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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Open to Publid

Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization D Employer identification number use IRS Address change tabel or THE MYOCARDITIS FOUNDATION 20-2657059 Name change print or Number and street (or P O box, if mail is not delivered to street address) Initial return type. Room/suite Telephone number 2201 RIVER RD. APT. 3401 732-295-3700 Termination Specific Amended return City or town, state or country, and ZIP + 4 **Group Exemption** Instruc-POINT PLEASANT NJ 08742 Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Cash X Accrual Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► MYOCARDITISFOUNDATION.ORG Check required to attach Schedule B (Form 990, required to attach \$ 990-EZ, or 990-PF) Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 79,354 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here▶ Revenue Gross revenue (not including\$ 5,131 of contributions reported on line 1) 49,616 Less direct expenses other than fundraising expenses b 16,683 6h c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <u>6c</u> 32,933 7a Gross sales of inventory, less returns and allowances Less. cost of goods sold Gross profit or (loss) from sales of inventory (Subtractifice to from the 7a) C 7c Other revenue (describe▶ 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7m and 8 9 112,287 9 Grants and similar amounts paid (attach schedule) MAY 2 2 2010 10 STMT 10 30,000 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits DEN. 12 12 Professional fees and other payments to independent contractors 13 2,570 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 7,436 15 Other expenses (describe SEE STATEMENT 2 11,464 16 17 Total expenses. Add lines 10 through 16 51.470 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 60,817 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 50,199 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 111,016 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 80,300 124,245 22 23

22 Cash, savings, and investments 23 Land and buildings SEE STATEMENT 3 24 Other assets (describe > 24 2,830 25 Total assets 127,075 300 25 26 Total liabilities (describe▶ SEE STATEMENT 4 30,101 16,059 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 111,016 199 50.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2009)

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Form 990-EZ (2009) THE MYOC	ARDITIS FOUNDATION	20	<u> 1–2657059</u>			Page 2
Part III Statement of Prog	ram Service Accomplishmer	nts (See the inst	ructions for Pa	<u>art (</u> II.)	Ex	penses
What is the organization's primary exem	ipt purpose?			,		for section
SEE STATEMENT 5						and 501(c)(4)
Describe what was achieved in carrying	out the organization's exempt purpos	es in a clear and co	ncise		•	ions and section
manner, describe the services provided,	, the number of persons benefited, or o	other relevant inform	ation for	1) trusts, optional
each program title					for others)
28 SEE STATEMENT 6					1	
•		-		ļ		
				,,.	İ	
(Grants\$	If this amount includes foreign grants	s, check here	<u> </u>	28	a	
29					1	
					1	
				_ _	1	
(Grants\$	If this amount includes foreign grants	s, check here	<u></u>	29	<u> </u>	
30			•			
					-	
			_	<u> </u>	1	
(Grants\$	If this amount includes foreign grants	s, check here	<u></u>	30	a	
31 Other program services (attach sche					1	40 260
	If this amount includes foreign grants	s, check here		31	-	40,260
32 Total program service expenses (a				<u>▶ 32</u>		40,260
Part IV List of Officers, Directo	ors, Trustees, and Key Employees. L		not compensated. (c) Compensation		instructor	ons for Part IV) (e) Expense
(a) Name	e and address	hours per week	(If not paid,	employee t	enefit plans	account and
		devoted to position	enter -0)	deferred c	ompensation	other allowances
LESLIE COOPER, MD	ROCHESTER	PRESIDENT	}	ł	_	_
MAYO CLINIC COLLEGE OF MEDICIO			0	<u> </u>	0	0
CANDACE MOOSE	POINT PLEASANT	SEC/TREAS &				
2201 RIVER RD., APT. 3401	NJ 08742		0		0	0
MARIO DENG, MD	NEW YORK	DIRECTOR			_	_
NYPH/COLUMBIA	NY 10032		0	<u> </u>	0	0
JAMES MOOSE	POINT PLEASANT	DIRECTOR	İ _			
2201 RIVER RD., APT. 3401	NJ 08742				0	0
JEFF GRANT	PALM BAY	DIRECTOR	_		_	_
1278 GLENDALE AVE	FL 32907		0		. 0	0
ELIZABETH F. SCHULTZ, MD	. JOHNS ISLAND	DIRECTOR			_	_
76 OTTER ISLAND RD	SC 29455		- 0	ļ	0	0
JOSEPH RUMORE	PARSIPPANY	DIRECTOR	_		_	
1 HOPKINS COURT	NJ 07054		<u> </u>		0	0
CLEMENT WEINBERGER	LAFAYETTE	DIRECTOR	١ .			
400 MOHEGAN CIRCLE	NJ 07848		ļ <u>°</u>	 	0	0
ELIZABETH KRAVITZ	RALEIGH	DIRECTOR				
1712 CROSSROADS ARBOR WAY #20: LORI A. BLAUWET, MD		DIRECTOR	0		0	
1216 9TH AVENUE NW	ROCHESTER MN 55901	DIRECTOR	,			
2220 JIM AVENUE NA	PAN 33901	-			0	0
		+				
						
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Form **990-EZ** (2009)

_ <u>Pi</u>	art V Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	1 22		•
24	description of each activity Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	33		<u> </u>
34	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	34		^
33	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			1
	6033(e) notice, reporting, and proxy tax requirements?	35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		
-	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a				
b	Did the organization file Form 1120-POL for this year?	37b		x
38a		J. J		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386	100		
39	Section 501(c)(7) organizations Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	┪ !		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40ь		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ł		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	-		
	reimbursed by the organization			
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is file. NONE			
42a	The organization's books are in care o▶ CANDACE MOOSE Telephone no ▶ 73	2-29	5-3	700
	2201 RIVER RD., APT 3401			
	Located at ▶ POINT PLEASANT, NJ ZIP+4 ▶ 08	3742		
þ	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country▶	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	~		
	and Financial Accounts.		ļ	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	i	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	-		▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			-
46	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			7.7
	"Yes," Form 990 must be completed instead of Form 990-EZ	45 Form 99		<u> </u>

	1 990-EZ (2009) THE MYOCARDITIS FOUNDATION	20	-2657059			Page 4
Pa	Section 501(c)(3) organizations and section 4947(501(c)(3) organizations and section 4947(a)(1) non and complete the tables for lines 50 and 51.					1
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in on	nosition to			res No
	candidates for public office? If "Yes," complete Schedule C, Part I	on bonan or or in op	podition to		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedi	ıle C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)		Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related	· · · · · · · · · · · · · · · · · · ·			49a	X
b	If "Yes," was the related organization a section 527 organization?	_			49b	
50	Complete this table for the organization's five highest compensated employe	es (other than office	rs, directors, truste	ees and key		
_	employees) who each received more than \$100,000 of compensation from the	ne organization. If the	ere is none, enter	"None "		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	xpense unt and llowances
NON	В					
					-	<u> </u>
	Total number of other employees paid over \$100,000	<u> </u>				
51	Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "Nor		each received mo	ore than		
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensa	tion
	NE					
						
		.				
d	Total number of other independent contractors each receiving over \$100,000	·				
d	Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, coprect, and complete. Declaration of preparer (other than	accompanying schedu				е

Date

Check if

self-

05/12/10 employed ▶

Preparer's Identifying Number (See instr.)

56-1743537

919-662-1001

Yes No Form **990-EZ** (2009)

P00187421

EIN

Phone

Paid

Preparer's

Use Only

Type or print name and title

ANTHONY T. PANDISCIA

May the IRS discuss this return with the preparer shown above? See instructions

GARNER, NC

LANGDON & COMPANY, CPAS

223 US HIGHWAY 70 EAST, SUITE 100

27529-4051

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE MYOCARDITIS FOUNDATION

Employer identification number 20 - 2657059

Pi	art I	Reas	on for Public Charity	Status (All organizations	s must e	complet	e this	part.)	See in	nstruc	tions.		
				se it is (For lines 1 through 11,				/_					
1				sociation of churches described		-							
2	\vdash				000110		• /(• • /(• /)•						
3	\vdash	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
7	Ш			d in conjunction with a hospital	described	i iii Sectio	מ)טיו ווי	у і уджуці). ⊏⊓te	er trie m	ospilai s iiai	ne,	
-		city, and stat		-6 U				4 - 1					
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)												
_	\Box			•									
6													
7													
	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		An organizat	ion that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	embersh	up fees	, and gr	ross		
		receipts from	activities related to its exen	npt functions—subject to certain	n exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its	3		
		support from	gross investment income ar	nd unrelated business taxable ir	ncome (le	ss sectior	1 511 tax	c) from b	ousines	ses			
	_			0, 1975 See section 509(a)(2)			-						
10	Щ	An organizat	on organized and operated	exclusively to test for public saf	ety See s	section 50	09(a)(4).						
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	to carr	y out th	е			
		purposes of	one or more publicly support	ed organizations described in s	ection 50	9(а)(1) ог	section	509(a)(2	2) See	section	n		
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	ion and co	omplete lu	nes 11e	through	11h.				
		а 💹 Туре	I b Type II	c Type III-Function	ally integr	ated	d	Тур	e III-Ot	her			
е		By checking	this box, I certify that the org	anization is not controlled direc	tly or indi	rectly by o	ne or m	ore disc	ualified	l			
		persons othe	r than foundation managers	and other than one or more pul	blicly sup	orted org	anizatio	ns desc	ribed in	section	n		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	Type II,	ог Туре	III suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	any of th	ne						_
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (II)				Yes	No
		and (iii)	below, the governing body o	f the supported organization?							11g(1)	
		(ii) A family	member of a person describ	ped in (i) above?							11g(
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(l'''
h		Provide the f	following information about t	he supported organization(s)									
(i)	Name	of supported	(II) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(viı) A	mount of	
	orga	anization		(described on lines 1-9		sted in your	Ψ.	ization in	organizat		su	pport	
				above or IRC section (see instructions))	governing	document?	col (I)	ort?		zed in the S ?			
				(see instructions);	Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE MYOCARDITIS FOUNDATION 20-2657059 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 18,140 11,714 69,313 79,354 178,521 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 11,714 69,313 18,140 79,354 178,521 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) 95,597 Public support. Subtract line 5 from line 4 82,924 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 11,714 69,313 18,140 79,354 178,521 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) Total support. Add lines 7 through 10 11 178,521 12 Gross receipts from related activities, etc. (see instructions) 12 49,616 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 **▶** X Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

- 1	Pa	a	ρ	3

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

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)	· •		
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(=) 2007	(4) 2009	(=) 2000	(6) T-4-1
	1	(a) 2005	(6) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	Add lines 7a and 7b			ļ		ļ	
8	Public support (Subtract line 7c from						
	line 6)		<u> </u>		<u> </u>		
	tion B. Total Support	(-) 2005	(h) 2000	(=) 0007	(4) 2000		(D. T. A.)
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	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)					1	
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	_
	organization, check this box and stop her				<u>-</u>		▶
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
<u>16</u>	Public support percentage from 2008 Scho					16	%%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2009 (li	ne 10c, column (f)	divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008					18	%_
19a	33 1/3 % support tests—2009. If the orga						. —
_	17 is not more than 33 1/3 %, check this b		-				▶ [_]
b	33 1/3 % support tests—2008. If the orga						. □
20	line 18 is not more than 33 1/3 %, check the		-			organization	~ -

Page 4

Schedule A (Form 990 or 990-EZ) 2009 THE MYOCARDITIS FOUNDATION 20-2657059

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number Name of the organization THE MYOCARDITIS FOUNDATION 20-2657059 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fund-(i) Name of individual (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (ii) Activity raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions' col (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from

registration or licensing

DAA

Schedule G (Form 990 or 990-EZ) 2009

Page 2

P	art			rganization answered "Yes" the factor of the			eport	ed
		more than wit	(a) Event #1	(b) Event #2	(c) Other events			
•			JOE RUMORE GOLE (event type)	THE FIESTA (event type)	NONE (total number)	(d) Total (add col (col		
Revenue	1	Gross receipts Less Charitable	36,85	1 14,046			50,	897
	3	contributions		5,131			<u>5,</u>	131
	ļ.,	minus line 2)	36,85	1 8,915		<u> </u>	<u>45,</u>	766
	4	Cash prizes				<u> </u>		
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs		- 				
	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	12,33	8 4,250)		<u>16,</u>	588
	10 11	•	y Add lines 4 through 9 in colum combine line 3, column (d), and li	• •	>	<u></u>	<u>16,</u> 29,	588 178
P	art	III Gaming. Com		answered "Yes" to Form 990	, Part IV, line 19, or rep			
ure —		παπ φτο,οσο ((a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gar		
Revenue	1	Gross revenue						
s	2							
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
_	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary	y Add lines 2 through 5 in colum	nn (d)	•	(
	8	Net gaming income sum	nmary Combine line 1, column d	, and line 7	•			
9			ne organization operates gaming				Yes	
a b		the organization licensed t "No," Explain	to operate gaming activities in ea	ach of these states?		<u>9a</u>		X
10a b		/ere any of the organization "Yes," Explain	n's gaming licenses revoked, sus	spended or terminated during the tax	year?	10a		х
11	D	oes the organization operat	te gaming activities with nonmen	nbers?		11		x
12	Is		, beneficiary or trustee of a trust	or a member of a partnership or other	er entity	12		х

Sche	dule G (Form 990 or 990-EZ) 2009 THE MYOCARDITIS FOUNDATION	20-2657	059	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name CANDACE MOOSE				
	2201 RIVER RD., APT 3401				
	Address Mr. PLEASANT	NJ 08742			
	Point				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a	1	X
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the		}	
	amount of gaming revenue retained by the third party ▶ \$				
С	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				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
-	retain the state gaming license?		17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$			1	<u> </u>
		Schedule G (Forn	n 990 or 9	90-EZ	2009

MYOCARDITI The Myocarditis Foundation 20-2657059 **Fede**

Federal Statements

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Form 990-EZ General Footnote

Description

ADDITIONAL CONTRIBUTIONS FROM THE JOE RUMORE FUNDRAISER AND FIESTA FUNDRAISER (LISTED ON SCH. G) ARE APPROPRIATELY REPORTED ON PAGE 1, LINE 1 AND SCH. B FROM THE SCHULZ FAMILY FOUNDATION (\$8,000), ST JUDE (\$5,000), AND JAMES & CANDACE MOOSE (\$5,455). HOWEVER, THESE AMOUNTS WERE NOT INCLUDED ON PAGE 1, LINE 6A FOR CLARITY AND TO AVOID DUPLICATION IN REPORTING.

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MYOCARDITI The Myocarditis Foundation 20-2657059 FYE: 12/31/2009

Federal Statements

-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to <u>Organizations</u>	Class of Activity	Cash Noncash Book Book Value FMV Contribution Contribution Value Explanation	30,000	30,000
Statement 1 - Form 990-		Description of Property		
₩.	Name and Address	Date of Gift	UCLA BOARD OF REGENTS	TOTAL

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MYOCARDITI The Myocarditis Foundation

20-2657059

Federal Statements

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Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	Amount
EXPENSES	\$
INFORMATION TECHNOLOGY	386
INSURANCE	946
BANK FEES	88
POSTAGE & DELIVERY	1,050
PROFESSIONAL MEMBERSHIPS	150
DELAWARE CORP FILING FEE	70
HEART TRANSPLANT CEN LABL	113
IN KIND DONCATION	7,189
SUPPLIES	28
TELEPHONE	1,444
TOTAL	\$ 11,464

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year
ACCOUNTS RECEIVABLE	\$	\$	2,830
		_	2,830

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 30,101	\$ 16,059
	30,101	 16,059

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Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE MYOCARDITIS FOUNDATION IS DEDICATED TO INCREASING AWARENESS OF MYOCARDITIS; PROVIDING ACCURATE, UP-TO-DATE, EASILY ACCESSIBLE INFORMATION AND SUPPORT TO MEDICAL PROFESSIONALS, MYOCARDITIS PATIENTS, AND THE PUBLIC; AND TO PROMOTING SCIENTIFIC ADVANCEMENTS IN MYOCARDITIS DIAGNOSIS AND TREATMENT WITH THE GOAL OF SAVING MORE LIVES.

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Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

IN 2009, THE MYOCARDITIS FOUNDATION "CREATED AND UTILIZES A 4 MEMBER, INTERNATIONALLY RENOWNED MEDICAL ADVISORY BOARD TO REVIEW AND MAKE RECOMMENDATIONS FOR RESEARCH GRANT PROPOSAL AWARDS AND FOUNDATION WEBSITE CONTENT. THE ORGANIZATION CREATED AND MAINTAINS AN INTERNATIONALLY VIEWED WEBSITE (VIEWING "HITS" HAVE INCREASED FROM 47 VISITORS IN DEC 2006, WHEN THE SITE WAS FIRST INTRODUCED, TO OVER 24,000 IN 2009 AT WWW.MYOCARDITISFOUNDATION.ORG,OFFERING:

- -EDUCATIONAL RESOURCES FOR HEALTH PROFESSIONALS INCLUDING DOWNLOADABLE CHAPTERS FROM DR. LESLIE COOPER'S SEMINAL TEXTBOOK ON MYOCARDITIS ENTITLED, MYOCARDITIS: FROM BENCH TO BEDSIDE, LINKS TO CURRENT PUBLICATIONS, AND DR. COOPER'S INTERNATIONAL ANNUAL CONFERENCE LECTURE SCHEDULE FOR MYOCARDITIS PRESENTATIONS
- -GRANT OVERVIEW, GUIDELINES AND APPLICATION FORMS FOR MYOCARDITIS RESEARCH FELLOWSHIP GRANTS
- -PATIENT SUPPORT INCLUDING ONLINE PATIENT SURVEY, MESSAGE BOARD, TESTIMONIALS, EDUCATIONAL INFORMATION, ADDITIONAL RESOURCE LINKS, PAST NEWSLETTERS, PRESS RELEASES, A SECURE DONATION SITE, AND CONTACT INFORMATION
- -CONTENT TRANSLATIONS AVAILABLE IN SPANISH, CHINESE, AND JAPANESE
 -COMMUNICATION PLATFORMS FOR QUESTIONS, REQUESTS, AND SUPPORT (TO DATE:
 HAVE RECEIVED REQUESTS FOR SUPPORT FROM PATIENTS AND PHYSICIANS FROM US,
 ARGENTINA, AUSTRALIA, BRITISH COLUMBIA, CANADA, NEPAL, PERU, SOUTH AFRICA,
 UNITED KINGDOM, THE NETHERLANDS, NEW ZEALAND AND VENEZUELA.
 DEVELOPED AND DISTRIBUTES UPON REQUEST AND AT NO CHARGE TWO
 PATIENT-TARGETED EDUCATIONAL BROCHURES, MYOCARDITIS AND GIANT CELL
 MYOCARDITIS AND PEDIATRIC MYOCARDITIS, AT MEDICAL EDUCATION CONFERENCES
 (SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, HEART FAILURE SOCIETY OF
 AMERICA, EUROPEAN HEART FAILURE SOCIETY, JAPANESE HEART FAILURE SOCIETY,
 AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION, EUROPEAN SOCIETY OF CARDIOLOGY,
 ASIAN PACIFIC CONGRESS OF CARDIOLOGY, AMERICAN HEART ASSOCIATION,
 INTERNATIONAL SOCIETY OF HEART AND LUNG TRANSPLANTATION, CURSO
 INTERNACIONAL DE CARDIOLOGIA), SPEAKING ENGAGEMENTS, US HEART TRANSPLANT
 CENTERS, AND COMMUNITY AWARENESS EVENTS.

THE ORGANIZATION ALSO:

- DISTRIBUTED A NEWLY CREATED "PEDIATRIC MYOCARDITIS BROCHURE" FOR 2009.
- CREATED AND MAINTAINS A TOLL FREE NUMBER TO A VOLUNTEER MAYO CLINIC PHYSICIAN WHO WILL ANSWER ALL MYOCARDITIS QUESTIONS. THE PHYSICIANS RECEIVE AT LEAST TWO CALLS PER WEEK FROM PATIENTS OR GRIEVING FAMILIES WHO REQUIRE THOUGHTFUL, CAREFULLY DELIVERED, TIME CONSUMING RESPONSES TO THEIR QUESTIONS ABOUT MYOCARDITIS.
- CREATED AND CONDUCTS ONGOING PATIENT SURVEYS TO COLLECT DATA ON IMPACT OF DIAGNOSIS OF MYOCARDITIS.
- CREATED AND CONDUCTED PHYSICIAN SURVEY TO ALL US HEART TRANSPLANT CENTERS TO INCREASE AWARENESS OF THE FOUNDATION AND ITS ACTIVITIES AND ACCESS NEED FOR EDUCATIONAL BROCHURES, NEWSLETTERS, RESEARCH GRANT INFORMATION, LOCAL FUNDRAISERS AND EVENTS.
- ESTABLISHED PARTNERSHIPS/AFFILIATIONS WITH THE NATIONAL ORGANIZATION FOR RARE DISEASES (NORD) AND THE CHILDREN'S CARDIOMYOPATHY FOUNDATION.

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Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	<u></u>	Total		Excess	
	\$	99,167	\$	95,597	
TOTAL	\$	99,167	\$	95,597	