

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. Malignant Hyperthermia Association of the United States, Inc. 11 East State Street PO Box 1069 Sherburne, NY 13460

D Employer Identification Number 06-1076301 E Telephone number 607-674-7901 F Accounting method: Cash [X] Accrual [ ] Other (specify) >

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

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? Yes [ ] No [X]
H (b) If 'Yes,' enter number of affiliates >
H (c) Are all affiliates included? Yes [ ] No [ ]
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]
I Group Exemption Number. >
M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: > N/A

J Organization type (check only one) [X] 501(c) 3 (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 833,707.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch).....	23				
24 Benefits paid to or for members (att sch).....	24				
25 Compensation of officers, directors, etc.....	25	104,949.	86,059.	7,346.	11,544.
26 Other salaries and wages.....	26	115,251.	94,505.	8,068.	12,678.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28				
29 Payroll taxes.....	29	51,957.	42,605.	3,637.	5,715.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	36,213.	29,695.	2,535.	3,983.
34 Telephone.....	34	6,646.	5,450.	465.	731.
35 Postage and shipping.....	35	21,914.	17,969.	1,534.	2,411.
36 Occupancy.....	36	11,455.		11,455.	
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	47,836.	46,879.	500.	457.
39 Travel.....	39	37,235.	34,672.	2,563.	
40 Conferences, conventions, and meetings.....	40	35,409.	31,514.		3,895.
41 Interest.....	41	456.		456.	
42 Depreciation, depletion, etc (attach schedule).....	42	4,791.		4,791.	
43 Other expenses not covered above (itemize):					
a See Statement 2.....	43a	153,633.	133,939.	12,968.	6,726.
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
f.....	43f				
g.....	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	627,745.	523,287.	56,318.	48,140.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?.....  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

BAA

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Educational Programs. Programs to alert the general public, medical profession, hospitals, and clinics about the syndrome malignant hyperthermia. Publishing of newsletters that include technical and informational data.</u>  (Grants and allocations \$ 433,285. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	282,194.
b <u>Research and Clinical. Maintain a database that includes a list of all known cases. The database is updated daily with research and new cases.</u>  (Grants and allocations \$ 36,500. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	142,269.
c <u>Neuroleptic Malignant Syndrome (NMS). Maintain a database and hotline for this syndrome which is similar to MH. This syndrome can be every bit as life threatening as MH.</u>  (Grants and allocations \$ 25,000. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	60,428.
d <u>Patient Programs. Provide a hotline for physicians, interview patient and document findings.</u>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	38,396.
e Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	<b>523,287.</b>

BAA

Form 990 (2005)

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	32,770.	<b>45</b>	26,964.	
	<b>46</b> Savings and temporary cash investments .....	423,363.	<b>46</b>	477,946.	
	<b>47a</b> Accounts receivable .....	207.			
	<b>b</b> Less: allowance for doubtful accounts .....				
			4,857.	<b>47c</b>	207.
	<b>48a</b> Pledges receivable .....				
	<b>b</b> Less: allowance for doubtful accounts .....			<b>48c</b>	
	<b>49</b> Grants receivable .....			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....			<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch.) .....				
	<b>b</b> Less: allowance for doubtful accounts .....			<b>51c</b>	
	<b>52</b> Inventories for sale or use .....	45,202.	<b>52</b>	49,629.	
	<b>53</b> Prepaid expenses and deferred charges .....	12,738.	<b>53</b>	43,600.	
	<b>54</b> Investments — securities (attach schedule) .....	257,255.	<b>54</b>	387,941.	
	<b>55a</b> Investments — land, buildings, & equipment: basis. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				
<b>b</b> Less: accumulated depreciation (attach schedule) .....			<b>55c</b>		
<b>56</b> Investments — other (attach schedule) .....			<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	39,937.				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	28,236.	13,682.	<b>57c</b>	11,701.	
<b>58</b> Other assets (describe <input type="checkbox"/> _____) .....			<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	789,867.	<b>59</b>	997,988.		
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....	20,195.	<b>60</b>	22,791.	
	<b>61</b> Grants payable .....		<b>61</b>		
	<b>62</b> Deferred revenue .....		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____) .....		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	20,195.	<b>66</b>	22,791.		
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	<b>67</b> Unrestricted .....	605,835.	<b>67</b>	714,246.	
	<b>68</b> Temporarily restricted .....	33,646.	<b>68</b>	125,341.	
	<b>69</b> Permanently restricted .....	130,191.	<b>69</b>	135,610.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	769,672.	<b>73</b>	975,197.		
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	789,867.	<b>74</b>	997,988.		

BAA

Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	833,270.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	833,270.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	833,270.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	627,745.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	627,745.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	627,745.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 5		104,949.	0.	0.



Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	82b N/A		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		N/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members. ....		N/A
	85c N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures. ....		N/A
	85d N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. ....		N/A
	85e N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). ....		N/A
	85f N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		N/A
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12. ....		N/A
	86a N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....		N/A
	86b N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....		N/A
	87a N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		N/A
	87b N/A		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. ....		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. ....		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. ....		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ 0. ....		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>None</u> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .....		0
<b>91a</b>	The books are in care of ▶ <u>Jo Nichols</u> Telephone number ▶ _____ Located at ▶ <u>Same,</u> _____ ZIP + 4 ▶ _____		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		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 Statements		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? .....		X
	If 'Yes,' enter the name of the foreign country ▶ _____		
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here. .... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments.....					
<b>g</b> Fees & contracts from government agencies...					
<b>94</b> Membership dues and assessments...					7,500.
<b>95</b> Interest on savings & temporary cash invmnts...					24,877.
<b>96</b> Dividends & interest from securities...					1,808.
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property.....					
<b>b</b> not debt-financed property.....					
<b>98</b> Net rental income or (loss) from pers prop....					
<b>99</b> Other investment income.....					4,720.
<b>100</b> Gain or (loss) from sales of assets other than inventory.....					-437.
<b>101</b> Net income or (loss) from special events.....					
<b>102</b> Gross profit or (loss) from sales of inventory....					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))....					38,468.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)).....					38,468.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: Stanley R Cwynar, CPA Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Cwynar & Company CPAs PLLC, 66 So Broad St Suite 500, Norwich, NY 13815

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

EIN: N/A Phone no.: (607) 334-3838



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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2005**

Name of the organization **Malignant Hyperthermia Association  
of the United States, Inc.** Employer identification number **06-1076301**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 7		58,673.	0.	0.
Total number of other employees paid over \$50,000	0			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

<b>Part III Statements About Activities</b> (See instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>3b</b>	Do you have a section 403(b) annuity plan for your employees?	X	
<b>3c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>4b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	629,876.	571,408.	597,483.	615,571.	2,414,338.
<b>16</b> Membership fees received . . . . .	8,500.	8,500.	7,500.	13,500.	38,000.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					0.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	14,830.	3,421.	4,238.	5,582.	28,071.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 8. . . . .	4,103.	323.			4,426.
<b>23</b> Total of lines 15 through 22 . . . . .	657,309.	583,652.	609,221.	634,653.	2,484,835.
<b>24</b> Line 23 minus line 17 . . . . .	657,309.	583,652.	609,221.	634,653.	2,484,835.
<b>25</b> Enter 1% of line 23 . . . . .	6,573.	5,837.	6,092.	6,347.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 49,697.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 2,484,835.
d Add: Amounts from column (e) for lines: 18 <u>28,071.</u> 19 <u>                    </u> 22 <u>4,426.</u> 26b <u>                    </u> . . . . . ▶					<b>26d</b> 32,497.
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 2,452,338.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					<b>26f</b> 98.69 %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) <u>0.</u> (2003) <u>0.</u> (2002) <u>0.</u> (2001) <u>0.</u>					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) <u>0.</u> (2003) <u>0.</u> (2002) <u>0.</u> (2001) <u>0.</u>					
c Add: Amounts from column (e) for lines: 15 <u>2,414,338.</u> 16 <u>38,000.</u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u> . . . . . ▶					<b>27c</b> 2,452,338.
d Add: Line 27a total . . . . . <u>0.</u> and line 27b total . . . . . <u>0.</u> . . . . . ▶					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 2,452,338.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b> 2,484,835.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27g</b> 98.69 %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27h</b> 1.13 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2005**

Name of organization <b>Malignant Hyperthermia Association of the United States, Inc.</b>	Employer identification number <b>06-1076301</b>
--	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the *General Rule* and a *Special Rule* – see instructions.)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the *General Rule* and/or the *Special Rules* do not file *Schedule B (Form 990, 990-EZ, or 990-PF)* but they **must** check the box in the heading of their *Form 990, Form 990-EZ, or on line 2 of their Form 990-PF*, to certify that they do not meet the filing requirements of *Schedule B (Form 990, 990-EZ, or 990-PF)*.

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

Malignant Hyperthermia Association

06-1076301

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Procter & Gamble Pharm. ----- 8700 Mason-Montgomery Road ----- Mason, OH 45040-9462 -----	\$ 433,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Amer Soc of Anesthesiologists ----- 520 N Northwest Highway ----- Park Ridge, IL 60068 -----	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

Malignant Hyperthermia Association

06-1076301

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----

BAA

Name of organization

Employer identification number

Malignant Hyperthermia Association

06-1076301

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Other Assets

Description:	Convention Unit Display		
Date Acquired:	7/06/1994		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	9,849.		
Depreciation:	9,767.		
		Gain (Loss)	-82.
Description:	Software for Registry		
Date Acquired:	6/25/1996		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	2,933.		
Depreciation:	2,933.		
		Gain (Loss)	0.
Description:	Computer - Fay		
Date Acquired:	12/31/1997		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	2,403.		
Depreciation:	2,325.		
		Gain (Loss)	-78.
Description:	Computer - Gloria		
Date Acquired:	3/11/1999		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	1,673.		
Depreciation:	1,673.		
		Gain (Loss)	0.
Description:	Computer - Dianne		
Date Acquired:	9/29/1999		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	1,793.		
Depreciation:	1,793.		
		Gain (Loss)	0.
Description:	Shelving unit		
Date Acquired:	8/24/1999		
How Acquired:	Purchase		
Date Sold:	9/30/2006		

**Statement 1 (continued)**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	560.		
Depreciation:	560.		
		Gain (Loss)	0.

Description:	Computer Update - Jo's		
Date Acquired:	5/21/2001		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	584.		
Depreciation:	584.		
		Gain (Loss)	0.

Description:	Computer Update-Fay		
Date Acquired:	7/31/2001		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	651.		
Depreciation:	651.		
		Gain (Loss)	0.

Description:	Comp - Gloria Intel 865P4		
Date Acquired:	11/30/2003		
How Acquired:	Purchase		
Date Sold:	9/30/2006		
To Whom Sold:			
Gross Sales Price:	0.		
Cost or Other Basis:	637.		
Depreciation:	360.		
		Gain (Loss)	-277.

Total Gain (Loss) Other Assets \$ -437.

Total Net Gain (Loss) From Noninventory Sales \$ -437.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Awards & Honors	7,155.	7,155.		
Contracted Services	39,282.	32,211.	2,750.	4,321.
Insurance	5,118.	2,000.	3,118.	
Other	2,584.	2,119.	181.	284.
Professional Fees	14,592.	5,552.	6,919.	2,121.

**Statement 2 (continued)**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Research Grants	84,902.	84,902.		
<b>Total</b>	<u>\$ 153,633.</u>	<u>\$ 133,939.</u>	<u>\$ 12,968.</u>	<u>\$ 6,726.</u>

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

The Malignant Hyperthermia Association of the United States, Inc. (MHAUS or the Organization) is a not-for-profit corporation that was formed for the purpose of increasing the medical professions and the general public's awareness and understanding of the syndrome, malignant hyperthermia (MH). MHAUS is dedicated to reducing the morbidity and mortality of MH by improving medical care related to MH, providing support information for patients and improving the scientific understanding and research related to MH. It performs these objectives by publishing newsletters and articles, hosting educational seminars, attending appropriate professional and public seminars to disseminate information about the syndrome and performing such other functions as required to increase the knowledge of the syndrome.

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 11,080.	\$ 7,555.	\$ 3,525.
Machinery and Equipment	28,857.	20,681.	8,176.
<b>Total</b>	<u>\$ 39,937.</u>	<u>\$ 28,236.</u>	<u>\$ 11,701.</u>

**Statement 5**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
John Blair 11 East State Street Sherburne, NY 13460	Treasurer 0	\$ 0.	\$ 0.	0.

**Statement 5 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dianne M. Daugherty 11 East State Street Sherburne, NY 13460	Exec Director 0	\$ 58,673.	\$ 0.	\$ 0.
Josephine Nichols 11 East State St. Sherburne, NY 13460	Business Mgr. 0	46,276.	0.	0.
Sheila M. Muldoon, MD 11 East State Street Sherburne, NY 13460	Vice President 0	0.	0.	0.
Henry Rosenberg, MD, CPE 11 East State St. Sherburne, NY 13460	President 0	0.	0.	0.
Stanley Caroff, MD 11 East State St Sherburne, NY 13460	Vice President 0	0.	0.	0.
Ronald J. Ziegler 11 East State St. Sherburne, NY 13460	Secretary 0	0.	0.	0.
Christina Deutsch, MS, RN, CSP 11 East State St Sherburne, NY 13460	Vice President 0	0.	0.	0.
Keith Ellis, PhD 11 East State St Sherburne, NY 13460	Director 0	0.	0.	0.
Debra Merritt, CRNA, MSN 11 East State St Sherburne, NY 13460	Director 0	0.	0.	0.
Steven Napolitano, Esq 11 East State St Sherburne, NY 13460	Director 0	0.	0.	0.
Joseph Tobin, MD 11 East State St Sherburne, NY 13460	Director 0	0.	0.	0.
<b>Total</b>		<u>\$ 104,949.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 6**  
**Form 990, Part VIII**  
**Relationship of Activities to the Accomplishment of Exempt Purposes**

Line #	Explanation of Activities
94	Membership dues are collected to cover expenses associated with providing physicians with information on consenting patients' malignant hyperthermia susceptibility: to standardize and validate malignant hyperthermia diagnostic testing; and to support epidemiologic and other investigations of malignant hyperthermia.
93a	During the current year, the organization began to market and sell ID tags and bracelets that will serve to identify anyone that is susceptible to malignant hyperthermia. This service is part of their exempt purpose which is to educate the public and reduce the morbidity rate of the syndrome.
93b	The organization holds a dinner for supporters of the organization. The event itself does not generate much income, however, it does enlighten many to the cause of the organization and stimulate new connections in the medical field.
99	Unrealized gain on domestic equities held at year end.
100	Loss on disposal of assets during the year. No assets were sold, only disposed.

**Statement 7**  
**Schedule A, Part I**  
**Compensation of Five Highest Paid Employees**

Name and Address	Title & Average Hours Worked	Compensation	Contribution EBP & DC	Expense Account
Dianne Daugherty 11 East State Street Sherburne, NY 13460	Exec. Director 40	58,673.	0.	0.
Total		<u>\$ 58,673.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 8**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Gains/(losses) on Investments	\$ 4,103.	\$ 323.	\$ 0.	\$ 0.	\$ 4,426.
Total	<u>\$ 4,103.</u>	<u>\$ 323.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 4,426.</u>

<b>Form CHAR500</b> This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.oag.state.ny.us/charities/charities.html">www.oag.state.ny.us/charities/charities.html</a>	<b>2005</b>  <b>Open to Public Inspection</b>
--	---	---

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <u>10/01</u> / <b>2005</b> and ending <u>9/30/2006</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <u>Malignant Hyperthermia Association of the United States, Inc.</u>		d. Fed. employer ID no. (EIN) (##-####-####) <u>06-1076301</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>11 East State Street PO Box 1069</u>		e. NY State registration no. (##-##-###) <u>55072</u>
	City or town, state or country and zip + 4 <u>Sherburne, NY 13460</u>		f. Telephone number <u>607-674-7901</u>
			g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	▶	<u>Executive Director</u> Signature Printed Name Title Date	
b. Chief Financial Officer or Treasurer	▶	<u>President</u> Signature Printed Name Title Date	

<b>3. Annual Report Exemption Information</b>	
Check →	a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. <b>NOTE:</b> An organization may also check this box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
Check →	b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <b>and</b> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . . .	Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/>
* If "Yes", complete <b>Schedule 4a.</b>	
b. Did the organization receive government contributions (grants)? . . . . .	Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/>
* If "Yes", complete <b>Schedule 4b.</b>	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee . . . . .	\$ <u>25.</u>
b. EPTL filing fee . . . . .	\$ <u>100.</u>
<b>c. Total fee</b> . . . . .	<b>\$ <u>125.</u></b>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see page 4 for <b>required attachments</b> ▶
- Mail completed form with <b>required schedules, fee and attachments</b> to the address at the top of this page -



<b>Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)</b>	
If you checked the box in question 4.a. on page 1, complete the following schedule for <b>each</b> PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:	
1. Type of fund raising professional (FRP):	
Professional fund raiser .....	_____
Fund raising counsel .....	_____
Commercial co-venturer .....	_____
2. Name of FRP:	
Number and street (or P.O. box if mail is not delivered to street address):	
City or town, state or country and zip + 4:	
3. FRP telephone number:	
4. Services provided by FRP (provide description):	
5. Compensation arrangement with FRP (provide description):	
6. Dates of contract .....	
(mm/dd/yyyy)	through
(mm/dd/yyyy)	(mm/dd/yyyy)
7. Amount paid to FRP .....	
\$	0.



5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fee using the tables in **parts a and b** below. Add the Article and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) ETPL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)