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# SCANNED JUN 3 4 2011

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the part of the year may use this form

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

Open to Public Inspection

A	For th	ne 2010 c	alendar year, or tax year beginning and ending			
B .	Chećk if applicat	f ole	C Name of organization	D E	imployer i	dentification number
누	니Addr	ess change	MUR MACMOOVINGETS COGERMY TAYS		FO 1	050601
늗	_	e change	THE MASTOCYTOSIS SOCIETY, INC.	<del>   -</del>		959601
누	∐Initia	l return	Number and street (or P O box, if mail is not delivered to street address)  Room/su	ite   E	Telephone	
느	_ Term	inated	P. O. BOX 731			836-4179
닏		nded return	City or town, state or country, and ZIP + 4		Group Exe	•
		ation pending	BRENHAM, TX 77834-0731		Number 🕨	
		ntıng Meth	\ ' ' ' <del></del>	_	Check 🟲	<del>-</del>
		_	WWW.TMSFORACURE.ORG		•	attach Schedule B
						, 990-EZ, or 990-PF)
	Check		ff the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally			
			is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organizati	on choo	oses to file	a return, be sure to file a
		ete return				
			and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (I	Part II,	_	106 117
			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶ \$</u>	196,117.
P	art I	_	enue, Expenses, and Changes in Net Assets or Fund Balances (see the Ir	istructio	ns for Par	tl)
	T a		ff the organization used Schedule O to respond to any question in this Part I		<del></del>	. <u>X</u>
	1		ions, gifts, grants, and similar amounts received		1	104,748.
	2		service revenue including government fees and contracts		2	10 215
	3		hip dues and assessments	`	3	18,215.
	4 5-		nt income SEE SCHEDULE (	Į	4	1,251.
	5a		nount from sale of assets other than inventory 5a		-	
	b		t or other basis and sales expenses		┥╻╢	
	٦		oss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	_	and fundraising events			
Ę	a	\$15,000)	come from gaming (attach Schedule G if greater than			
Revenue	١,		ome from fundraising events (not including \$ of contributions		-	
æ	0		draising events (not including \$ or contributions draising events reported on line 1) (attach Schedule G if the sum of such			
				, 482		
		-	ect expenses from gaming and fundraising events  6c	934		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	48,548.
	7a			,649		
	b			,812		
			oft or (loss) from cales of inventory (Subtract line 7h from line 7a)		7c	<2,163.>
	8		enue (describe in Schedule 0)	)	8	17,772.
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	188,371.
	10		nd similar amounts paid (list in Schedule O)	)	10	59,756.
	11	Benefits	paid to or for members OGDEN, UT		11	•
ŝ	12	Salanes,	other compensation, and employee benefits		12	
SU:	13	Profession	nal fees and other payments to independent contractors		13	5,250.
Expenses	14	Occupan	cy, rent, utilities, and maintenance		14	953.
ш	15	Printing,	publications, postage, and shipping		15	14,615.
	16	Other exp	penses (describe in Schedule 0) SEE SCHEDULE (	)	16	51,800.
	17	Total exp	enses. Add lines 10 through 16	<b>•</b>	17	132,374.
y,	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)		18	55,997.
set	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))			
As		(must ag	ree with end-of-year figure reported on prior year's return)		19	<u>1</u> 53,897.
Net Assets	20	Other cha	inges in net assets or fund balances (explain in Schedule O)		20	0.
_	21		s or fund balances at end of year. Combine lines 18 through 20		21	209,894.
LH	A Foi	r Paperwo	k Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2010)

Pa	Balance Sheets. (see the instructions for Part II )					
	Check if the organization used Schedule O to respond to any question	in this Part II				X
			(A) Beginning of year		(B) Er	id of year
22	Cash, savings, and investments		144,339	. 22		206,543.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE (		9,598	- 24		8,716.
25	Total assets		153,937	25		215,259.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (	) .	40.	- 26	-	5,365.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		153,897	. 27		209,894.
P	art III Statement of Program Service Accomplishme	nts (see the instructions f	or Part III )		Exp	enses
	Check if the organization used Schedule O to respond to any question	n in this Part III		X (Red	guired f	or section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C	)				ind 501(c)(4) ns and section
Des	cribe what was achieved in carrying out the organization's exempt pur	rposes. In a clear and con	ncise manner, describ	e 494	7(a)(1)	trusts, optional
	services provided, the number of persons benefited, and other relevan		rogram trtle.	tord	others )	
28	GRANTS FOR 2 SCHOLARSHIPS FOR FURTH	HER STUDY.				
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>	28a		59,756.
29	COST OF THREE MEDICAL CONFERENCES T	O RAISE AWAR	ENESS			
	ABOUT MASTOCYTOSIS.	<del></del>				
				_		
	(Grants \$ 19,000.) If this amount includes foreign	grants, check here	<b>•</b>	29a		18,443.
30	COST OF ANNUAL CONFERENCE FOR MEMBE	ERSHIP TO PRO	VIDE			
	SUPPORT AND EDUCATION.			_		
				_		
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	30a		26,212.
31	Other program services (describe in Schedule O)			1 1		
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>▶</b>	31a		
32	Total program service expenses (add lines 28a through 31a)			▶ 32		104,411.
P	art W List of Officers, Directors, Trustees, and Key E	Employees. List each one	even if not compensated (s	ee the instruc	ctions fo	r Part IV)
	Check if the organization used Schedule O to respond to any question	n in this Part IV				
		(b) Title and average hour		(d) Contribu		(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	to employ benefit plar	ns&	account and
		position	-0)	deferred compensa		other allowances
<u>VA</u>	LERIE SLEE	CHAIRMAN			İ	
		30.00	0.		0.	0.
RE	GINA RENTZ	SECRETARY				
		10.00	0.		0.	0.
WA	NDA K. HERMANN	TREASURER				
		40.00	0.		0.	0.
$\overline{\Gamma}$	SA STERLING	FUNDRAISING	CHAIRMAN			
		10.00	0.		0.	0.
ER	IN CUNIA	TECHNOLOGY C	HAIR			
		10.00	0.		0.	0.
JC	DY BACHINMAN	INTERNATIONA	L LIASON C	HAIR		
		10.00	0.		0.	0.
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		-{	- F			
0321 02-0		1	1		J	

	Check if the organization used Schedule O to respond to any question in this Part V		-	X
			Yes	No
13	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			1
_	Schedule 0	33	ļ	<u> </u>
4	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	ļ	X
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	1		
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
3	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
6	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		X
7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	ĺ	X
8a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			1
9	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9	}		
b	37/3			
0a	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 •			
h	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?		•	İ
	If "Yes," complete Schedule L, Part I	406		X
	• • • • • • • • • • • • • • • • • • • •	40b	ļ	<u> </u>
٠	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			
u	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
_		İ		
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	<u> </u>	X
1	List the states with which a copy of this return is filed. > MD, AZ, MA, MI, NC, WA, NY		1 7 0	
2 a	The organization's books are in care of ► WANDA K. HERMANN  Telephone no ► 979-83			,
		7783	<u>3</u>	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			<del></del>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country.		•	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42¢		X
	If "Yes," enter the name of the foreign country			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year .	N/A	,	
	· · ·			
			Yes	No
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a	Ī	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	770		† <del></del>
~	of Form 990-EZ	AAb	1	X
r	Did the organization receive any payments for indoor tanning services during the year?	44b		X
4	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		┼^
u	in Schedule O	440	1	1
			ı	1

Form	990-EZ (	2010)	THE	MASTOCYTO	SIS	SOCIETY,	INC.		52-1959	601		Page 4
								<u> </u>			Yes	No
45	ls any re	lated orga	nization a d	controlled entity of th	e organiz	ation within the	meaning of section 51	2(b)(13)?		45		X
3	Did the o	rganizatio	n receive a	iny payment from or e	engage in a	any transaction wi	th a controlled entity with	in the meaning of section	512(b)(13)?	711 1 17	"	Γ"
	If "Yes," F	Form 990	and Sched	ule R may need to be	completed	d instead of Form !	990-EZ			45a		X
46	Did the o	rganizatio	п епдаде,	directly or indirectly, i	ın political	campaign activitie	s on behalf of or in oppo	sition to candidates for pi	iblic office?			1 "
		complete :	Schedule C	, Part I						46		<u>x</u>
Par	rt VI	Section	n 501(c	c)(3) organizati	ons an	d section 49	47(a)(1) nonexem	npt charitable tru	sts only. All	sectio	1 501(d	c)(3)
		organizat	tions and s	ection 4947(a)(1) nor	nexempt cl	hantable trusts mu	ıst answer questions 47-4	49b and 52, and complete	the tables for li	ies 50	and 5	1
		Check if t	he organiz	ation used Schedule (	) to respo	nd to any question	in this Part VI	<u></u>				
								<del>-</del>			Yes	No
47	Did the o	rganizatio	n engage i	n lobbying activities?	If "Yes,"	complete Sched	dule C, Part II			47		X
48	is the or	ganization	a school a	is described in section	170(b)(1	)(A)(II)? If "Yes,"	complete Schedule E			48		X
49 a	Did the o	rganizatio	n make an	y transfers to an exen	npt non-ch	nantable related or	ganization?			49a		X
b	If "Yes," v	was the re	lated organ	nization a section 527	organizati	on?				49b		
50	Complete	e this tabl	e for the or	ganization's five high	est compe	nsated employees	(other than officers, dire	ctors, trustees and key er	nplovees) who e	ach re	ceived	more
				ion from the organiza				•	, ,			
			•			•	(b) Title and average ho	ours (c) Compensation	(d) Contributions	1	e) Expe	ense
		(a) Nan	ne and add	ress of each employe	e paid mo	re	per week devoted to		to employee benefit plans &		ccount	
		(-)			IONE	. •	position		deferred	oth	er allov	vances
									compensation	+		
				<del></del>			1	1				
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							<u>                                     </u>			-		
<u> </u>	Total nu	mbar of o	thar ample	yees paid over \$100,0	100			0				
						anatad Indonesia	·		000 of		44	_
					est compe IONE	insated independe	nt contractors who each i	received more than \$100,	uuu ot compens	ation 1	rom tn	e
	organiza			-			4400.000	42.77				<del></del>
		(a) ivai	ne ano aoo	Iress of each independ	gent contr	actor paid more th	an \$100,000	(b) Type of ser	vice (i	:) Con	pensa	tion
				<del></del>				_				
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					<del></del> .				ĺ			
								<u> </u>				
				endent contractors eac		•	•	<b>•</b>				0
52	Did the d	organizatio	on complet	e Schedule A? <b>Note</b> : /	All section	501(c)(3) organiz	ations and 4947(a)(1) no	nexempt				
				a completed Schedul					▶ [	X Y	2sC	□ No
		Under pena correct, and	ties of perjur complete D	y, I declare that I have ex- eclaration of preparer (oth	amined this er than offic	return, including acco er) is based on all info	ompanying schedules and state ormation of which preparer ha	tements, and to the best of my is any knowledge	knowledge and be	lief, it is <i>I</i>	true,	
Cim.	_		bro	La Ser	ma	n		· <u>-</u>	3/11	///		
Sig:		Signatu	re of officer	1/					Date			
1101		<b>N</b>	Jand	a Herma	nn	Trea	rsurer					
		Type or	print name a									
		Print/T	ype prepar	er's name	Pre	parer's signature	Date	Check X	If PTIN			
Paid	d					. •		self- emplo	_			
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<del>-</del> 30	. Jiny					ELL ROAD		Firm's EIN		026	<i>C</i> 1	71
		1	4401033	BRENHAM,			•	Phone no	(979)	030	-0 T	.31
	ha ina i	lancier At	a wat					·		<u>ت</u>		<del></del>
03217	<b>'</b> 4	ISCUSS IN	s recurn wi	th the preparer showr	above? S	ee instructions	· · · · · · · · · · · · · · · · · · ·	·		Χ γ		No
03-04	-11								1	orm (	IQN-F7	(2010)

#### SCHEDULE A (Form 990 or 990-EZ)

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.

2010
Open to Public

Inspection

Name of the organization

Employer identification number

			TOCYTOSIS SO						52	<u>-1959</u>	<u>601</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	юх.)					
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2 🔲			0(b)(1)(A)(ii). (Attach Sc									
з 🔲			tal service organization of			170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital descr	1bed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe.
	city, and stat									•		
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental unr	describe	d in		
		(b)(1)(A)(iv). (Comple		-	·	•	-					
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	t describe	d ın <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 🔲			eives a substantial part					or from the	general p	ublic desc	rıbed ı	ın
		b)(1)(A)(vi). (Comple				•			<b>J</b>			
8 🗀	-		ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 X			eives: (1) more than 33 1			rom contri	butions, n	nembershii	o fees, an	d aross rec	ceipts	from
			nctions - subject to certa									
			axable income (less sect							_		
		509(a)(2). (Complete	•		•		•				.,	
10	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carn	out the p	ourposes c	f one	or
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or section	n 509(a)(2	2). See <b>se</b>	ction 509(a	a)(3). Che	ck the box	that	
			organization and comple									
	a Type	l <b>b</b> □	Type II o	: 🔲 Тур	e III - Func	tionally in	tegrated		d 🗀	Type III - C	Other	
е 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box	-								
g	Since Augus	t 17, 2006, has the c	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	ii) below,	ļ	Yes	No
	the gov	erning body of the si	upported organization?		•					11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization	, , , ,	•	(vi) Is		(vii) Am	nount o	ıf
org	anızation	1	organization (described on lines 1-9		sted in your			organization (i) organization	ed in the	٠,,	port	
			above or IRC section	governing	document?	(I) of you	r support?	บร	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								Į.				
				ļ								
							1					
				ļ	ļ		ļ					
Total		<u> </u>	1	1	1		<u> </u>	<u> </u>				
LHA For	Paperwork Re	eduction Act Notice	, see the Instructions for	or				Schedul	e A (Form	1990 or 99	0-EZ)	2010

032021 12-21-10

Form 990 or 990-EZ.

Pa	Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	or if the organization			•
Sec	ction A. Public Support				· - <del>-</del> ·		<del></del>
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 2555	(5) 2001	(0) 2000	(4) 2000	(6) 2010	(i) rotal
2	Include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to					-	
3	or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3 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)		***************************************			<del> </del>	
	Public support. Subtract line 5 from line 4 ction B. Total Support	:		<u> </u>	1	1	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7 8	Amounts from line 4 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 Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)			<u> </u>			ļ
11	Total support. Add lines 7 through 10			<u> </u>	1	ļ	<u></u>
	Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	12   on 501(c)(3)	<b>▶</b> □
Se	ction C. Computation of Publ	c Support Pe	rcentage			<del> </del>	
14	Public support percentage for 2010 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
15	• • • • •					15	%
16a	a 33 1/3% support test - 2010.If the o				14 is 33 1/3% or n	nore, check this bo	ox and
ı	stop here. The organization qualifies b 33 1/3% support test - 2009. If the organization qualifier	rganization did no	t check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check tl	nis box
17	a 10% -facts-and-circumstances test and if the organization meets the "fac	t - <b>2010.</b> If the organistants	anization did not d ices" test, check t	theck a box on line his box and <b>stop</b> l	<b>here.</b> Explain in Pa		
ı	meets the "facts-and-circumstances"  b 10% -facts-and-circumstances test more, and if the organization meets the	t - 2009.If the organe "facts-and-circu	anization did not d imstances" test, d	theck a box on line theck this box and	e 13, 16a, 16b, or i I <b>stop here</b> . Explan	n in Part IV how th	

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

Schedule A (Form 990 or 990-EZ) 2010

## 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.)

Sec	ction A. Public Support	Siow, piocess corrig	Joto Fart III				·
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	47,708.	148,117.	118,362.	112,137.	172,445	. 598,769.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<1,108.	> <575.	> <313.	> 7,095.	4,649	. 9,748.
3	Gross receipts from activities that	·				·	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·		
	ization'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	46,600.	147,542.	118,049.	119,232.	177,094	. 608,517.
	Amounts included on lines 1, 2, and	,	<del></del> -	<u> </u>			1
	3 received from disqualified persons						0.
ŧ	Amounts included on lines 2 and 3 received						1
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	-	· <del>-</del> · · -				608,517.
	ction B. Total Support			,		·	1000/02/0
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6	46,600.	147,542.	118,049.	119,232.	177,094	
	Gross income from interest,			,			1
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	621.	1,046.	1,208.	537.	1,251	. 4,663.
	Unrelated business taxable income				33,0	1,202	1,0000
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	621.	1,046.	1,208.	537.	1,251	4,663.
	Net income from unrelated business	0210	1,0100	1,200	337.	1,231	1,003.
	activities not included in line 10b,						
	whether or not the business is regularly carried on	1					
12	Other income. Do not include gain	•					_
_	or loss from the sale of capital				12,529.	17,772	. 30,301.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	47,221.	148.588.	119,257.		<del></del>	
	First five years. If the Form 990 is for		<del></del>	· -	·	·	
. •	check this box and stop here	me organization s	a mat, second, thir	o, ioorai, or iiitii te	an year as a sectio	ii so i(c)(s) orgal	nzation,
Sa	ction C. Computation of Publi	ic Support Pa	rcentage				
	Public support percentage for 2010 (I			oduma (fi)		15	94.57 %
	Public support percentage from 2009		•	Joiurnit (1))		16	06.60
	ction D. Computation of Inves				<u> </u>	10	96.63 %
						147	.72 %
17	,			ie 13, column (t))		17	7.5
18	, ,			سند سند مساهم	. 45 m mens 46 s - 6	18	<del> </del>
198	a 33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box at		•	•	• • • •	-	<u> </u>
	o 33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						on 🏲 📙
_	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			. •
0320	23 12-21-10				Sch	iedule A (Form 9	990 or 990-EZ) 2010

#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No 1545-0047

2010

	Attach to Form 990
Name of the organization	· · ·

Open To Public Inspection

Employer identification number

THE MAS	TOCYTOSIS SOCIE	ETY, I	NC.		52-1959	601
Part I Fundraising Activities required to complete this par		answered	"Yes" t	o Form 990, Part IV,	line 17. Form 990-E2	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e S f S g S or oral agreement with any incomection art VII) or entity in connection viduals or entities (fundraiser	Solicitation Solicitation Special fund dividual (inc	of non-configured frame of the configuration of the configurati	povernment grants rnment grants events  officers, directors, true fundraising services?	stees or	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	hav or	Did ndraiser e custody control of nbutions?	(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
		Ye	s No			
Total  3 List all states in which the organization or licensing.	on is registered or licensed to	solicit con	ribution	s or has been notified	d it is exempt from re	egistration
· · · · · · · · · · · · · · · · · · ·						
					<del></del>	<del></del>

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

chec Par			ASTOCYTOSIS S			1959601 Page 2
	•	of fundraising event contributions and gi				
	_		(a) Event #1 WALK-A-THON- MICHIGAN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	17,497.	26,846.	5,139.	49,482
	2	Less: Charitable contributions				
$\downarrow$	3_	Gross income (line 1 minus line 2)	17,497.	26,846.	5,139.	49,482
	4	Cash prizes				
Ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages			····	·
- 1	8	Entertainment	694.	240.		934
1	9	Other direct expenses		240.		( 934
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, colum		•		48,548
		Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Cirect	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
1	6	Volunteer labor	No	No.	No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
1	8	Net gaming income summary. Combine line	1. column d. and line 7			
	<u> </u>	The garming moonto commany. Companio me	17 COLOTTINI CI CATO IIII C 7			<u></u>
9	Εn	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a				Yes No
þ	lf "	No," explain:				
		ere any of the organization's gaming licenses i	•			Yes No
		1-13-11			Schodule G (For	rm 990 or 990-EZ) 20

Sch	edule G (Form 990 or 990 EZ) 2010 THE MASTOCYTOSIS SOCIETY, INC.	52-1959601 Page 3
	Does the organization operate gaming activities with nonmembers?	Yes No
	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:	
	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt
	of gaming revenue retained by the third party > \$	
c	e If "Yes," enter name and address of the third party:	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name	
	Gaming manager compensation > \$	
	Description of annual available .	
	Description of services provided	
	Director/officer Employee Independent contractor	
	Mary design design of the control of	
17	,,	
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
D.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	) the
m.	organization's own exempt activities during the tax year ▶ \$	
1,3	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column 1997 (1997) 1997	
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	rmation (see instructions).
_		
_		
		<del></del>
_		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
-		
0320	83 01-13-11 Schedule (	G (Form 990 or 990-EZ) 2010

#### **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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE MASTOCVTOSIS SOCIETY TNC **Employer identification number** 52-1959601

THE MASTOCYTOSIS SOCIETY, INC.	52-1959601
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,251.
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF IN	IVENTORY:
INCOME:	
1. GROSS RECEIPTS	4,649.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	4,649.
4. COST OF GOODS SOLD (LINE 13)	6,812.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-2,163.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	3,877.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	2,935.
11. ADD LINES 6 THROUGH 10	6,812.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	6,812.
FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:	
DESCRIPTION OF OTHER COSTS:	AMOUNT:
VIDEO TAPE COST	2,935.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

## **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE MACTOCVTOSIS SOCIETY TNC Employer identification number 52-1959601

THE MASTOCYTOSIS SOCIETY, INC.	52-1959601
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
ANNUAL MEETING FEES	17,772.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: RESEARCH GRANTS	
GRANTEE NAME: DR.JONATHAN SMITH-MAYO CLINIC	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 11/18/10	
AMOUNT GIVEN:	9,756.
ACTIVITY CLASSIFICATION: SPONSOR GRANTS  GRANTEE NAME: DR. VALENT - MEDICAL UNIVERSITY OF VIENNA	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 12/27/10	
AMOUNT GIVEN:	50,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	59,756.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES & SUBSCRIPTIONS	350.
FILING FEES	531.
INSURANCE	2,000.
INTERNET	180.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sche	edule O (Form 990 or 990-EZ) (2010)

032211

#### 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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

**Employer identification number** Name of the organization 52-1959601 THE MASTOCYTOSIS SOCIETY, INC. 1,904. OFFICE SUPPLIES PROCESSING FEES 1,313. SPONSOR GIFTS 336. 8,251. AAAAI CONFERENCE BANK CHARGES 40. 3,685. ACAAI CONFERENCE 6,507. AMERICAN PEDIATRIC CONFERENCE SUPPORT GROUP SUBSIDY 100. 26,212. TMS ANNUAL CONFERENCE 391. MISCELLANEOUS 51,800. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION 9,598. 7,008. INVENTORY PREPAID EXPENSES 0. 1,708. 9,598. TOTAL TO FORM 990-EZ, LINE 24 8,716. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR DESCRIPTION END OF YEAR 40. WINNY NINNY COST DUE LS 0. 0. 4,579. DUE TO B & W PREPAID SALES 0. 786. TOTAL TO FORM 990-EZ, LINE 26 40. 5,365.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - A NONPROFIT ORGANIZATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE MASTOCYTOSIS SOCIETY, INC. 52-1959601 DEDICATED TO SUPPORTING PATIENTS AFFECTED BY MASTOCYTOSIS/MAST CELL ACTIVATION DISORDERS AS WELL AS THEIR FAMILIES, CAREGIVERS, AND PHYSICIANS THROUGH RESEARCH, EDUCATION AND ADVOCACY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.