceleration induced endothelial nitric oxide synthase (eNOS) expression and upregulation using an In Vitro human aortic endothelial cell model. Cardiovasc Eng Technology 2012;3:292-301

Adams JA, Bassuk J, Wu H, Arias J, Wu D, Jorapur B, Benenstein R, Lamas G, Kurlansky P

Microcirculatory and Therapeutic Effects of Whole Body Periodic Acceleration (pGz)

Applied After Cardiac Arrest in Pigs, Resuscitation, 2011; 82:767-75

Genomic Approach to the Treatment of Heart Failure: Leveraging previous FHRI support, Dr. Bishopric's team at the University of Miami has received AHA and NIH funding to further explore the role of the protein histone acytelase—p300 in the pathogenesis of heart failure. Current FHRI-sponsored work is focusing on the use of new "deep sequencing" technology to more fully explore the genetic expression of failing heart tissue, as well as to investigate the role of novel p300 inhibitors in halting the progression of heart failure in experimental models. Recent Publications:

Jain S, Wei J, Mitrani LR, Bishopric NH. Auto-acetylation stabilizes p300 in cardiac myocytes during acute oxidative stress, promoting STAT3 accumulation and cell survival. Breast Cancer Res Treat. 2012 Aug;135(1):103-14.

Sharma S, Liu J, Wei J, Yuan H, Zhang T, Bishopric NH. Repression of miR-142 by p300 and MAPK is required for survival signalling via gp130 during adaptive hypertrophy. EMBO Mol Med. 2012 Jul;4(7):617-32.

The Genetics of Sudden Cardiac Death: This innovative collaborative project with Drs. Myerburg and Bishopric several years ago launched a cardiovascular genetics laboratory which has inspired international collaborations and, to this day, continues to provide scientific insight into the underlying mechanisms involved in genetically-determined causes of sudden cardiac death.

Recent publications:

Hoosien M, Ellen Ahearn M, Myerburg RJ, Pham TV, Miller TE, Smets MJ, Baumbach-Reardon L, Young ML, Farooq A, Bishopric NH. Dysfunctional potassium channel subunit interaction as a novel mechanism of long QT syndrome. Heart Rhythm. 2013 Jan 2. doi:pii: S1547-5271(12)01539-1. 10.1016/j.hrthm.2012.12.033. [Epub ahead of print]

Kääb S, Crawford DC, Sinner MF, Behr ER, Kannankeril PJ, Wilde AA, Bezzina CR, Schulze-Bahr E, Guicheney P, Bishopric NH, Myerburg RJ, Schott JJ, Pfeufer A, Beckmann BM, Martens E, Zhang T, Stallmeyer B, Zumhagen S, Denjoy I, Bardai A, Van Gelder IC, Jamshidi Y, Dalageorgou C, Marshall V, Jeffery S, Shakir S, Camm AJ, Steinbeck G, Perz S, Lichtner P, Meitinger T, Peters A, Wichmann HE, Ingram C, Bradford Y, Carter S, Norris K, Ritchie MD, George AL Jr, Roden DM. A large candidate gene survey identifies the KCNE1 D85N polymorphism as a possible modulator of drug-induced torsades de pointes. Circ Cardiovasc Genet. 2012 Feb 1;5(1):91-9.

The Impact of Diet on Diabetes: This project resulted from an FHRI inspired collaboration between Dr. Arthur Agatston and Dr. Keith Webster of the University of Miami to explore the impact of a "South Beach" style diet on the genetic expression of the diabetic phenotype in diabetic mice, the interaction between diet and exercise, and the potential for reversal.

Recent presentations and publications:

Adi N, Adi J, Cesar L, Agagston A, Kurlansky P, Webster K. Influence of diet on visceral adipose remodeling in NONcNZO10 mice with polygenic susceptibility for type 2 diabetes. Obesity 2012;20:2142-2146

Cesar L, Vassolo S, Suarez J, Nikhil A, Vasquez-Pardon R, Yu H, Kurlansky P, Agatston A, Webster KA. An essential role for diet in exercise-mediated protection against dyslipidemia, inflamation and atherosclerosis in ApoE -/- mice. PLOS ONE, 2011;6: e17263.

Adi NC, Adi J, Kurlansky P, Agatston A, Webster K. Micro RNA-205 induces preadipocyte cell proliferation and adipogenesis in visceral adipose of obese mice. American Heart Association Scientific Sessions, Orlando, Florida, November, 2011

Adi NC, Adi J, Webster K, Kurlansky P, Agatston A. MicroRNA-411 targets Foxo1 to induce hepatic glucose production in type 2 diabetes. American Heart Association Scientific Sessions, Orlando, Florida, November, 2011

MicroRNA expression of Bone Marrow Stem Cells: This innovative project by Dr. Keith Webster at the University of Miami explores a novel approach to stem cell therapy. Hypothesizing that one of the reasons for the modest results from previous clinical trials relates to the nature of the stem cells in patients with clinical disease, he has studied the genetic expression of these stem cells, compared to normal cells. He then plans to use the manipulation of the genetic expression to provide a more robust and productive stem cell for therapeutic usage. This is the basic science arm of a clinical trial which he is conducting in the Phillipines in patients with intractable limb ischemia.

Stem Cell Therapy in Paients with Dilated Cardiomyopathy: Over the past two years, FHRI support has been used by Dr. Josh Hare of the Stem Cell Institute at the University of Miami to support numerous pilot projects in different areas of stem cell research. In the final year, the funding is devoted to scientific adjuncts to an NIH-sponsored trial on the use of autologous and heterologous bone marrow stem cells to treat patients with dilated cardiomyopathy. FHRI-sponsored research focuses on the genetic and immunologic expression of the two different cell types and how they correlate with clinical outcome. Results of the first arm of this study, the POSEIDEN trial, treating patients with ischemic cardiomyopathy were recently reported to the American Heart Association and published in JAMA.

CARE Registry: This study involves collaboration with Dr. Michael Mack, former President of the Society of Thoracic Surgeons, to analyze the long-term follow-up of a registry of patients treated for coronary artery disease in multiple HCA hospitals with either CABG surgery (on or

off-pump) or PCI (drug-eluting or bare metal stents), in order to determine the optimal therapy in a "real world" clinical setting. Findings corroborate an increasing fund of evidence supporting the benefits of CABG surgery for patients with complex coronary disease.

Recent presentations and publications:

Kurlansky P, Herbert M, Prince S, Mack M. Coronary artery revascularization evaluation (CARE): Long term outcomes comparing effectiveness of revascularization strategies in a multi-center community hospital registry. American Heart Association Scientific Sessions, Los Angeles, Nov 5, 2012

Kurlansky P, Herbert M, Prince S, Mack M. Coronary artery revascularization evaluation(CARE):Long term outcomes comparing effectiveness of revascularization strategies in a multi-center community hospital registry. JAHA 2013. In press.

Shore Family Internal Mammary Artery Study: This study of the long-term follow-up of patients who had either single or bilateral internal mammary artery CABG surgery at the Miami Heart Institute (1972-1994), has resulted in numerous presentations and publications demonstrating the superiority of BIMA grafting in long-term patient survival. These findings have generated considerable interest in international forums.

Recent Presentations and Publications:

Kurlansky P, Traad E, Dorman M, Galbut D, Zucker M, Ebra G. BIMA grafting reverses the negative influence of gender on outcomes of CABG surgery. European Association of Cardio-Thoracic Surgery, Barcelona, October, 2012

Galbut DL, Kurlansky P, Traad EA, Zucker M, Ebra G. Bilateral internal mammary artery grafting improves long-term survival in patients with reduced ejection fraction: A propensity matched study with thirty-year follow-up, Western Thoracic Surgical Society, Colorado, June, 2011

Kurlansky, Two internal mammary arteries really are better than one. Medical grand rounds. St Joseph's Hospital, St Paul, MN, March 2, 2011

Kurlansky P, Traad E, Dorman M, Galbut D, Zucker M, Ebra G. BIMA grafting reverses the negative influence of gender on outcomes of CABG surgery. European Journal of Cardiothoracic Surgery. 2013,. Feb 6. [Epub ahead of print]

Dorman MJ, Kurlansky P, Traad EA, Galbut DL, Zucker M, Ebra G. Bilateral internal mammary artery grafting enhances survival in diabetic patients: A Long-term follow-up of propensity score matched cohorts. Circulation. 2012;126:2935-2942.

Galbut DL, Kurlansky P, Traad EA, Zucker M, Ebra G. Bilateral internal mammary artery grafting improves long-term survival in patients with reduced ejection fraction: A propensity matched study with thirty-year follow-up. J Thorac Cardiovasc Surg, 2012; 143: 844 - 853.e4

Kurlansky P, Traad EA, Dorman MJ, Galbut DL, Zucker M, Ebra G. Location of the second internal mammary artery graft does not influence outcome of coronary artery bypass grafting. Ann Thorac Surg, 2011;91:1378-84

Cardiovascular Risk Profile of Miami's Hispanic Population: Leveraging the extensive experience that FHRI has had in screening for cardiovascular risk amongst Miami's Hispanic population, FHRI has been able to take the lead in reporting some of the unique aspects of this population and how it differs from the largely Mexican Hispanic populations previously studied.

Recent Presentations:

Ingram C, Canossa-Terris MA, Comerford M, Kurlansky PA. Cardiovascular risk factor profile across non-Mexican Hispanic subgroups in Miami, Florida. American Heart Association Epidemiology and Prevention/Nutrition, Physical Activity and Metabolism Scientific Sessions, New Orleans, March 2013

Ingram C, Canossa-Terris MA, Comerford M, Kurlansky PA. Association of overweight/obesity and self-reported health status in Hispanics: A comparison with non-Hispanic whites. American Heart Association Epidemiology and Prevention/Nutrition, Physical Activity and Metabolism Scientific Sessions, New Orleans, March 2013

Canossa-Terris MA, Ingram C, Comerford M, Kurlansky P. Prehypertension and Its Relationship To Other Risk Factors For Cardiovascular Disease In A Sample of Non Mexican Hispanics In Miami. International Society on Hypertension in Blacks, Miami, July, 2012

Correa C, Ingram C, Canossa-Terris MA, Comerford M, Kurlansky P. Association of socio-demographic characteristics and health behaviors with measures of adiposity in a sample of Miami Hispanics. Food and Nutrition Conference, San Diego, Sept 24, 2011

Canossa-Terris MA, Ingram C, Comerford M, Kurlansky P. Prevalence, control and treatment of hypertension in a sample of non-Mexican Hispanics in Miami. American Heart Association High Blood Pressure Research Scientific Sessions, Orlando, Sept, 2011

Ingram C, Correa C, Comeford M, Canossa-Terris MA, Kurlansky P. Cardiovascular risk factor profile among Miami Hispanics. 36th Annual National Association of Hispanic Nurses Conference, Las Vegas, July 20, 2011

Ingram C, Correa C, Comerford M, Canossa-Terris MA, Kurlansky P. Correlations between body mass index/waist-hip ratio and waist circumference to cardiovascular risk factors in Miami Hispanics. Preventive Cardiovascular Nurses Association 17th Annual Symposium. Orlando, March 10-12, 2011

Mayo/Miami: The relation between natriuretic peptides and cardiovascular risk in Miami's Hispanic population was based on patients screened at FHRI. Full analysis of this data is forthcoming.

Recent presentations:

Costello-Boerrigter LC, Boerrigter G, Canossa-Terris MA, Scott CG, Mehta RA, Kurlansky PA, Burnett JC, Jr. Effect of Ethnicity on Plasma Levels of $proBNP_{1-108}$, BNP_{1-32}, and $NTproBNP_{1-76}$ in Subjects at Risk for Cardiovascular Disease. Presented to the 16th Annual Scientific Meeting of the Heart Failure Society of America, Seattle, Washington, Sept, 2012

Osteopontin Aptamers in Reducing Calcification in Atherogenic ApoE-/- mice: This work by a rising star investigator at the University of Miami, Dr. Lina Shehadeh, seeks to use advanced techniques of blocking micro-RNA expression to modify the role of calcium expression in atherosclerotic mice. Project has implications not only for atherosclerosis but other pathologic states of calcium expression (aortic valvular disease, peripheral vascular, etc.).

Recent presentations and publications:

Riveron R, Alif R, Raher M, Kurlansky P, Shehadeh LA. MiR-30e reduces plaque burden in atherogenic APOE -/- by regulating VSMC plasticity. American Heart Association Scientific Sessions, Los Angeles, Nov 6, 2012

Quality in Cardiac Surgery: Leveraging his role with the Columbia University Division of Cardiac Surgery in a project which outsources the management of heart surgery programs, Dr. Kurlansky performed a somewhat controversial study which demonstrated that, in a network of community hospitals, it is attention to quality and not specifically program or surgeon volume that is the key element which determines quality outcomes in CABG surgery programs.

Presentations and Publications:

Kurlansky P, Argenziano M, Dunton R, Lancey R, Nast E, Stewart A, Williams T, Zapolanski A, Chang H, Tingley J, Smith CR. Quality not volume determines outcome of coronary artery bypass surgery in a university-based community hospital network. American Association for Thoracic Surgery, 91st Annual Meeting, Philadelphia, May 10, 2011

Kurlansky P, Argenziano M, Dunton R, Lancey R, Nast E, Stewart A, Williams T, Zapolanski A, Chang H, Tingley J, Smith CR. Quality not volume determines outcome of coronary artery bypass surgery in a university-based community hospital network. J Thorac Cardiovasc Surg, 2012;143:287-293.

Heart Surgery in Octogenarians: The pioneering work that FHRI performed in exploring the long-term outcomes and quality of life of octogenarians following cardiac surgery has continued to generate considerable interest, especially as the topic is increasingly timely.

Recent publications:

Kurlansky P. Do octogenarians benefit from CABG surgery: A question with a rapidly changing answer. Curr Opin Cardiol 2012;27:611-619

Kurlansky P, Williams DB, Traad EA, Zucker M, Ebra G. Eighteen year follow-up demonstrates prolonged survival and enhanced quality of life for octogenarians followiing coronary bypass surgery. J Thorac Cardiovasc Surg, 2011;141:394-399

Chelation Therapy: Several years ago FHRI undertook a bold initiative to explore a

challenging question posed by the extensive popular use of chelation therapy in the absence of solid scientific evidence of efficacy. A pilot project undertaken with Dr. Gervasio Lamas at Mt Sinai Medical Center here in Miami Beach provided sufficient proof of concept to secure a $50 million NIH grant to formally explore the topic. The surprising and controversial results have recently been reported to the Scientific Sessions of the American Heart Association and the American College of Cardiology, with the first in a series of articles appearing in JAMA.

Recent presentations and publications:

Lamas GA,et al. Results of the Trial to Assess Chelation Therapy, Presented at the Late Breaking Clinical Trials, Scientific Sessions of the American Heart Association, Los Angeles, Nov, 2012

Lamas GA, et al, Randomized comparison of high-dose oral vitamins versus placebo in the Trial to Assess Chelation Therapy (TACT) presented to the Scientific Sessions of the American College of Cardiology, San Francisco, March, 2013.

Lamas GA, Goertz C, Boineau R, Mark DB, Rozema T, Nahin RL, Lindblad L, Lewis EF, Drisko J, Lee KL, for the TACT Investigators. Effect of Disodium EDTA Chelation Regimen on Cardiovascular Events in Patients With Previous Myocardial Infarction: The TACT Randomized Trial JAMA. 2013;309(12):1241-1250.

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	**59-0672460**

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

Employer identification number: **59-0672460**

florida heart research institute

Educational and Prevention Programs January to December 2013

Through coordinated teamwork, and utilizing a pool of more than 60 per diem screeners, we have been able to provide life-saving programs and services for free to the underserved communities and for a fee to corporations willing to pay for wellness programs and services for their employees. All programs and services allow us to fulfill our mission to "stop heart disease through research, education and prevention." It is with pride and pleasure we provide the following summary to recap our many accomplishments for 2013.

2000 – Department Created

Financial Milestones:

Grant Procurement – over $600,000 in program funding

Mission to Health	Blue Foundation	2007 & 2008	$100,000
Screenings	Health Foundation	2006	$ 10,000
	Miami Foundation	2007	$ 7,500
	Miami Foundation	2009	$ 10,000
	Miami Foundation	2011	$ 15,000
	Batchelor Foundation	2013	$ 25,000
CPR	Miami Foundation	2008	$ 7,500
Living for Health®	Health Foundation	2008	$ 65,000
	United Way	2008	$ 20,000
	Health Foundation	2009	$ 62,500
	United Way	2009	$ 18,400
	Health Foundation	2010	$ 65,000
	United Way	2010	$ 17,165
	Aetna Foundation	2011	$ 10,000
	United Way	2011	$ 20,000
	Health Foundation	2012	$ 80,000
	United Way	2012	$ 20,000
	Health Foundation	2013	$ 40,000
	United Way	2013	$ 17,000

EDUCATION:

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

- **2013 Series** – Lance B. Becker, MD, Professor of Emergency Medicine at the University of Pennsylvania, Perelman School of Medicine; Director of the Center for Resuscitation Science, based in the Department of Emergency Medicine at the University of Pennsylvania. Dr. Becker presented an inspiring lecture on "Changing the Rules for Raising the Dead," focusing on systemic hypothermia as a life saving therapy for cardiac arrest and the combination of advanced resuscitation technologies like the rapid use of emergency cardiopulmonary bypass (ECPB) with hypothermia plus anti-reperfusion injury targeted drugs.

- **2012 Series** - Graham Nichol, MD, MPH, FRCP, Medic One Foundation Endowed Chair in Pre-hospital Emergency Care; Director, University of Washington-Harborview Center for Pre-hospital Emergency Care; Medical Director, Resuscitation Outcome Consortium Clinical Trial Center; Professor of Medicine, University of Washington, Seattle, WA. Dr. Nichol gave a powerful presentation titled "Climbing Pebbles, ROCs and Boulders" where he discussed the individual and systems-based approaches to improving the process and outcome of care for patients with cardiac arrest.

- **2011 Series** – Dr. Bentley Bobrow, MD, Clinical Associate Professor, Department of Emergency Medicine, Maricopa Medical Center, Arizona and Medical Director, Bureau of EMS and Trauma System, Arizona Department of Health Services. Dr. Bobrow presented on "Improving Sudden Cardiac Arrest Survival Through a System of Care Approach: The Arizona Experience." Survival of Sudden Cardiac Arrest nationally hovers around 7%, and can vary as much as 50 times, depending upon where one lives. Dr. Bobrow demonstrated that compression only CPR (PUSHCPR) improves survival by preventing pauses or delays in providing critical blood flow during chest compressions. He has become an ardent supporter of FHRI's efforts to improve the results of sudden cardiac arrest here in Florida.

- **2010 Series** – Dr. Keith A. Webster, Ph.D. FAHA Director of the Vascular Biology Institute, Walter G. Ross Chair of Vascular Biology Professor, Department of Molecular and Cellular Pharmacology, University of Miami. The lecture covered different aspects of the epidemiology, etiology and molecular biology of obesity and Type 2 diabetes and the consequences for cardiovascular disease. Dr. Webster

discussed the advances of the molecular biology of insulin resistance and the new approaches for effective control of the glycemic status of diabetic patients.

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

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

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

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

FHRI Web Site and Social Media

The Research Institute's web site www.floridaheart.org continues to be a source of information on cardiovascular disease and prevention. We are constantly updating our content with information on current research projects, community service programs and fundraising campaigns and events. The fundraising tab has detailed information on our events and a section for our donors where they can make online donations. Abstracts and copies of all FHRI scientific presentations can be easily downloaded with the click of the mouse. In 2013, there were 6 presentations made at scientific, medical or public health

conferences by FHRI's professional staff. Our website catalogues 30 presentations made since 2008.

FHRI is now on Facebook and Twitter! Social media is an essential tool that enables us to connect with current and new supporters. We are hoping that through Facebook we boost our visibility, drive traffic to our website and build our Florida Heart community.

"Make Your Heart Healthy" – Educational Lecture Series

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

PREVENTION:

FREE Cardiovascular Risk Factor Screening

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

Comprehensive On-site Screenings – FHRI's on-site screening program includes blood pressure and fasting levels of blood cholesterol, triglycerides and glucose. Each participant meets one on one with the Research Institute's Medical Director and receives counseling and informational literature (in English or Spanish) on maintaining a heart-healthy lifestyle. Participants are urged to share their results with their personal physician. Referrals for follow-up treatment are made as necessary. Uninsured screening participants found to have cardiovascular disease are referred by FHRI to public or private health clinics in their neighborhood that accept indigents for treatment. Participants with particularly alarming results are urged to seek follow up medical treatment as soon as possible.

- In 2013, FHRI screened 443 onsite
- In 2012, FHRI screened 903 onsite
- In 2011, FHRI screened 918 onsite
- In 2010, FHRI screened 1,082 onsite
- In 2009, FHRI screened 938 onsite
- In 2008, FHRI screened 915 onsite
- In 2007, FHRI screened 876 onsite
- In 2006, FHRI screened 984 onsite

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

Off-site Community-Based and Worksite Wellness Screenings – FHRI's offsite screening program has grown significantly over the years. Upon request, FHRI travels throughout South Florida to community groups and organizations to provide our Cardiovascular Risk Factor Screening Program. This program is offered to the underserved population for free and has been offered to local corporations for a fee. The program tests for blood pressure, body mass index, and with a five minute testing device, we can accurately determine a participant's blood glucose, total cholesterol and HDL levels. Each participant receives one-on-one counseling on their risks for heart disease, stroke, obesity and diabetes and coaching to encourage healthy lifestyle changes. **Participants are offered FHRI prepared educational pamphlets in English, Spanish and Creole** on the following topics (also available on our website):

- Heart Disease: Are YOU at Risk?
- Understanding Blood Pressure
- Understanding Cholesterol
- Women and Heart Disease

- How to Make your Heart Healthy
- Understanding Diabetes (*NEW in 2010)
- PUSHCPR® (New in 2011)

All participants are encouraged to share the screening results with their personal physician. If they don't have a doctor, screeners are equipped to refer patients to clinics in their neighborhood. We have been working on solidifying relationships with the Federally Qualified Healthcare Clinics throughout the County so that screening participants identified as needing follow up care can be expedited through the system for medical evaluation and treatment. This is a mutually beneficial relationship because the clinics receive Federal reimbursement for any new patients they see and we are able to fill a huge gap by getting those without insurance into the local healthcare system proactively. Our program therefore relieves Emergency Room congestion, increases access to health care, reduces health disparities and at the same time saves lives!

Our screening program is attracting local, state and national attention from prevention focused organizations, funding agencies and private foundations looking to reduce health disparities among minorities.

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

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

Off-site Screenings

Year	Total Participants	Corporate Screenings	Free Screenings	Subsidized Screenings	Total Events
2013	10,439	159	4	22	185
2012	10,222	143	13	49	205
2011	9,528	131	23	34	188
2010	11,949	137	18	84	239
2009	7,937	57	35	90	182
2008	6,988	60	40	47	147
2007	5,444	58	53	8	119
2006	4,316	32	37	27	96
2005	2,689	18	26	2	46

We are proud that our outreach efforts have touched the lives of so many: In 2013 we screened approximately 11,400 people either through our full Cardiovascular Risk Factor

Screenings or our Blood Pressure and/or Glucose Only screenings. Not only has the demand for this program grown from community activities, outreach and word of mouth, but clearly there is a market for funding ranging from 100% fee for service in the corporate setting to partial or full subsidy from grants and corporate sponsors.

Living for Health®

At the end of 2006, we started a **new follow up component** to our free screening program for the underserved to determine the effectiveness of the program. Three months after certain selected free screening events, we contacted the participants who were identified as requiring follow up medical care for total cholesterol, TC / HDL ratio, glucose, or blood pressure to determine our program's effectiveness. What we discovered was because of our screening and the health counseling participants received at the screening, they were reporting improved lifestyle behaviors in diet and physical activity and many had taken our advice to see a physician.

Armed with the knowledge that our screenings did encourage those at risk to seek medical treatment and improve their lifestyle choices combined with the knowledge that there were few community based best practice interventions for cardiovascular disease, FHRI developed a cardiovascular community health model we call "Living for Health®" and applied for grant funding to test our model.

Since the spring of 2008, we have received a total of $435,065.00 in grant funding for this project. As of December 2013, we have screened over 10,000 adults in designated high poverty and medically underserved zip codes in South Miami-Dade and North Miami-Dade. Outcomes from the project show the following results:

- 59% of those screened were referred to a personal physician or to a participating FQHC for follow up treatment because of high risk cholesterol, blood pressure or glucose
- 36% of those reported having visited a doctor and 46% of those received a prescription for their condition
- 47% increased their fruit and vegetable consumption at the urging of screeners and / or a physician
- 35% increased their daily physical activity levels at the urging of screeners and / or a physician
- 59% were uninsured, 15% were Medicare or Medicaid
- 10% were successfully matched to a new medical home

Poster Presentations:

- **Prevalence of Cardiovascular Risk Factors among Black Sub-Groups in Miami-Dade**. ISHIB 28th Annual International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Populations, San Francisco, May 2013.

- **Hypertension Control in an Ethnically Diverse Population of Non-Mexican**

Hispanics in Miami. ISHIB 28th Annual International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Populations, San Francisco, May 2013.

- **Awareness and Treatment of Uncontrolled Hypertension among an Ethnically Diverse Population of Non-Mexican Hispanics in Miami.** ISHIB 28th Annual International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Populations, San Francisco, May 2013.

- **Association of Cardiovascular Risk Factor with Self Rated Health Status in Hispanics: Gender Differences.** Preventive Cardiovascular Nurses Assocation (PCNA) Conference, Las Vegas, May 2013.

- **Cardiovascular Risk Factor Profile across Non-Mexican Hispanic Subgroups in Miami, Florida.** AHA Cardiovascular Disease Epidemiology and Prevention Annual Conference, New Orleans, March 2013

- **Association of Overweight/Obesity and Self Reported Health Status in Hispanics: A Comparison with Non-Hispanic Whites.** AHA Cardiovascular Disease Epidemiology and Prevention Annual Conference, New Orleans, March 2013

Working to Health® - Corporate Screening and Education Program

Started in late 2004, FHRI's Corporate Screening and Educational Program brings our offsite screening program to the corporate world in an effort to help organizations decrease health care premiums, increase productivity, reduce employee absenteeism and increase employee satisfaction, well-being and health. It allows FHRI to expand its community wide exposure while fulfilling our mission and promoting our license plate at the same time. More importantly, this program costs the Research Institute nothing because it is completely underwritten by our corporate partners.

In 2013, FHRI performed over 9,000 biometric screenings for corporate employees. All of those screenings were 100% funded at a rate of approximately $22.00 per person.

FHRI's Community Involvement

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

- **Consortium for a Healthier Miami-Dade** – Since its inception in 2003, FHRI has been an active participant in this local initiative launched and coordinated by the Miami-Dade Department of Health. FHRI also participates actively in the Consortium's Elder Issues Committee as well as the Health Promotion Disease Prevention Committee. In 2013, Florida Heart Research Institute was recognized by the Consortium for a Healthier Miami-Dade at its 10 Year Anniversary Seminar & Showcase for FHRI's active participation, commitment and support of this county-wide initiative to promote healthy living in Miami-Dade.

- **Miami Matters Technical Advisory Committee** – "Miami Matters" is a website launched by the Health Council of South Florida to provide current and relevant County-wide statistical data related to all industry sectors of our community with a special emphasis on health and health outcomes. FHRI contributed expertise and consultation on what components and indicators would be included.

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

Public Awareness Campaigns

Sudden Cardiac Arrest

In 2011, FHRI launched a public awareness campaign to educate the public about the importance of initiating PUSHCPR® (compression only CPR) as soon as possible after someone collapses and is not breathing and unresponsive. We created a media campaign that ran during Heart Month on CBS-4 and launched our website.

In 2012, FHRI trademarked PUSHCPR®, created our PUSHCPR® educational pamphlet, our website: www.pushcpr.org and successfully organized several PSAs using Fire Chiefs from all the local municipalities in Miami-Dade County as well as Carlos Gimenez, Miami-Dade County Mayor who recorded PSAs in both English and Spanish. With the help of local EMS, FHRI organized a mass PUSHCPR® training at the Marlins Stadium and received more than 2,000 signatures of people who after being trained pledged to act to save a life if they find someone collapse from sudden cardiac arrest. The Marlins also helped by creating a 30 second PSA right in the Marlin's dugout - lending First Baseman, Greg Dobbs to the effort:

Name of the organization

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

Employer identification number

59-0672460

In 2013, the Miami Marlins once again hosted a Community PUSHCPR® event at Marlins Ballpark.

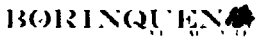
Name of the organization

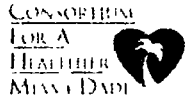
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute

Employer identification number

59-0672460

Community Partners





Name of the organization

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

Employer identification number

59-0672460

florida heart research institute

The Florida Heart Research Institute successfully passed two fundraising options through the Florida state legislature to assist in our mission to "stop heart disease through research, education and prevention." Both allow voluntary contributions by Florida residents – the first is through motor vehicle registration renewals and the second is through driver's license renewals. FHRI believes these two options are attractive to those who might not be able to afford the specialty license plate registration fee but would like to support our cause and mission or to those who do not wish to display the license plate on their car.

2013 Stop Heart Disease
Motor Vehicle Voluntary Contribution Summary

The Motor Vehicle Voluntary Contribution is an option offered to Florida residents with registered motor vehicles that allows them to contribute one dollar or more to the "Stop Heart Disease" Motor Vehicle Voluntary Contribution. Legislation for this voluntary contribution alternative passed in the 2006 session and FHRI began receiving proceeds in October of 2006. The **Stop Heart Disease** check box is located on the back side of each vehicle's registration renewal form and is also available for online vehicle registration renewals. Motor Vehicle Voluntary Contributions must raise a minimum of $25,000 in total revenue in any consecutive 5 years.

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

Year	Revenue Raised	% Change
2006	$1,338.77	
2007	$37,576.84	2707%
2008	$37,711.43	-0%
2009	$35,153.13	-7%
2010	$28,992.28	-18%
2011	$24,863.90	-14%
2012	$24,040.87	-3%
2013	$9,045.24	-62%
Total	**$189,677.22**	

We believe the drop in revenue each year is directly related to two factors, the economic downturn and the fact that more and more organizations are entering the voluntary contributions market.

In 2011, FHRI launched a statewide educational campaign to increase awareness among Florida residents on prevention strategies to prevent, stop and even reverse the onset of cardiovascular disease – the state's leading cause of death and disability!

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	**59-0672460**

Where the Money Goes: Revenues raised by the Stop Heart Disease Motor Vehicle Voluntary Contribution are expended on a calendar year basis from January 1 through December 31. Therefore, from January 1 through December 31, 2013, the Stop Heart Disease Motor Vehicle Voluntary Contribution funded the following Research, Education and Prevention programs:

Amount	Area	Project Description
$13,580.84	Education & Prevention	Lab in-house screenings
$13,580.84		Total Expended

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

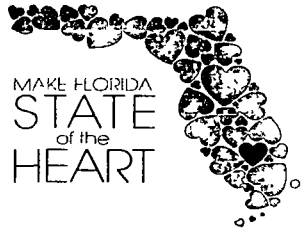
Employer identification number: **59-0672460**

2013 Stop Heart Disease
Driver's License Voluntary Contribution Summary

The Driver's License Voluntary Contribution is an option offered to licensed Florida drivers that allows them to contribute one dollar or more to the "Stop Heart Disease" Driver's License Voluntary Contribution. Legislation for this voluntary passed in the 2009 session and FHRI began receiving proceeds in August of 2009. Florida drivers can now make a voluntary contribution of $1.00 or more to the Florida Heart Research Institute by donating to **Stop Heart Disease** through the driver's license offices and through online renewals.

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

Year	Revenue Raised	% Change
2009	$14,540.50	
2010	$106,960.80	636%
2011	$77,146.10	-28%
2012	$53,630.07	-30%
2013	46,485.14	-13%
Total	**$298,762.61**	



The Driver's License offices allow entities with Voluntary Contributions to conduct a statewide campaign that highlights their cause. Though the state collects funds for Stop Heart Disease all year, they also allow the opportunity to collaborate and highlight a cause in greater detail one month out of the year. FHRI had a very successful campaign this past February called **"Make Florida: State of the Heart"**. For the entire month of February the Stop Heart Disease voluntary was singly showcased to help raise funds and raise awareness. We provided all 55 Drivers License offices throughout the state with posters, banners, tent cards, buttons, campaign guides, t-shirts, etc for the month long promotion. We were also able to provide our cardiovascular prevention educational insert for the patrons. This is a good way to reach Floridians to educate them on easy steps they can take to become heart healthy.

We plan to continue the statewide annual campaign throughout the Driver License offices every February for as long as the DL offices remain. They have closed a significant amount of offices; which is why we have a lower amount of offices to do the promotional campaigns.

Where the Money Goes: Revenues raised by the Stop Heart Disease Driver's License Voluntary Contribution are expended on a calendar year basis from January 1 through December 31. Therefore, from January 1 through December 31, 2013, the Stop Heart Disease Motor Vehicle Voluntary Contribution funded the following Research, Education and Prevention programs:

Amount	Area	Project Description
$ 46,485.14	Prevention and Education	Medical Director meeting with Participants & Phlebotomist time
$ 46,485.14		

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	59-0672460

Part VI Form 990 #10

The 990 is reviewed by the Executive Committee. If the committee is unable to review it prior to filing any changes resulting from their review will be filed as an amended return. Annually a copy of the 990 is provided to the Independent auditors.

Part VI Form 990 #12 Conflict of interest

Both the Board of Trustees and all employees are required to sign a conflict of interest statement and review it annually. The procedures for policy enforcement follow:

Board conflict of interest:

1. It is the policy of the Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute that no member of its Board of Trustees or Board of Directors shall vote upon any matter coming before a meeting of those bodies, or any committee of those bodies, if that member has any substantial or significant interest, financial or otherwise, direct or indirect, in the outcome such that the person cannot fairly be said to be disinterested and able to act in the best interests of the Research Institute;

2. No employee shall comment or render a report upon any matter coming before a meeting of the Board of Trustees, Board of Directors, or any of the committees of those boards of the Research Institute if that employee has a substantial or significant interest, financial or otherwise, direct or indirect, in the outcome such that the person cannot fairly be said to be disinterested and able to act in the best interests of the Research Institute;

3. It shall be the duty and obligation of each such excluded person to disclose any conflict of interest before participation in debate or deliberation on issues or matters, even if the member does not intend to cast a vote, so that other participants in the deliberation shall be aware of the member's interests;

4. It shall be a requirement that no member of the Board of Trustees, of the Board of Directors, of a committee of those bodies or of the employed staff of the Institute shall, directly or indirectly or through any entity, family member or intermediary, purchase, rent, lease or sell any realty, goods or services, from, to or with the Research Institute without prior full disclosure; and

5. It shall be a requirement of membership on the Board of Trustees, Board of Directors, or the Executive Director that they execute the statement attached hereto, on a yearly basis that:

   (a.) they have read and reviewed the Conflict of Interest Policy and agree to abide by it;

   (b.) and they agree to divulge any interests in companies, partnerships or other entities that, to their knowledge, are conducting or attempting to conduct business with the Research Institute.

6. In the event a potential conflict is disclosed by a member of the Board of Trustees, Board of Directors, or the Executive Director, then the Executive Committee will advise him of whether or not it recommends that he/she abstain from comment, participation in or attendance during discussion of the issue, voting, or any combination of them. The Executive Committee's decision shall be binding on the person requesting the advice unless he requests the full membership of the Board to review that advice. These matters shall be handled informally and confidentially.

Employee conflict of interest:

It is the policy of FHRI to prohibit its employees from engaging in any activity, practice or act that conflict with, or appears to conflict with, the interests of FHRI or its participants. Since it is impossible to describe all of the situations that may cause or give the appearance of a conflict of interest, the prohibitions included in this policy are not intended to be exhaustive and only include some of the more clear-cut examples.

Employees are expected to represent FHRI in a positive and ethical manner and have an obligation both to avoid conflicts of interest and to refer questions and concerns about potential conflicts to their supervisor.

(1) Employees are not to engage in, directly or indirectly either on or off the job, any conduct that is disloyal, disruptive, competitive, or damaging to FHRI.

(2) Employees are not to accept any employment or consulting relationship with any organization that does business with FHRI or any competitor without prior written approval of the Chief Executive Officer. See also **Outside Employment, policy #208.**

(3) Employees and their immediate families are not to accept gifts, except those of nominal value, or any special discounts or loans from any person or firm doing, or seeking to do, business with FHRI. The meaning of gifts for purposes of this policy includes the acceptance of gifts with a monetary value exceeding $25.00.

(4) Employees are not to give, offer, or promise, directly or indirectly, anything of value to any representative of a research participant, of a potential research participant, a supplier, or of a financial institution in connection with any transaction or business that FHRI may have with such customer, potential customer, or financial institution.

(5) Employees are not to disclose inside information to anyone, either inside or outside the organization, who does not have a legitimate business need to know it (see **Disclosure of Confidential Information, policy #406.**) This applies to active employees and to those who have left the organization.

Disclosures of Potential Conflicts

Employees must disclose to the Chief Executive Officer any financial interest they or their immediate family have in any firm that does business with FHRI or any competitor. FHRI may require divestiture of such interest if it deems the financial involvement to be in conflict with its best interests. Such disclosures will be communicated via the **Conflict of Interest and Outside Employment Questionnaire** (see **Appendix A**) which is completed upon hiring. It is the

employee's responsibility to promptly submit a revised questionnaire to Administration when their circumstances would warrant different responses. Failure to disclose potential conflict of interest can result in disciplinary action up to and including termination.

Any monies earned during FHRI work time or at FHRI's expense (i.e. royalties or honorariums received as a result of speaking engagements or published articles, etc.) is the property of FHRI and should be endorsed over to FHRI.

Part VI Form 990 #15 Process for determining compensation

The CEO/Executive Director compensation is determined and reviewed by the Executive Committee of the Board of Trustees. The committee bases compensation on performance, job duties and utilizes market comparisons of similar positions to determine compensation is reasonable and competitive.

All other managers and employees are reviewed on an annual basis based on job performance, job description and the employee's attainment of previously set objectives and goals.

Part VI Form 990 #19

Governing documents, conflict of interest statement and financial statements are available to be reviewed during normal business hours by making a written request to Administration. We will provide photocopies when requested for a nominal fee to cover costs.

Name of the organization

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

Employer identification number

59-0672460

	A	B	C	D	E	F	G	H	I	J	K	L
1	(A)		(B)	(C) Position (check all that apply)						(D)	(E)	(F)
2	Name	Title	Average hours per week	Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
3	WEINTRAUB MICHAEL	Chairman of the Executive Committ	2	X						0	0	0
4	ELIAS, RICHARD	Chairman of the Board of Trustees	2	X						0	0	0
5	BATCHELLER, JOE ANN	Vice Charmain of the Board of Trust	2	X						0	0	0
6	ALLEN, WILLIAM	Trustees	0	X						0	0	0
7	COBB CHARLES	Trustees	0	X						0	0	0
8	SAYFIE, EUGENE	Trustees	0	X						0	0	0
9	SCHEIB, RONALD	Trustees	0	X						0	0	0
10	MORRISON, WILLIAM	Director	0	X						0	0	0
11	BATCHELLER, DAVID	Director	0	X						0	0	0
12	BRAMAN, NORMAN	Director	0	X						0	0	0
13	BRAMAN,	Director	0	X						0	0	0
14	DORMAN, MALCOLM	Director	0	X						0	0	0
15	ELIAS, SUE	Director	0	X						0	0	0
16	FROST, PHILLIP	Director	0	X						0	0	0
17	FROST, PAT	Director	0	X						0	0	0
18	HOLLEY, FRANK	Director	0	X						0	0	0
19	MAYER, , ROBERTA	Director	0	X						0	0	0
20	MAYER, ROBERT	Director	0	X						0	0	0
21	SIMKIN, JACQUELINE	Director	0	X						0	0	0
22	WEINTRAUB, BARBARA	Director	0	X						0	0	0
23	WHALEN, MICHAEL	Director	0	X						0	0	0
24	WHALEN, ELIZABETH	Director	0	X						0	0	0
25	ANGLETON, JAMES	Director	0	X						0	0	0
26	SHULA, DONALD	Director	0	X						0	0	0
27	SHULA, MARY ANNE	Director	0	X						0	0	0
28	ST JEAN, DOROTHY	Director	0	X						0	0	0
29	HOOPER, LAMBERT,F	Director	0	X						0	0	0
30	HOOPER, JOY L	Director	0	X						0	0	0
31	YOUNG, MARY	Director	0	X						0	0	0
32	STOUT, JOAN	Director	0	X						0	0	0
33	TUCKER, GALE	Director	0	X						0	0	0
34	ADAMS, ANABELLE	Director	0	X						0	0	0
35	ADAMS, JOSE	Director	0	X						0	0	0
36	FELIX, CHARLES	Director	0	X						0	0	0
37	KLEPACH, JULIETE	Director	0	X						0	0	0
38	KLEPACH, BERNARD	Director	0	X						0	0	0
39	MOSELEY, FRAN	Director	0	X						0	0	0
40	MOSELEY, ROBERT	Director	0	X						0	0	0
41	KRUTHOFFER, ANNE	Director	0	X						0	0	0
42	KRUTHOFFER, JAN	Director	0	X						0	0	0
43	MELLA, MARY JEAN	Director	0	X						0	0	0
44	DIAZ, JOSE	Director	0	X						0	0	0
45	WOLF, DEBORAH	Director	0	X						0	0	0
46	SMITH, CECILIA	Director	0	X						0	0	0

Name of the organization

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

Employer identification number

59-0672460

	A	B	C	D	E	F	G	H	I	J	K	L
47	Kathleen T Ducasse	Assistant Treasurer/CEO/CFO	40			X	X	X		179,338 41	0	32,269 88
48	Nancy R Cavalie	Assistant Secretary/Financial Mgr	40			X	X			84,184 01	0	19,602 80
49	Paul Kurlansky, MD	Director of Research	25					X		152,611 71	0	22,445 54
50	Sallie Byrd	Sr VP of Development	40					X		127,119 60	0	9,447 84
51	Maria Canossa-Terris, MD	Medical Director	40					X		118,505 73	0	23,393 46
52	Victoria Gabrial	Director of Education& Prevention	40					X		126,010 19	0	4,104 49
53												
54	total									787,769 65	0	111,264 01
55												

Name of the organization	Employer identification number
Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	59-0672460

Part XI Form 990 #09

The state of Florida changed the ability to take administrative expenses and apply them to previous years. Therefore the Institute wrote off 128,798.84 in original start up costs for the Foundation.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Miami Heart ReseachInstitute,Inc. d/b/a Florida Heart Reseach Institue

Employer identification number

59-0674260

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Florida Heart Research Foundation, Inc 4770 Biscayne Blvd, Suite 500 (2) Miami, Fl 33137 51-0474502	Research, Education Prevention	Florida	170(b)(1)(A)(vi)	501(c)3	Miami Heart Research Institute, Inc 59-0674260	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) Florida Heart Research Foundation,Inc. 51-0474502	m,n		
(2) 4770 Biscayne Blv., Suite 500, Miami, Fl 33137			
(3) All expenses are accounted for thru th Due to/ Due from			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute	**59-0674260**
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4770 Biscayne Blvd Suite 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Miami, Fl 33137	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Kathleen T. DuCasse, Chief Executive officer**

Telephone No. ▶ **305-674-3020** FAX No ▶ **305-535-3642**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 ____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☑ calendar year 20 **12** or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 _____.

5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Form **8868**

(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	**Miami Heart Research Institute, Inc. d/b/a Florida Heart Research Institute**	**59-0674260**
	Number, street, and room or suite no If a P O box, see instructions	Social security number (SSN)
	4770 Biscayne Blvd Suite 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Miami, FL 33137	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Kathleen T. DuCasse, Chief Executive Officer**

Telephone No. ▶ **305-674-3020** Fax No. ▶ **305-535-3642**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☑ calendar year 20 **13** or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions