990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For	the	2014 calend	lar year, or	tax year begi	nning		10-01	, 2014, and e	ending		09-	-30 , 2 0) 15
В	Chec	k if ap	plicable:	C Name of o	rganization Mal	ignant Hyperth	ermia Associ	ation					D Employe	r identification no.
	Addre	ess ch	nange	Doing busi	iness as								06-1076	301
	Name	e char	nge	Number ar	nd street (or P.O.	box if mail is not delivere	d to street address)			Room	/suite		E Telephon	e number
	Initial	retur	n	1 Nort	th Main St	PO Box 1069							(607)67	4-7901
	Final	returr	n/terminated	City or tow	n, state or provin	ce, country, and ZIP or fo	reign postal code							729,259
	Amer	nded r	return	Sherb	urne, NY 1	3460							G Gross red	ceipts\$
	Appli	cation	pending	F Name and	address of princi	pal officer:								
										H(a	 Is this a gr subordinat 	oup ret tes?	urn for	Yes X No
ī .	Тах-є	exemp	ot status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	52	27	H(I	b) Are all sub	ordinat	es included?	Yes No
J	Webs	site:	• www	.mhaus.o	rg					H(d	If "No Group exe	o," attac emption	es included? th a list. (see number	instructions)
K	Form	of or	ganization: X	Corporation	Trust As	ssociation Other	•	L	Year of formation:	1982			Il domicile:	NY
Pa	art I		Summar	у										
		1	Briefly descri	be the organ	nization's missi	on or most significar	nt activities:	The M	Malignant Hyp	erthe	rmia Ass	ocia	tion of	the
4			United St	ates, Ind	c. (MHAUS	or the Organiza	ation) is a	not-fo	r-profit cor	porat	ion that	was		
nce			formed fo	r the pu	rpose of p	romoting optim	um care and	scient	ific underst	andin	g of MH	and		
rna			related d	lisorders	•									
Activities & Governance		2	Check this bo	ox ▶ 🗌 if t	he organizatio	n discontinued its op	erations or dispo	osed of m	nore than 25% of	its net a	ssets.			
ڻ مح		3	Number of vo	oting membe	ers of the gove	rning body (Part VI,	line 1a) .					3		12
Se	.	4	Number of in	dependent v	oting member	s of the governing b	ody (Part VI, line	1b)				4		12
Ϋ́Ε		5	Total number	r of individua	ıls employed ir	n calendar year 2014	(Part V, line 2a)) .				5		7
Ċ		6	Total number	r of voluntee	rs (estimate if	necessary)						6		12
٩		7a	Total unrelate	ed business	revenue from	Part VIII, column (C)	, line 12 .					7a		0
		b	Net unrelated	d business ta	axable income	from Form 990-T, lir	ne 34					7b		0
											Prior Year		Cui	rrent Year
		8	Contributions	and grants	(Part VIII, line	1h)					474	4,888	3	403,213
Jue		9	Program serv	vice revenue	(Part VIII, line	2g)					20	5,144	1	6,307
Revenue	1	0	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d))				7(916	5	35,033
æ	1	1	Other revenu	ue (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10d	c, and 11e)				15:	2,758	3	188,773
	1	2	Total revenue	e - add lines	8 through 11 (must equal Part VIII	, column (A), line	12)			72	4,706	5	633,326
	1	3	Grants and s	imilar amour	nts paid (Part I	X, column (A), lines	1-3)				6'	7,750	D	63,000
	1	4	Benefits paid	I to or for me	mbers (Part IX	(, column (A), line 4)								0
s	1	5	Salaries, othe	er compensa	ation, employe	e benefits (Part IX, c	column (A), lines	5-10)			299	9,374	1	294,485
Expenses	1	6a	Professional	fundraising f	fees (Part IX, o	column (A), line 11e)								0
ber		b	Total fundrais	sing expense	es (Part IX, col	umn (D), line 25)	>		16,577					
Ж	1	7	Other expens	ses (Part IX,	column (A), lir	nes 11a-11d, 11f-24e	e)				240	65,659	9	233,082
	1	8	Total expens	es. Add line	s 13-17 (must	equal Part IX, colun	nn (A), line 25)				613	3,783	3	590,567
	_	9	Revenue les	s expenses.	Subtract line	18 from line 12 .					110	923	3	42,759
ō	Ses									Beginn	ing of Curren	t Year	En	nd of Year
sets	2	20	Total assets	(Part X, line	16)						1,49	5,481	L	1,467,447
Net Assets or	2	21	Total liabilitie	s (Part X, lin	e 26)						48	3,384	1	32,128
$\overline{}$		_	Net assets or	r fund baland	ces. Subtract l	ine 21 from line 20					1,44	7,097	7	1,435,319
	art I			re Block										
						urn, including accompany fficer) is based on all info				/ knowled	ge and belief,	it is		
_		Π,			·	<u> </u>	· · ·	-						
Sic.	ın		<u> </u>											
Sig			Signatu	re of officer								Date	9	
He	re				1.44									
		,	Type or	print name and	1 title	1		Т	Data					
D -	الہ:		1	eparer's name		Preparer's signature	00		Date		Check		PTIN	
Pa			_	J Locke		Stanley		iar	05-16-2017		self-employ	ed	P01654	1690
	pa		Firm's name			Company CPAs	PLLC //			Firm's				
US	e O	nıy	Firm's addres	ss 💆		ad St Ste 3				Phone				
	. 4la -	IDO	diamera de '	and the second		NY 13815	Am radiana (60	J7-33	34-3838	Yes X No
ıvıa\	une.	ころ	uiscuss tnis r	elum with th	e preparer sno	own above? (see ins	u ucuons)							Yes X No

Form 990 (2014) Malignant Hyperthermia Association 06-1076301 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 3 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 Χ 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Χ

Χ

Χ

Χ

15

16

17

18

20b

18

4) Malignant Hyperthermia Association Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- V
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
20	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		X
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		22
34	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		21
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			- -
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
	, , , , , , , , , , , , , , , , , , , ,	-		

14) Malignant Hyperthermia Association
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 142	Enter the amount of reserves on hand	140		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O.	14a		21
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Malignant Hyperthermia Association Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: Χ Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes **10a** Did the organization have local chapters, branches, or affiliates? 10a Χ

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this form 990 is required to be filled
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: (607)674-7901,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (E) (F) (A) (B) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list anv from related other hours for the organizations compensation related Individual trustee Institutional trustee Key employee employee Highest compensated organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) Henry Rosenberg Χ Χ President O ი (2) Ronald Litman Χ Χ Vice President O 0 (3) Sheila Muldoon Χ Director 0 0 (4) Stanley Caroff Χ Χ n 0 Vice President (5) Steven Napolitano Χ Χ Secretary 0 0 0 (6) Joseph Tobin Χ Χ Treasurer 0 0 (7) Bonnie Denholm Χ Director 0 0 (8) Curt Keller Χ Director 0 0 (9) Debra Merritt Χ 0 0 Director (10)Georgirene Vladutiu Χ Director 0 0 (11)Sheila Riazi Χ Director 0 0 (12) Kathleen Keller Χ O ი (13) (14)

EEA Form **990** (2014)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do no box, t	ot che	(C Posi eck me s pers	tion ore th	one an e) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orq ar	(F) stimated mount of other spensation rom the ganization d relates anization	f ion on od
<u>(15)</u>												
(16)												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
<u>(25)</u>												
1b Sub-total							>	0	0			0
Total number of individuals (including but reportable compensation from the organization)	not limited to those listed						e tha		0	ı		
3 Did the organization list any former office		kev er	nnlo	vee	or h	niahes	t con	nnensated	•		Yes	No
employee on line 1a? If "Yes," complete So	chedule J for such indivi	dual						·		3		Х
4 For any individual listed on line 1a, is the s organization and related organizations gre	ater than \$150,000? If "\	es," co	ompl	ete S	Sche	dule J	for s					
individual								or individual		4		X
for services rendered to the organization? Section B. Independent Contractors		dule J f	or su	ıch p	erso	n				5		X
Complete this table for your five highest cocompensation from the organization. Repoyear.	mpensated independen								n's tax			
(F								(B) Description of	services		(C) ensatio	n
										•		
2 Total number of independent contractors (received more than \$100,000 of compensa-	-		e list	ed al	oove	e) who						

Part VIII

Statement of Revenue

		Check if Schedule O contains	a response	or note	to any line in this F	art VIII			<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ လ	1a	Federated campaigns		1a					
ant	b	Membership dues	i	1b					
פֿפֿ	С	Fundraising events	i	1c					
ifts ar A	d	Related organizations	i	1d					
3,∺ ⊝∺	е	Government grants (contribution	1	1e					
Sig	f	All other contributions, gifts, grar							
iberi Beri		and similar amounts not include		1f	403,213				
ξĎ	g	Noncash contributions included	,	f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				403,213			
					Business Code				
une	2a	Registry			611710	3,000	3,000		
Seve	b	Hotline			611710	1,090	1,090		
99	С	Medic Alert			611710	2,160	2,160		
Program Service Revenue	d	NMS Royalties			611710	57	57		
äm	е								
rogr	f	All other program service revenue		[
	g	Total. Add lines 2a-2f				6,307			
	3	Investment income (including divi	dends, intere	est,					
		and other similar amounts)			▶	32,604	32,604		
	4	Income from investment of tax-ex	empt bond p	rocee	ds▶				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents	15	5,600					
	l	Less: rental expenses		3,148					
		Rental income or (loss)		2,452					
	d	Net rental income or (loss)				12,452	12,452		
	7a	Gross amount from sales of	(i) Securitie	es	(ii) Other				
		assets other than inventory	40	,107					
	b	Less: cost or other basis							
		and sales expenses		7,678					
	1	Gain or (loss)							
ø	1	Net gain or (loss)	• • • • •	٠٠٠	🚩	2,429	2,429		
enne	8a	Gross income from fundraising							
e e		events (not including \$	- \	_					
Other Rev		of contributions reported on line 1							
ŧ	L	See Part IV, line 18		1					
O	1	Less: direct expenses	· · · · ·	,					
		Gross income from gaming activity	-	. [
	Эа	See Part IV, line 19							
	h	Less: direct expenses		1					
	1	Net income or (loss) from gaming		,					
			activities						
	10a	Gross sales of inventory, less returns and allowances		а	226,322				
	ь	Less: cost of goods sold		- 1	55,107				
		Net income or (loss) from sales or		,		171,215	171,215		
		Miscellaneous Revenue	·- ,		Business Code				
	11a	Refunds			900099	5,106	5,106		
	b			_		-	-		
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d		'		5,106			
		Total revenue. See instructions				633,326	230,113	0	0

Part IX Statement of Functional Expenses

					-i -i		(A)	(P)	(C)	(D)	
	Check if Schedule O contains a response or note to any line in this Part IX										
Sec	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										

	Check if Schedule O contains a response or note to any			(0)	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	63,000	63,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	212,482	194,421	9,562	8,499
8		212,402	191,121	9,302	0,433
0	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54 595	50 000	2 225	
9	Other employee benefits	64,578	59,089	2,906	2,583
10	Payroll taxes	17,425	15,944	784	697
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	30,636	20,621	9,114	901
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	12,224	11,184	550	490
17	Travel	35,858	34,244	1,614	
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,860	44,751	2,109	
20	Interest	20,000	,	-,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,756	10,031	4,725	
23	Insurance	6,990	1,000	5,990	
-		0,990	1,000	5,330	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Contracted Services	57,029	52,182	2,566	2,281
b	Materials	8,618	7,885	388	345
С	Postage and Shipping	13,578	12,424	611	543
d	Printing and Publications	5,943	5,438	267	238
е	All other expenses	590		590	
25	Total functional expenses. Add lines 1 through 24e .	590,567	532,214	41,776	16,577
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
EEA					Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	175,057	1	2,886
	2	Savings and temporary cash investments	90,340	2	102,686
	3	Pledges and grants receivable, net	100,000	3	25,026
	4	Accounts receivable, net	3,541	4	102
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
,,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	39,258	8	41,364
As	9	Prepaid expenses and deferred charges	9,477	9	10,099
	10a	Land, buildings, and equipment: cost or	·		·
		other basis. Complete Part VI of Schedule D 10a 239,679			
	b	Less: accumulated depreciation 10b 74,125	166,405	10c	165,554
	11	Investments - publicly traded securities	896,729	11	1,115,087
	12	Investments - other securities. See Part IV, line 11		12	, , , , , , , , , , , , , , , , , , , ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	14,674	14	4,643
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,495,481	16	1,467,447
	17	Accounts payable and accrued expenses	48,384	17	30,123
	18	Grants payable		18	
	19	Deferred revenue		19	2,005
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ς,	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
' '	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	48,384	26	32,128
		Organizations that follow SFAS 117 (ASC 958), check here	.,		
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,206,015	27	1,214,709
ala	28	Temporarily restricted net assets	80,079	28	59,197
Net Assets or Fund Balances	29	Permanently restricted net assets	161,003	29	161,413
교	-	Organizations that do not follow SFAS 117 (ASC 958), check here	. , . , . , . , . , . , . , . , . , . ,		
or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,447,097	33	1,435,319
	34	Total liabilities and net assets/fund balances	1,495,481	34	1,467,447

Form	990 (2014) Malignant Hyperthermia Association 0	6-1076301		Pa	age 12
Paı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		633,	326
2	Total expenses (must equal Part IX, column (A), line 25)	2		590,	567
3	Revenue less expenses. Subtract line 2 from line 1	3		42,	759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	447,	097
5	Net unrealized gains (losses) on investments	5		(54,	537)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	435,	319
Paı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2014)

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name	me of the organization Employer identification number												
Mal:	igna	nt Hyperthermia Association					06-107630	1					
Pai	t I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ıs.					
The o	orgar	nization is not a private foundation becau	ise it is: (For lines 1	through 11, check only or	ne box.)								
1	Ц	A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).							
2	Н	A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E.)									
3	H	A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).							
4	Ш	A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the						
		hospital's name, city, and state:											
5	Ш	An organization operated for the benefit	t of a college or univ	versity owned or operated	l by a gove	rnmental u	nit described in						
		section 170(b)(1)(A)(iv). (Complete	•										
6	Н	A federal, state, or local government	or governmental u	nit 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.) ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
9	X						-						
		receipts from activities related to its exe		•	. ,								
		support from gross investment income		,		,	businesses						
40	П	acquired by the organization after Jun			•	,							
10	H	An organization organized and opera	•										
11	ш	An organization organized and operate	-	•									
		one or more publicly supported organ the box in lines 11a through 11d that de						J. Check					
	а	Type I. A supporting organization					=	<i>i</i> na					
	u	the supported organization(s) the p		•		•		mig					
		organization. You must complet			, a 10 an 00t	010 01 11401	oco or ano oupporting						
	b	Type II. A supporting organizatio			ith its supp	orted orga	nization(s), by having	a					
		control or management of the supp	•			•		5					
		organization(s). You must comp		·			-9						
	С	Type III functionally integrated			nection w	ith, and fur	nctionally integrated v	with,					
		its supported organization(s) (see		•									
	d	☐ Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizati	ion(s)					
		that is not functionally integrated. T	he organization ger	nerally must satisfy a distri	bution requ	uirement ar	d an attentiveness						
		requirement (see instructions). Ye	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.							
	е	Check this box if the organization re	eceived a written de	etermination from the IRS	that it is a	Гуре І, Тур	e II, Type III						
		functionally integrated, or Type III n	on-functionally integ	grated supporting organiz	ation.								
	f	Enter the number of supported organization	ations										
	g	Provide the following information about	the supported orga	nization(s).									
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1-9 above or IRC section	docum	ur governing nent?	support (see instructions)	other support (see instructions)					
				(see instructions))		1							
					Yes	No							
(A)													
(B)													
(C)													
(D)													
/E\													
(E)													
Tota													

06-1076301

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(=) 2040	(h) 0044	(a) 2042	(4) 2042	(5) 2044	(6) T-4-1
Caler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	e instructions)				12	•
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6, co	``				14	%
15	Public support percentage from 2013 Schedu					15	%
16a	33 1/3% support test - 2014. If the organiz						. □
	box and stop here. The organization qualif				5:- 22 4/20/		
b	33 1/3% support test - 2013. If the organiz						▶ □
170	check this box and stop here. The organiza	•		•	contact		
17a	10%-facts-and-circumstances test - 2014 10% or more, and if the organization meets	•					
	Part VI how the organization meets the "facts-				•	111 111	
	· · · · · ·		•	•			▶ □
b	organization						
	_						
	Explain in Part VI how the organization meets supported organization				aimes as a publicly		▶ □
18	Private foundation. If the organization did						
	instructions	0.10011 4 501	J 15, 164, 10	~,a, ob, one	Jon and Son and Sol	-	▶ □

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			, 1	,		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	532,327	495,240	600,638	474,888	403,213	2,506,306
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	196,420	216,203	218,535	181,317	226,322	1,038,797
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513	9,814	17,736	19,273	26,144	6,307	79,274
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	738,561	729,179	838,446	682,349	635,842	3,624,377
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						3,624,377
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	738,561	729,179	838,446	682,349	635,842	3,624,377
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,889	12,634	18,696	27,205	32,604	103,028
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	11,889	12,634	18,696	27,205	32,604	103,028
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 VI.)	6,517	15,733	17,241	13,046	17,558	70,095
13	Total support. (Add lines 9, 10c, 11, and 12.)	756,967	757,546	874,383	722,600	686,004	3,797,500
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	umn (f) divided by lir	ne 13, column (f))			15	95.44 %
16	Public support percentage from 2013 Schedule				<u></u>	16	95.44 %
Sec	ction D. Computation of Investmer	nt Income Perd	centage				
17	Investment income percentage for 2014 (line	e 10c, column (f) di	ivided by line 13, c	olumn (f))		17	3.00 %
18	Investment income percentage from 2013 S	chedule A, Part III,	line 17			18	2.06 %
19a	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box						▶⊠
b	33 1/3% support tests - 2013. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 🗍

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

Malignant Hyperthermia A	ssociation	06-1076301				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization						
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered to the covere	ered by the General Rule or a Special Rule .					
Note. Only a section 501(c)(7), (8 instructions.	3), or (10) organization can check boxes for both the General Rule and a Special	l Rule. See				
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it must a	nution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 0-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its rm 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization Employer identification number
Malignant Hyperthermia Association 06-1076301

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 1 JHP Pharmaceuticals **Payroll** Noncash 100,000 1 Upper Pond Rd (Complete Part II for noncash contributions.) Parsippany, NJ 07054 (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person PAR Pharmaceuticals 2 **Payroll** Noncash 300 Tice Blvd 200,000 (Complete Part II for noncash contributions.) Woodcliff Lake, NJ 07677 (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 3 Person Donald and Anita Kaufman **Payroll** Noncash 25,000 39B Eastgate Dr (Complete Part II for noncash contributions.) Boynton Beach, FL 33436 (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) Total contributions Name, address, and ZIP + 4 Type of contribution Ño. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

12b.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	Employer identification number
<u>Ma</u>	lignant Hyperthermia Association	06-1076301
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	t II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified histo	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	tion
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	— — — — — — — — — — — — — — — — — — —
	• • • • • • • • • • • • • • • • • • •	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
-	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	. . —

Sched	ule D (Form 990) 2014 Malignant Hypertl	nermia Associati	.on			06-107630	1	Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Othe	r Similar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession, ar	nd other records, chec	k any of the following	that are a signifi	cant us	se of its	•	
	collection items (check all that apply):		, ,	J				
а	Public exhibition	d ☐ Loar	or exchange prograr	ms				
b	Scholarly research	e Othe						
		e 🗆 Oule						
C	Preservation for future generations	on a result as on late to be seen the	and the same			. t. B.u		
4	Provide a description of the organization's collection	ons and explain now tr	ney furtner the organiz	zation's exempt p	purpos	e in Part		
	XIII.							
5	During the year, did the organization solicit or rece							
_	assets to be sold to raise funds rather than to be r		ne organization's colle	ection?				s 🗌 No
Pai	rt IV Escrow and Custodial Arrang							
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 9, or	repo	rted an amount	on Forn	1
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian or	other intermediary for	contributions or other	r assets not				
	included on Form 990, Part X?							s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following	table:					
		,				Amo	unt	
С	Beginning balance				1c			
d	Additions during the year							
e								
_	Ending balance							
f 2-	3						🗌 Ye	- N-
2a	Did the organization include an amount on Form 9			•			⊔ Ye	s ∐ No
b	If "Yes," explain the arrangement in Part XIII. Che	ck nere if the explanat	ion has been provided	d in Part XIII	•			<u>⊔</u>
Pal	rt V Endowment Funds.		F 000 P(D / P - 40				
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 10.			1	
		(a) Current year	(b) Prior year	(c) Two years ba		(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	241,082	233,982	201,5	510	190,271	1	.86,036
b	Contributions	44,709	1,510	28,3	350	10,754		4,214
С	Net investment earnings, gains, and							
	losses	(969)	10,590	4,2	233	485		21
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	5,000	5,000					
f	Administrative expenses							
g	End of year balance	279,822	241,082	234,0	193	201,510	1	.90,271
2	Provide the estimated percentage of the current y				,,,,	201,310		J0 / Z / I
٠,	Board designated or quasi-endowment	,	rg, coldinin (a)) nela a					
a L	-	21.00 %						
b	Permanent endowment 58.00 %	0/						
С	·	21.00 %						
	The percentages in lines 2a, 2b, and 2c should ed							
3a	Are there endowment funds not in the possession	of the organization the	at are held and admin	istered for the			_	
	organization by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations liste	d as required on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the orga	nization's endowment	funds.					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization an		Form 990, Part	IV, line 11a.	See	Form 990, Part	X, line 1	0.
	Description of property	(a) Cost or other		r other basis		ccumulated	(d) Book	
	,	(investme	' '	other)		preciation		
1a	Land							
b	Buildings			182,455		19,335	1	.63,120
	· ·		+	_02/400		17,555		,120
C	Leasehold improvements	• • •		47 733		4F 222		2 424
d	Equipment			47,733		45,299		2,434
e Tata	Other		(D) " 13	9,491		9,491		65 554
I Ota	Add lines 19 through 16 (Collimb (d) must ed	uai Form dun Part X	COLUMN (R) IINA 1()	IC 1		7 1	- 1	nn 554

Investments - Other Securities.

Part VII

EEA

	Complete if the organization answe	red "Yes" to Form 990, Pa	art IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1) Financial de	erivatives			
(2) Closely-held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answe	red "Yes" to Form 990, Pa	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	ion:
(1)			Cost of the of year marks	· value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answe	red "Yes" to Form 990. Pa	art IV. line 11d. See Form 990.	Part X. line 15.
-) Description	,	(b) Book value
(1)	,			,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities. Complete if the organization answe		art IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	•		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	578,789
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(54,537)
3	Subtract line 2e from line 1	3	633,326
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	633,326
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	590,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	590,567
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	590,567
Pai	rt XIII Supplemental Information.		-
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	ne	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
•			

EEA Schedule D (Form 990) 2014

SCHEDULEI (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2014

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

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(h) Purpose of grant or assistance \bowtie Yes lesearch Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (g) Description of non-cash assistance 06-1076301 (f) Method of valuation (book, FMV, appraisal, other) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 50,000 8,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable **General Information on Grants and Assistance** the selection criteria used to award the grants or assistance? 13-5598093 25-0965591 (p) EIN Malignant Hyperthermia Association (a) Name and address of organization (1) University of Pittsburgh (2) Columbia University Pittsburgh, PA 15261 3550 Terrace Street New York, NY 10032 622 West 168th St Part I Part II 9 ල 4 9 9 6 <u>ඉ</u> 8

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III EEA 0 4 _ က 2 9

Page 2

06-1076301

Malignant Hyperthermia Association

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Malignant Hyperthermia Association

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 06-1076301

01. Form 990 governing body review (Part VI, line 11)
The tax return was reviewed by the Executive Director and Bookkeeper with the CPA Firm
preparing the return prior to signing the return.
02. Conflict of interest policy compliance (Part VI, line 12c)
All Board Members are required to disclose any known conflicts and are required to sign an
annual conflict of interest statement.
03. Governing documents, etc, available to public (Part VI, line 19)
Documents are available upon request and some are available on the Organization's website
as well.

990 Overflow Statement	2014 Page 1
Name(s) as shown on return	FEIN
Malignant Hyperthermia Association	06-1076301

Investment Income

Description		<i>I</i>	Amount
Capital Gain Distributions		_\$	5,387
_Interest & Dividends			20,783
Endowment Earnings			6,434
= -	Total:	\$	32,604