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► The organization may have to use a copy of this return to satisfy state reporting requirements

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	124,245	22	127,004
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,830	24	
25	Total assets	127,075	25	127,004
26	Total liabilities (describe in Schedule O)	16,059	26	35,003
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	111,016	27	92,001

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 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 2010 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 2010 - 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. (Grants \$ 120,000) If this amount includes foreign grants, check here ☐		28a	153,561
29 (Grants \$) If this amount includes foreign grants, check here ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here ☐		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	153,561

Part IV

List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated. (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>CANDACE MOOSE</u> Telephone no ☐ <u>(732) 295-3700</u> 2201 RIVER RD APT 3401 Located at ☐ <u>POINT PLEASANT, NJ</u> ZIP + 4 ☐ <u>08742</u>		
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 .	42b	No
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 ☐ _____	42c	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer		Date			
	CANDACE MOOSE DIRECTOR					
Paid Preparer's Use Only	Preparer's signature	ANTHONY T PANDISCIA	Date	2011-05-13	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	LANGDON & COMPANY CPAS 223 US HIGHWAY 70 EAST SUITE 100 GARNER, NC 275294051				EIN
						Phone no (919) 662-1001

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE MYOCARDITIS FOUNDATION	Employer identification number 20-2657059
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,714	69,313	18,140	79,354	130,282	308,803
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	130,282	308,803
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)						65,385
6 Public Support. Subtract line 5 from line 4						243,418

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,714	69,313	18,140	79,354	130,282	308,803
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 Total support (Add lines 7 through 10)						308,803
12 Gross receipts from related activities, etc (See instructions)					12	64,516
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14 78 830 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2010. 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	
b	33 1/3% support test—2009. If the organization did not check the 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—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
THE MYOCARDITIS FOUNDATION

Employer identification number
20-2657059

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

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?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

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.

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
		JOE RUMORE GOLF (event type)	THE FIESTA (event type)	3 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	27,985	26,437	21,602
	2	Less Charitable contributions		11,551	436
	3	Gross income (line 1 minus line 2)	27,985	14,886	21,166
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,852	39,231	53,083
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

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.

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

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

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE MYOCARDITIS FOUNDATION	Employer identification number 20-2657059
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Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	RESEARCH GRANT PAYMENT 120,000 0 0

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES 1,173 BANK FEES 59 POSTAGE & DELIVERY 949 PROFESSIONAL MEMBERSHIPS 440 MISCELLANEOUS DONATION 791 SUPPLIES 148 TELEPHONE 2,070 INTERNET /WEB SERVICES 1,480 GRANT & CONTRACT EXPENSE 6,124 TRAINING & SEMINAR 6,165 TOTAL 19,399

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 2,830 0 TOTAL 2,830 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 16,059 35,003

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE MY OCARDITIS FOUNDATION IS DEDICATED TO INCREASING AWARENESS OF MY OCARDITIS, PROVIDING ACCURATE, UP-TO-DATE, EASILY ACCESSIBLE INFORMATION AND SUPPORT TO MEDICAL PROFESSIONALS, MY OCARDITIS PATIENTS, AND THE PUBLIC, AND TO PROMOTING SCIENTIFIC ADVANCEMENTS IN MY OCARDITIS DIAGNOSIS AND TREATMENT WITH THE GOAL OF SAVING MORE LIVES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	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 2010 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 2010 - 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

TY 2010 Compensation Explanation**Name:** THE MYOCARDITIS FOUNDATION**EIN:** 20-2657059

Person Name	Explanation
LESLIE COOPER MD	
CANDACE MOOSE	
MARIO DENG MD	
JAMES MOOSE	
JEFF GRANT	
ELIZABETH F SCHULTZ MD	
JOSEPH RUMORE	
CLEMENT WEINBERGER	
LORI A BLAUWET MD	

Additional Data

Software ID:
Software Version:
EIN: 20-2657059
Name: THE MYOCARDITIS FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LESLIE COOPER MD  200 FIRST STREET SW 200 FIRST STREET SW ROCHESTER, MN 55906	PRESIDENT 1 00	0		
CANDACE MOOSE  2201 RIVER RD APT 3401 2201 RIVER RD APT 3401 POINT PLEASANT, NJ 08742	SEC/TREAS & 40 00	0		
MARIO DENG MD  UCLA MEDICAL CENTER UCLA MEDICAL CENTER LOS ANGELES, CA 90095	DIRECTOR 000 00	0		
JAMES MOOSE  2201 RIVER RD APT 3401 2201 RIVER RD APT 3401 POINT PLEASANT, NJ 08742	TREASURER 40 00	0		
JEFF GRANT  1278 GLENDALE AVE 1278 GLENDALE AVE PALM BAY, FL 32907	DIRECTOR 1 00	0		
ELIZABETH F SCHULTZ MD  76 OTTER ISLAND RD 76 OTTER ISLAND RD JOHNS ISLAND, SC 29455	DIRECTOR 1 00	0		
JOSEPH RUMORE  1 HOPKINS COURT 1 HOPKINS COURT PARSIPPANY, NJ 07054	DIRECTOR 1 00	0		
CLEMENT WEINBERGER  400 MOHEGAN CIRCLE 400 MOHEGAN CIRCLE LAFAYETTE, NJ 07848	DIRECTOR 1 00	0		
LORI A BLAUWET MD  1216 9TH AVENUE NW 1216 9TH AVENUE NW ROCHESTER, MN 55901	DIRECTOR 1 00	0		