The Minneapolis Heart Institute Foundation (MHIF) was founded by physicians who recognized that providing the best care for their patients meant dedicating resources to cardiovascular research and education.

These physicians understood that change was always around the corner and that only by thinking ahead and staying proactive would they be able to remain leaders in cardiovascular care. This proactive spirit and drive to discover has remained at the core of MHIF and, now more than ever, will be essential to our continued leadership in cardiovascular research, education and prevention.

The landscape of healthcare in the United States is undergoing momentous change. The scope of healthcare organizations is moving beyond hospital and clinic walls and out into our communities. In this new system, keeping people well and at home will become the number one priority for providers who will assume responsibility and financial risk for managing the health of entire communities. Increasingly, the system will value more cost-effective methods for preventing disease, not only treating it.

MHIF is poised to play an important role in helping providers and others understand the best approaches to community-based disease prevention. Over the past five years, Hearts Beat Back: The Heart of New Ulm Project has demonstrated what a successful, collaborative community health program looks like. The positive outcomes of the project have not gone unnoticed, and leaders in other communities are using it as a model for their own community interventions. Moving forward, initiatives like Hearts Beat Back will become an increased priority for the Foundation.

Healthcare is changing, but we have the capacity to change with it. By remaining true to our founders’ original drive to discover what’s next, we will continue to translate our tradition of excellence into exciting new domains.

Sincerely,

Robert Hauser, MD, FACC, FHRS
Interim President

Abbott Northwestern Hospital
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HCM occurs in one in 500 people, making it the most common genetic heart disease. Over the past five decades, much has been learned about this complex disease.

The newest developments and emerging principles were discussed by leading researchers at the fifth international HCM summit titled “Hypertrophic Cardiomyopathy: A Contemporary Treatable Disease,” held Sept. 27-29, 2013, in Minneapolis, directed by Dr. Barry J. Maron.

For the Summit, an international faculty of 31 was assembled representing the most experienced and dedicated experts in HCM, all of whom have played major roles in defining the disease. The faculty shared presentations about new diagnostic strategies, treatment options and risk stratification with 250 attendees (clinicians, researchers, other healthcare providers and some patients) from 16 countries and 29 states.

“The Summit was the place to hear ‘the whole HCM story’ in an intense but interactive format,” said Dr. Maron. Dr. Maron has been director of the HCM Center at MHIF for the past 20 years and has published more than 850 papers on this disease.

“I am simply amazed at the wealth of knowledge and intense research presented at this summit,” said one attendee. “The fact that HCM is now a treatable disease deserves the worldwide recognition that this provided.”

For more information on the HCM Summit, visit www.mplsheart.org/hcm.
To a great extent, due to the work of the Hypertrophic Cardiomyopathy Center at MHIF, HCM has become a treatable disease with management strategies and options available for all disease complications.
MINIMALLY INVASIVE VALVE REPLACEMENT

Every year, about 300,000 people are diagnosed with aortic stenosis, making it one of the most common types of valve disease. It’s also one of the most serious — if left untreated, thickening of the left ventricle wall can lead to heart failure. Since 2011, MHIF has been researching a new minimally invasive procedure called transcatheter aortic valve replacement (TAVR) as an alternative to traditional open heart surgery.

The innovative TAVR procedure provides hope for people who were previously left with limited options, as only about one-third of people with aortic stenosis can undergo the invasive open heart procedure needed to replace the valve. The disease mainly affects older adults, who are not usually good candidates for an open heart procedure.

In TAVR, a catheter is inserted through an artery in the leg. Rather than removing the old valve, a collapsible replacement valve is placed in the valve site via the catheter. Once in place, the new valve is expanded and pushes the old valve out of the way.

MHIF’s physician partners have completed more than 150 TAVRs. In addition to participating in TAVR clinical trials, our researchers have also developed robust databases to better understand how to care for these patients both pre- and post-procedure.

The care of TAVR patients at MHIF is evidence of our patient-centered focus. Patients are supported by a multidisciplinary heart team including renowned interventional cardiologists, cardiothoracic surgeons, heart failure physicians and advanced echo and imaging physicians. These physicians, together with dedicated and experienced research staff, allow us to provide individualized, innovative and optimal care for all patients in our valve program.
A recognized leader in valve research, MHIF in 2013 began planning for a first-of-its-kind Valve Summit to bring interventional cardiologists, cardiac surgeons and clinical cardiologists together with leading experts from across the country to learn more about innovations in surgical and catheter-based valve therapies.
His acute symptoms went away after a few minutes but he was still lacking the energy to properly climb stairs, so he made an appointment to see a doctor. Weyers was scheduled for a stress test for the following week but he never made it to that appointment because just three days later, during an emergency procedure, cardiologists placed a stent in his left descending artery to clear the 100 percent blockage.

Weyers became involved with the study after his heart attack in January 2013. He and his wife, Sarah, were adapting to the birth of their then two-week-old son, Jeffrey, when Weyers began experiencing a tightness in his chest and shortness of breath. At that time, he attributed his symptoms to the process of settling into his new parental duties.

Using an innovative product called CAP – 10002 Allogeneic Cardiosphere-Derived Cells, the purpose of our ALLSTAR study is to determine if cells grown from human heart muscle cells can help treat or prevent left ventricular dysfunction following a heart attack. Researchers also hope to learn if cell therapy can improve the function and/or decrease the amount of heart muscle damage after a heart attack and if it can help predict whether heart attack patients will experience further heart failure and complications.

Weyers learned about the ALLSTAR study while recovering from his procedure and said that, once he understood more about it, deciding to participate “became a fairly easy decision.” Now several months into the study, Weyers said that he is glad that he decided to get involved.

“I plan to live a full life, raise my son, stay active … support my family and enjoy myself,” said Weyers. “So far, [this study] has given me better access to information about how my heart is healing. I’ve been able to help the progress of medical science, improving the treatment for others in the future,” said Weyers. “When my son gets older, I want him to have as many options as possible to prevent and/or address any heart health concerns.”

ADVANCING STEM CELL SCIENCE

At age 40 and just four weeks after the birth of his son, Jon Weyers of Richfield, Minn., survived a heart attack. Now he hopes that research gleaned from his participation in an MHIF study called ALLSTAR will help provide hope and healing for him and others.

MOVING SCIENCE FORWARD

Weyers became involved with the study after his heart attack in January 2013. He and his wife, Sarah, were adapting to the birth of their then two-week-old son, Jeffrey, when Weyers began experiencing a tightness in his chest and shortness of breath. At that time, he attributed his symptoms to the process of settling into his new parental duties.
The ALLSTAR program is currently working with and enrolling patients who:

- experienced a heart attack within the past year
- have an ejection fraction of less than 45 percent and
- do not require further stent replacement, angioplasty or coronary artery bypass grafting
CHANGING THE FACE OF MODERN CARDIOVASCULAR CARE

Advanced cardiovascular imaging represents a revolution in understanding and treating cardiovascular disease. At MHIF, researchers in our Advanced Cardiovascular Imaging Center of Distinction have even helped expand new diagnostic capabilities to infants, allowing physicians to avoid using general anesthesia, limit radiation and eliminate potential complications from invasive catheters.

Across a wide spectrum of patients and conditions, MHIF is on the forefront of advanced cardiovascular imaging research. State-of-the-art scanning technology gives three-dimensional images of the heart and blood vessels and permits very rapid imaging. Coupled with novel device technologies, this imaging provides a powerful and innovative force that is changing the face of modern cardiovascular care. MHIF is continually developing imaging expertise that permits diagnoses never before possible and helps detect issues that previously went unrecognized — all without needles or catheters.

Our partnering physicians at the Minneapolis Heart Institute have one of the largest cardiac MRI and CT clinical centers in the world, with state-of-the-art technology. This provides our Foundation researchers with access to a huge and complex volume of data. In fact, we house an impressive CSI Imaging Database with more than 35,000 CT and MRI scans that help researchers discover new patterns to advance our understanding of cardiovascular disease, prevention and care.

MHIF is committed to remaining a leader to research and training in this field and, with the support of our partnering physicians at the Minneapolis Heart Institute, will continue to provide the scientific community with new imaging modalities and techniques to address cardiovascular health.
In one of our current imaging research studies, we are measuring the thickness of the innermost two layers of the wall of an artery (carotid intima-media thickness or CIMT) in women considered low risk by standard cardiovascular risk factor assessment. The study enables us to gain experience in utilizing this non-invasive imaging technique, and determine CIMT usefulness as a tool for risk assessment.
A COMMUNITY TRANSFORMED

Five years in, Hearts Beat Back: The Heart of New Ulm Project has seen both the community culture in New Ulm, Minn. and residents’ health transformed in significant ways.

For example, New Ulm residents are more physically active and are making better food choices by eating more fruits and vegetables. At local restaurants and even many school concession stands, the healthful options are more plentiful.

At the New Ulm Recreation Center, memberships increased from 1,500 to 5,000 since the project started. The farmers market extended its selling season last year and often sold out of produce before closing time. A restaurant and fitness center cited the health-conscious attitude of the community as factors in their decision to locate their new business ventures in New Ulm.

POSITIVE HEALTH TRENDS
The health of community residents continues to positively transform as well. A few highlights:

- From 2009 to 2011, New Ulm made bigger improvements than Minnesota in the rates of acute heart attacks and deaths from coronary heart disease, according to the Minnesota Department of Health.

- Electronic health record data comparing 2008-09 to 2012-13 shows that, among adults age 40-79, the percent with blood pressure within the recommended range increased from 79 to 84 percent; the percent with LDL (“bad”) cholesterol within the recommended range increased from 68 to 72 percent; and the percent with total cholesterol within the recommended range increased from 58 percent to 65 percent. These blood pressure and cholesterol improvements are particularly notable because they represent larger improvements than trends being seen in the rest of the country.

WEIGHING IN FOR PERSONAL AND COMMUNITY WINS
In June 2013, Hearts Beat Back: The Heart of New Ulm Project launched LOSE IT to WIN IT, a free 12-month challenge that encourages everyone to “weigh in” for success and come together to support each other in making healthier lifestyle choices in order to lose weight or maintain their weight if already at a healthy weight. More than 2,000 people who live or work in the community signed on for the program and 72 area worksites are participating in the challenge. In addition to “wins” for their own health, New Ulm is working to meet specific participation and weight loss goals for a big community “win” — a prize of $100,000 worth of new outdoor fitness equipment for its parks and bicycle improvements such as bicycle racks, bicycle lanes and signage.
The New Ulm community is making it easier for people to make healthier choices, such as eating more fruits and vegetables. A new co-op and community garden were established, the farmers market increased its hours, fruit was added to high school concession offerings and one local restaurant now even offers a Mediterranean lunch buffet.
CONNECTING TO TRANSFORM COMMUNITIES

MHIF is at the forefront of successful population health interventions, which are poised to gain increasing momentum as healthcare reform takes shape in the coming years. To facilitate sharing of expertise, ideas and experiences, we hosted an impressive two-day conference in April 2013 titled Connecting to Transform Communities: Stakeholders in Health and Wellness.

The two-day conference brought together more than 270 diverse community health stakeholders, from public health to hospitals to businesses. Prominent national speakers included James Fowler, PhD; David Katz, MD, MPH; and Dan Buettner, three of the world’s most renowned health care and wellness experts who are engaged in conversations at a national level on how we improve health care and the wellness of our communities.

Local presenters sharing their story were also an integral part of the event and, in addition to MHIF, included representatives from Alliance for a Healthier Minnesota, Allina Health, Blue Cross and Blue Shield of Minnesota, Mayo Clinic Center for Social Media, Minneapolis Heart Institute, Minnesota Department of Health, Penny George Institute for Health and Healing, StayWell Health Management, UnitedHealth Group’s Center for Health Reform & Modernization, University of Minnesota and several local and regional initiatives.

A GROWING INTEREST

Jackie Boucher, MHIF’s senior vice president and chief operating officer, came up with the idea for the conference after fielding several inquiries from other communities about the success of Hearts Beat Back: The Heart of New Ulm Project. The project has succeeded as a result of tremendous community engagement and a focus on the building blocks that contribute to healthy communities: strong collaboration along with policy, systems and environmental change that impacts people in health care, worksite and community settings.

The conference provided an ideal opportunity for stakeholders to discuss innovative approaches and strategies to help engage communities, maintain momentum and measure impact. It was a rare and exciting opportunity for us to learn from each other, and ultimately contribute to helping create communities that foster and encourage healthy living for all.

Based on the resounding success of the inaugural conference, MHIF is collaborating with representatives from several other organizations to plan a second conference in November 2014.

$2.5 TRILLION

is spent on health care in the United States – 70 percent of which is spent on lifestyle-related disease.
“This conference helped me see that I MUST lead by example within my organization. You cannot be about community health promotion without examining very closely your own life, habits, mindset and commitments. This conference was a gift.”

— Conference participant
A FORMATIVE EXPERIENCE

Each summer, MHIF offers one of the most outstanding and unique internship opportunities available to undergraduate premed students and those studying in other health care disciplines. For former intern Jackie Kim, the experience was particularly rewarding and validating. In April of 2013, she proudly saw the fruits of her internship project culminate in a research manuscript being published in the Journal of the American Heart Association.

Kim, a participant in the 2012 MHIF Research Internship Program, said, “It was my first experience composing a medical manuscript and it was a wonderful learning experience that I’ve drawn upon in my research work since the internship.”

Working with a physician mentor and a research staff mentor, interns have the opportunity to contribute to clinical research studies and publications that impact patient care. Based on her interest in community health, Kim was paired with Dr. Thomas Knickelbine and Jackie Boucher, who respectively served as the medical director and project director for Hearts Beat Back: The Heart of New Ulm Project. The manuscript, which was her primary project, used data from the Heart of New Ulm’s community health screenings to assess the health of the community based on the American Heart Association’s seven metrics of cardiovascular health.

In addition to their research projects, interns are exposed to a vast breadth of clinical environments, including the outpatient clinic, the cardiovascular operating room, the cardiac catheterization lab and the electrophysiology lab.

As a student just beginning her medical career, Kim said she found her wide-ranging learning experiences to be very enlightening. “My summer at MHIF was quite a formative experience. The exposure I gained as a research intern helped validate my decision to pursue a career in clinical research and medicine.”

Kim graduated from her post-baccalaureate premedical studies program at Columbia University in May 2013, and has continued her work in research working as a clinical research coordinator at the Hospital for Special Surgery in New York City. She will begin medical school in fall 2014 and plans to continue to conduct research as a physician. She recognizes that her time as an intern will have a strong, positive impact on her future career.

“My summer at MHIF was quite a formative experience. The exposure I gained as a research intern helped validate my decision to pursue a career in clinical research and medicine.”
Physicians around the world make decisions about patient care based on MHIF research outcomes. In 2013, interns contributed to eight research presentations at national scientific meetings and 12 publications in peer-reviewed journals.
HEARTS BEAT ON
The Hearts Beat On Society of the Minneapolis Heart Institute Foundation celebrates the vision of a world without heart disease, made possible by generous individuals who have created a lasting legacy by including the Foundation in their estate or financial plans.

Physicians, donors, friends and supporters celebrated at the 2013 Minneapolis Heart Institute Foundation Gala held at the Hilton Minneapolis Grand Ballroom.

With Dr. William Katsiyannis serving as Master of Ceremonies, the evening featured a beautiful venue, wonderful stories, fantastic speakers and great music as everyone joined together to support the cause of creating a world without heart disease. Presenting sponsors included Boston Scientific and Medtronic.
MHIF received contributions in honor and memory of the following individuals in 2013:

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<td>Contributions, Sponsorships and Grants</td>
<td>30%</td>
<td>2,927,690</td>
<td>2,988,176</td>
</tr>
<tr>
<td>Research Study Revenues</td>
<td>39%</td>
<td>3,814,850</td>
<td>-</td>
</tr>
<tr>
<td>Licensing Fees</td>
<td>8%</td>
<td>800,833</td>
<td>-</td>
</tr>
<tr>
<td>Income from Services</td>
<td>3%</td>
<td>299,864</td>
<td>-</td>
</tr>
<tr>
<td>Investments/Trusts Change in Value</td>
<td>0%</td>
<td>(15,324)</td>
<td>(501)</td>
</tr>
<tr>
<td>Payout from Endowments</td>
<td>6%</td>
<td>589,347</td>
<td>-</td>
</tr>
<tr>
<td>Release of Time- and Purpose-restricted Funds</td>
<td>14%</td>
<td>1,422,801</td>
<td>(1,422,801)</td>
</tr>
<tr>
<td>Sources of Revenue</td>
<td>100%</td>
<td>9,840,061</td>
<td>1,564,874</td>
</tr>
</tbody>
</table>

Program Services
- Education 22% 2,262,865 - -
- Research 56% 5,691,335 - -
Total Program Services 7,954,200 - -

Supporting Services
- Administration 14% 1,367,333 - -
- Fundraising 8% 801,671 - -
Total Supporting Services 2,169,004 - -

Board Designated Funds 17,019 (17,019) -

Change in Net Assets (266,124) 1,547,855 2,560,903
## Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Equivalents</td>
<td>1,447,014</td>
</tr>
<tr>
<td>Investments</td>
<td>21,444,982</td>
</tr>
<tr>
<td>Contributions Receivable</td>
<td>2,983,772</td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>1,321,711</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>1,238,239</td>
</tr>
<tr>
<td>Other Assets</td>
<td>83,319</td>
</tr>
<tr>
<td>Fixed Assets (net)</td>
<td>324,270</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>28,843,307</strong></td>
</tr>
</tbody>
</table>

## Liabilities

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>411,841</td>
</tr>
<tr>
<td>Accrued Payroll</td>
<td>347,771</td>
</tr>
<tr>
<td>Accrued Pension</td>
<td>448,734</td>
</tr>
<tr>
<td>Other Accrued Expenses</td>
<td>268,800</td>
</tr>
<tr>
<td>Annuity Payment Liability</td>
<td>127,354</td>
</tr>
<tr>
<td>Accrued Rent</td>
<td>177,590</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>168,600</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,950,690</strong></td>
</tr>
</tbody>
</table>

## Net Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>1,016,506</td>
</tr>
<tr>
<td>Unrestricted - Board Designated Endowment</td>
<td>4,085,757</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>8,928,507</td>
</tr>
<tr>
<td>Restricted</td>
<td>12,861,847</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>26,892,617</strong></td>
</tr>
</tbody>
</table>

## Total Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,950,690</strong></td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>26,892,617</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>28,843,307</strong></td>
</tr>
</tbody>
</table>

The Minneapolis Heart Institute Foundation is a proud member of Community Health Charities Minnesota, an alliance of 36 leading nonprofit health research and service organizations working to improve lives affected by chronic illness by investing in health research, services and education.
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MESSAGE FROM THE BOARD CHAIRMAN

Over the past year, MHIF has continued to excel as a cardiovascular research institution. Dr. Barry Maron has furthered understanding of hypertrophic cardiomyopathy (HCM) as a treatable disease, Drs. Paul Sorajja and Wes Pedersen have been at the forefront in new developments of valve research, and our multiple research studies have given patients with cardiovascular disease and their families hope for the future.

Jerry Johnson
Chairman of the Board

We’ve also seen success with Hearts Beat Back: The Heart of New Ulm Project and have helped an entire community make the changes needed for individuals to live healthier lives.

Yes, we’ve made great strides in advancing the science surrounding cardiovascular disease treatment and prevention. However, what makes MHIF such a valuable institution is our commitment to sharing what we’ve learned.

This year was a particularly fruitful year for sharing our knowledge with researchers, providers and patients around the world. Our fifth HCM Summit brought together the best and brightest under the guidance of Dr. Maron to share our findings as well as those of the preeminent researchers in the field. Planning also started for the first-of-its-kind Valve Summit featuring exciting trends in valvular heart disease treatment, including transcatheter aortic valve replacement. Our education team also hosted a conference to meet demand from communities wanting to replicate the population health success we’ve seen in New Ulm.

Research supported by MHIF has improved the lives of patients enrolled in our studies and participants in our programs, but the impact our work has had on others is equally important. What we’ve learned here, and shared with the scientific community, improves the care of patients across the globe. I look forward to seeing what more we can accomplish and share in the coming years.

Perhaps in no other area of medical research have the advances made in the past 30 years been as great as in the diagnosis and treatment of cardiovascular disease. MHIF has played, and continues to play, a pivotal role in this success. This success could not be possible without the commitment of our research physicians and staff, the guidance of our Board of Directors, and the generosity of our thousands of volunteers and financial donors. I give a heartfelt “thank you” to everyone for their support of our important mission.

Sincerely,

Jerry Johnson
Chairman, Board of Directors
Minneapolis Heart Institute Foundation
In 1982, a group of cardiologists from the Minneapolis Heart Institute® at Abbott Northwestern Hospital (MHI) recognized that maintaining the finest patient care required an enduring commitment to cardiovascular research and education. Those physicians founded the Minneapolis Heart Institute Foundation.

More than 30 years later, MHI physicians are among the most ardent supporters of the Foundation, contributing more than $13 million since its inception.

Today, the Foundation is one of the premier nonprofit cardiovascular and population health research centers in the country. Our research is best achieved through collaboration with government, research colleagues, and pharmaceutical and device industries.

Our mission:
To improve people’s lives through the highest quality cardiovascular research and education.