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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

2009Open to Public
InspectionDepartment 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.

A For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**THE MYOCARDITIS FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

2201 RIVER RD. APT. 3401

Room/suite

City or town, state or country, and ZIP + 4

POINT PLEASANT**NJ 08742****D** Employer identification number**20-2657059****E** Telephone number**732-295-3700****F** Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **MYOCARDITISFOUNDATION.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if 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.

L 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 ▶ \$ **128,970****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	79,354
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 5,131 of contributions reported on line 1)	6a	49,616
b	Less direct expenses other than fundraising expenses	6b	16,683	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	32,933	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	112,287	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	30,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,570
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	7,436
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	11,464
	17	Total expenses. Add lines 10 through 16	17	51,470
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	60,817
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,199
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	111,016

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
22 Cash, savings, and investments	80,300	124,245
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)		2,830
25 Total assets	80,300	127,075
26 Total liabilities (describe ▶ SEE STATEMENT 4)	30,101	16,059
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,199	111,016

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

Form **990-EZ** (2009)

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Form 990-EZ (2009) **THE MYOCARDITIS FOUNDATION** **20-2657059**
Part V Other Information (Note the statement requirements in the instructions for Part V.)

Page 3

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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 on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		
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		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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e 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		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of CANDACE MOOSE Telephone no 732-295-3700 2201 RIVER RD., APT 3401 Located at POINT PLEASANT, NJ ZIP + 4 08742		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
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		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Form 990-EZ (2009)

THE MYOCARDITIS FOUNDATION

20-2657059

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

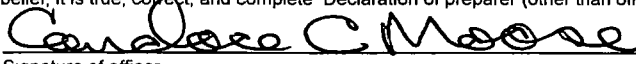
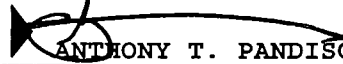
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	 Signature of officer		Date May 17, 2010	
Paid Preparer's Use Only	 Preparer's signature		Date 05/12/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 LANGDON & COMPANY, CPAS 223 US HIGHWAY 70 EAST, SUITE 100 GARNER, NC 27529-4051		Preparer's Identifying Number (See instr.) P00187421	
			EIN ▶ 56-1743537	
			Phone no ▶ 919-662-1001	
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		11,714	69,313	18,140	79,354	178,521
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		11,714	69,313	18,140	79,354	178,521
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)						95,597
6 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
7 Amounts from line 4		11,714	69,313	18,140	79,354	178,521
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						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 ► <input checked="" type="checkbox"/>						

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 ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 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						
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) 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						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>JOE RUMORE GOLF</u> (event type)	<u>THE FIESTA</u> (event type)	<u>NONE</u> (total number)	
Revenue	1 Gross receipts	36,851	14,046		50,897
	2 Less Charitable contributions		5,131		5,131
	3 Gross revenue (line 1 minus line 2)	36,851	8,915		45,766
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,338	4,250		16,588
	10 Direct expense summary Add lines 4 through 9 in column (d)				16,588
11 Net income summary Combine line 3, column (d), and line 10				29,178	

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

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?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ **CANDACE MOOSE**

2201 RIVER RD., APT 3401

Address ▶ **MT. PLEASANT**

NJ 08742

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

15a

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 ▶ \$
- 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?
- 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 ▶ \$

17a

X

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.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution					
UCLA BOARD OF REGENTS			30,000					
			30,000					
TOTAL								

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

<u>Description</u>	<u>Amount</u>
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	\$ <u>11,464</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$	\$
		2,830
		<u>2,830</u>

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

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

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.

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.

Schedule A, Part II, Line 5 - Excess Gifts

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