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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2009

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

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

### A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> MYOTONIC DYSTROPHY FOUNDATION, INC. 10016 FOOTHILLS BLVD #130 ROSEVILLE, CA 95747	<b>D</b> Employer identification number 20-5014628
			<b>E</b> Telephone number 916-788-2626
			<b>F</b> Group Exemption Number <span style="float:right">▶ N/A</span>

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: ▶ WWW.MYOTONIC.ORG

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

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**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. ▶ \$ 334,764.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	332,754.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,010.
5a	Gross amount from sale of assets other than inventory	5a	
5b	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"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <span style="float:right">▶</span>	9	334,764.
10	Grants and similar amounts paid (attach schedule) <span style="float:right">SEE STATEMENT 1</span>	10	258,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	108,078.
13	Professional fees and other payments to independent contractors	13	8,719.
14	Occupancy, rent, utilities, and maintenance	14	9,776.
15	Printing, publications, postage, and shipping	15	50,555.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	106,498.
17	<b>Total expenses.</b> Add lines 10 through 16 <span style="float:right">▶</span>	17	541,626.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-206,862.
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	1,089,833.
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 <span style="float:right">▶</span>	21	882,971.

### 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 668,235.	22 806,330.
23	Land and buildings	23
24	Other assets (describe ▶ SEE STATEMENT 3) 426,400.	24 186,750.
25	<b>Total assets</b> 1,094,635.	25 993,080.
26	<b>Total liabilities</b> (describe ▶ SEE STATEMENT 4) 4,802.	26 110,109.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) 1,089,833.	27 882,971.

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

Form 990-EZ (2009)

Handwritten initials: 09 20



**Part V Other Information** (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 9**

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	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.		
<b>35 a</b>	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>35 b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	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
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37 a</b> 0.		
<b>37 b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b>	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>38 b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39 a</b>	Initiation fees and capital contributions included on line 9		N/A
<b>39 b</b>	Gross receipts, included on line 9, for public use of club facilities		N/A
<b>40 a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>40 b</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
<b>40 c</b>	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 ▶ 0.		
<b>40 d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>40 e</b>	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
<b>41</b>	List the states with which a copy of this return is filed ▶ CA		

**42 a** The organization's books are in care of ▶ LISA VITTEK Telephone no ▶ 916-788-2626  
 Located at ▶ 10016 FOOTHILLS BLVD ROSEVILLE CA ZIP + 4 ▶ 95747

		Yes	No
<b>42 b</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 ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>			
<b>42 c</b>	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 ▶ **43**  N/A  N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	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

**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
<b>46</b> 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
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> 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 and 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: *Lisa Vittek* Date: 11/15/10

Type or print name and title: LISA VITTEK EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: *Debbi J Christensen* Date: 11-15-10 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: PROPP CHRISTENSEN CANIGLIA LLP  
9261 SIERRA COLLEGE BOULEVARD  
ROSEVILLE, CA 95661-5919 EIN: N/A Phone no: 916.751.2900

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

**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 the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33-1/3 support test – 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. ▶

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 ▶

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)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			416,545.	907,395.	331,402.	1,655,342.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	0.	0.	416,545.	907,395.	331,402.	1,655,342.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						1,655,342.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	0.	0.	416,545.	907,395.	331,402.	1,655,342.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,752.	14,738.	2,010.	20,500.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	0.	0.	3,752.	14,738.	2,010.	20,500.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV				43.		43.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						1,675,885.

**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**

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

**Section D. Computation of Investment Income Percentage**

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

**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 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



2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 79230

MYOTONIC DYSTROPHY FOUNDATION, INC.

20-5014628

11/15/10

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PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
OTHER INCOME		43.			
TOTAL	\$ <u>0.</u>	\$ <u>43.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

CLIENT 79230

MYOTONIC DYSTROPHY FOUNDATION, INC.

20-5014628

11/15/10

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	CYNTHIA GAGNON		
DONEE'S ADDRESS:	20 HOSPITAL DRIVE LOGAN, WV 25601		
CASH AMOUNT GIVEN:		\$	3,000.
DONEE'S NAME:	DR. RICCARDO PERBELLINI		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	DR. AMANDA WARD		
DONEE'S ADDRESS:	3978 SORRENTO VALLEY BLVD SAN DIEGO, CA 92121		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	BAYLOR COLLEGE OF MEDICINE-FELLOWSHIPS		
DONEE'S ADDRESS:	PO BOX 201361 HOUSTON, TX 77216		
CASH AMOUNT GIVEN:		\$	100,000.
DONEE'S NAME:	UNIVERSITY OF IOWA - FELLOWSHIPS		
DONEE'S ADDRESS:	B5 JESSUP HALL IOWA CITY, IA 52242		
CASH AMOUNT GIVEN:		\$	100,000.
DONEE'S NAME:	UNIVERSITY OF ROCHESTER MEDICAL CENTER		
DONEE'S ADDRESS:	601 ELMWOOD AVENUE, BOX 673 ROCHESTER, NY 14642		
CASH AMOUNT GIVEN:		\$	6,000.
DONEE'S NAME:	POSITIVE EXPOSURE		
DONEE'S ADDRESS:	43 EAST 20TH STREET NEW YORK, NY 10003		
CASH AMOUNT GIVEN:		\$	5,000.
DONEE'S NAME:	CARLO PRAETORIUS GMBH DETSCHE BA		
CASH AMOUNT GIVEN:		\$	10,000.
DONEE'S NAME:	UNIVERSITY OF TEXAS		
DONEE'S ADDRESS:	1 UNIVERSITY STATION AUSTIN, TX 78712		
CASH AMOUNT GIVEN:		\$	30,000.
DONEE'S NAME:	UNIVERSITY OF IOWA WELLSTONE MD		
DONEE'S ADDRESS:	285 NEWTON ROAD IOWA CITY, IA 52242		
CASH AMOUNT GIVEN:		\$	2,000.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	8,202.
BANK FEES		178.
CONFERENCES, CONVENTIONS, AND MEETINGS		33,091.
DUES & SUBSCRIPTIONS		890.

CLIENT 79230

MYOTONIC DYSTROPHY FOUNDATION, INC.

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

FISCAL	\$	7,425.
FUNDRAISING EXPENSE		8,620.
GRANT EXPENSES		1,926.
INFORMATION TECHNOLOGY		4,984.
INSURANCE		2,165.
OFFICE EXPENSES		17,898.
SMALL EQUIPMENT & FURNITURE		14,136.
TAX AND LICENSES		75.
TELEPHONE		5,322.
TRAINING & STAFF DEVELOPMENT		1,466.
TRAVEL		120.
<b>TOTAL</b>	<b>\$</b>	<b><u>106,498.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
PLEDGES AND GRANTS RECEIVABLE	\$ 426,400.	\$ 185,500.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	1,250.
<b>TOTAL</b>	<b><u>\$ 426,400.</u></b>	<b><u>\$ 186,750.</u></b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,802.	\$ 110,109.
<b>TOTAL</b>	<b><u>\$ 4,802.</u></b>	<b><u>\$ 110,109.</u></b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO LEAD AND MOBILIZE RESOURCES TOWARD EFFECTIVE MANAGEMENT, TREATMENT AND  
ULTIMATELY A CURE FOR MYOTONIC DYSTROPHY THROUGH EDUCATION, ADVOCACY AND RESEARCH.

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

RESEARCH - WE RAISE ADDITIONAL FUNDS IN THE PRIVATE SECTOR IN ORDER TO ACCELERATE  
FURTHER UNDERSTANDING OF THE DISEASE THROUGH RESEARCH. THE MDF SUPPORTS BOTH  
CLINICAL AND SCIENTIFIC RESEARCH WITH A GOAL OF FINDING A TREATMENT AND EVENTUALLY  
A CURE FOR THIS CHRONIC, DEGENERATIVE DISEASE.

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MYOTONIC DYSTROPHY FOUNDATION, INC.

20-5014628

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**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 29**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION - WE STRIVE NOT ONLY TO HELP AFFECTED INDIVIDUALS, THEIR FAMILIES AND MEDICAL PROFESSIONALS UNDERSTAND THIS DISORDER, BUT ALSO TO RAISE AWARENESS ABOUT THE DISEASE IN THE GENERAL POPULATION. MDF SUPPORTS AND HELPS ORGANIZE CONFERENCES FOR AFFECTED FAMILIES AND MEDICAL PROFESSIONALS.

**STATEMENT 8**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ADVOCACY - IN COLLABORATION WITH OTHER ORGANIZATIONS, WE ARE ESTABLISHING AND PERPETUATING LOCAL AND REGIONAL SUPPORT GROUPS TO OFFER EMOTIONAL SUPPORT AND HELP TO EDUCATE FAMILIES ABOUT THIS DISEASE. IN ADDITION TO PROVIDING INFORMATION ABOUT AVAILABLE SERVICES, WE ADVOCATE FOR INCREASED FUNDING FOR MYOTONIC DYSTROPHY RESEARCH AND PATIENT SUPPORT.

**STATEMENT 9**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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).

<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>MYOTONIC DYSTROPHY FOUNDATION, INC.</b>	Employer identification number <b>20-5014628</b>  For IRS use only
	Number, street, and room or suite number. If a P.O. box, see instructions <b>PROPP CHRISTENSEN CANIGLIA LLP 9261 Sierra College Boulevard</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Roseville, CA 95661-5919</b>	

**Check type of return to be filed** (File a separate application for each return):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**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 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.

- I request an additional 3-month extension of time until 11/15, 2010.
- For calendar year 2009, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

<b>8a</b> 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	<b>8a</b> \$
<b>b</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	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs...	<b>8c</b> \$

**Signature and Verification**

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 [Signature] Title CFA Date 8/16/10

DJC