

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

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

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1821 UNIVERSITY AVENUE WEST S256
 City or town, state or country, and ZIP + 4
ST. PAUL MN 55104

D Employer identification number
13-5672224

E Telephone number
800-541-5454

F Accounting method: Cash 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.

G Website: www.myasthenia.org

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates Yes No
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **1322**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,028,852**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	643,788		
c	Indirect public support (not included on line 1a)	1c	48,892		
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 692,680 noncash \$)	1e	692,680		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	37,772		
3	Membership dues and assessments	3	203,595		
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	81,261		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a	13,544		
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c	13,544		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	13,544		
9	Special events and activities (attach schedule). If any amount is from gaming, check <input type="checkbox"/> here				
a	Gross revenue (not including contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,028,852		
13	Program services (from line 44, column (B))	13	631,707		
14	Management and general (from line 44, column (C))	14	161,300		
15	Fundraising (from line 44, column (D))	15	34,677		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17	827,684		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	201,168		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,184,251		
20	Other changes in net assets or fund balances (attach explanation)	20	5,399		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	5,390,818		

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. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) Stmt 4 (cash \$ _____ non-cash \$ 224,583) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	224,583	224,583	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	13,456	13,456	
32 Legal fees	32			
33 Supplies	33	3,984	3,835	149
34 Telephone	34	5,583	1,237	4,340
35 Postage and shipping	35	35,634	13,221	14,670
36 Occupancy	36			7,743
37 Equipment rental and maintenance	37			
38 Printing and publications	38	52,558	34,847	7,648
39 Travel	39	3,127	2,297	819
40 Conferences, conventions, and meetings	40	142,788	136,447	6,341
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a See Statement 5	43a	345,971	215,240	113,877
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	827,684	631,707	161,300

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 \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

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?

► **See Statement 6**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a FUNDING OF MYASTHENIA GRAVIS RESEARCH FELLOWSHIPS AT PROMINENT UNIVERSITIES & MEDICAL INSTITUTIONS TO FIND IMPROVED TREATMENTS AND CURE FOR MYASTHENIA GRAVIS.

(Grants and allocations \$ **224,583**) If this amount includes foreign grants, check here

227,917

b ORGANIZATION & HOSTING OF ANNUAL MEETING TO FACILITATE PRESENTATION OF MG RELATED TOPICS TO PATIENTS AND FOSTER COMMUNICATIONS BETWEEN CHAPTERS AND NATIONAL WITH REGARD TO PATIENT SERVICES AND RESEARCH EFFORTS.

(Grants and allocations \$) If this amount includes foreign grants, check here

94,768

c DEVELOPMENT & SUPPORT OF LOCAL CHAPTERS

(Grants and allocations \$) If this amount includes foreign grants, check here

80,964

d PATIENT SERVICES: PROVISION OF LITERATURE ABOUT MG AND ITS TREATMENTS, QUARTERLY NEWSLETTER, APPROX. 18,000 CALLS HANDLED PER YEAR.

(Grants and allocations \$) If this amount includes foreign grants, check here

98,556

e Other program services (attach schedule) See Stmt 7

(Grants and allocations \$) If this amount includes foreign grants, check here

129,502

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

631,707

Form **990** (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments	1,202,266	46 1,855,685
	47a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a 156,644	
	b Less: allowance for doubtful accounts	48b 30,000	48c 126,644
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	10,102	52 12,565
	53 Prepaid expenses and deferred charges	10,513	53 9,665
	54a Investments—publicly-traded securities See Statement 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	349,171	54a 3,491,015
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments—other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a	
	b Less: accumulated depreciation (attach schedule)	57b	57c
58 Other assets, including program-related investments (describe ▶)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	5,334,046	59 5,495,574	
Liabilities	60 Accounts payable and accrued expenses	39,295	60 36,756
	61 Grants payable	100,000	61 62,500
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ▶ See Statement 9)	10,500	65 5,500
66 Total liabilities. Add lines 60 through 65	149,795	66 104,756	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	752,508	67 839,595
	68 Temporarily restricted	713,709	68 674,695
	69 Permanently restricted	3,718,034	69 3,876,528
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,184,251	73 5,390,818	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,334,046	74 5,495,574	

Part VI Other Information (continued)		Yes	No
82a	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	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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N / A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N / A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N / A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N / A
c	Dues, assessments, and similar amounts from members		85c
d	Section 162(e) lobbying and political expenditures		85d
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N / A
85g			
h	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
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		86a
b	Gross receipts, included on line 12, for public use of club facilities		86b
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		87a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b
88a	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	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. 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
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed NY, CT, IL, MA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b 0
91a	The books are in care of JANET GOLDEN Telephone no. 800-541-5454 1821 UNIVERSITY AVE WEST STE 256 Located at ST PAUL, MN ZIP + 4 55104		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a **Meetings and Conventions**
- b **Other**
- c
- d
- e

- f Medicare/Medicaid payments
- g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

- a debt-financed property
- b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

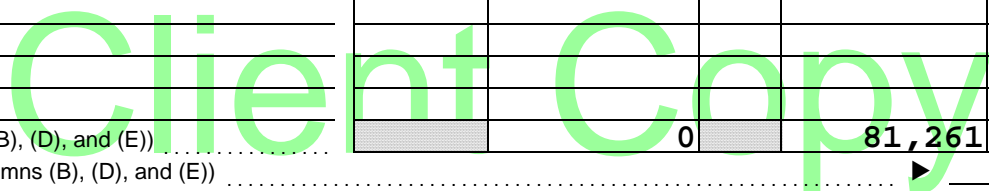
103 Other revenue: a

- b
- c
- d
- e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

	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	
					34,015
					3,757
					203,595
			14	81,261	
					13,544
			41		
			0	81,261	254,911
					336,172



Note: Line 105 plus line 1e, 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).

N/A

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer MARC KALISH Type or print name and title	Date TREASURER
--	--------------------------

Paid Preparer's Use Only

Preparer's signature Beth A. Tabak	Date 5/07/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) 361-64-6393
Firm's name (or yours if self-employed), address, and ZIP + 4 Ulbrich & Company, P.C., CPAs 3250 N Arlington Heights Ste 101 Arlington Heights, IL 60004-1560		EIN 36-2894333	Phone no. 847-590-5310

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

**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**

OMB No. 1545-0047

2007

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.

Employer identification number

13-5672224

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
NONPROFIT SOLUTIONS INC. ST PAUL 1821 UNIVERSITY AVE MN 55104	PROGRAM & MANAG	274,228
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 page 2 of the 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 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: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<p>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.</p>			
<p>2 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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) See Statement 11</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

- Type I
- Type II
- Type III-Functionally Integrated
- Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	835,316	745,386	603,556	469,254	2,653,512
16 Membership fees received					0
17 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	8,841	6,768		7,554	23,163
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,050	31,962	3,391	3,794	59,197
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	864,207	784,116	606,947	480,602	2,735,872
24 Line 23 minus line 17	855,366	777,348	606,947	473,048	2,712,709
25 Enter 1% of line 23	8,642	7,841	6,069	4,806	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	54,254
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	958,221
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	2,712,709
d Add: Amounts from column (e) for lines: 18 <u>59,197</u> 19 _____ 22 _____ 26b <u>958,221</u>	26d	1,017,418
e Public support (line 26c minus line 26d total)	26e	1,695,291
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	62.4944%

27 Organizations described on line 12: 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: N/A

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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: N/A

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 page 9 of the 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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the 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.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

Caution: 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 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2007, 2006, 2005, 2004, and Total. Rows 45-50 detailing nontaxable amounts and lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Table with 3 columns: Yes, No, Amount. Rows detailing lobbying activities such as volunteers, paid staff, media advertisements, mailings, publications, grants, and direct contact.

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

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Chapter Assessments	\$ <u>203,595</u>
Total	\$ <u><u>203,595</u></u>

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Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depr</u>	<u>Gain/-Loss</u>
Capital Gain Distributions					\$ 13,544	\$	\$	\$ 13,544
Total					\$ 13,544	\$ 0	\$ 0	\$ 13,544

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Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
TAPES, LITERATURE	\$ _____	\$ _____	\$ _____
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Net Unrealized Gains on Investments	\$ <u>5,399</u>
Total	\$ <u>5,399</u>

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Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Date of Gift		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Chei Te Wu						\$	\$ 14,583	\$		
Univ of Calif										
Davis CA 95616										
Jennifer Anderson							50,000			
Univ of Calif										
Davis CA 95616										
Shalini Mukherjee							50,000			
UT Southwestern Med Ctr										
Dallas TX 75284										
Jianrong Sheng, MD							50,000			
Univ of IL										
Springfield IL 62708										
Windy Allman							5,000			
Univ of Texas										
Galvenston TX 77555										
Sagar Pathak							5,000			
Univ of Calif										

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Federal Statements

FYE: 12/31/2007

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Davis CA 95616					\$	\$	\$		
Amir Sobouri						50,000			
Scripts Research Institute									
La Jalla CA 92037									
Total					<u>\$ 0</u>	<u>\$ 224,583</u>	<u>\$ 0</u>		

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Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
CONTRIBUTIONS TO AFFIL CHPTRS	8,397	8,397		
ADVERTISING & PROMOTION	55	55		
MANAGEMENT FEES	272,044	172,661	83,550	15,833
Management Fees	2,184	2,184		
LICENSES AND REGISTRATIONS	4,571	4,550		21
LIABILITY INSURANCE	21,807	18,781	3,026	
Investment Fees	12,080		12,080	
PROFESSIONAL SERVICES	1,000	1,000		
PUBLICATIONS	2,300		1,300	1,000
Other	1,232	425	807	
OTHER	1,512	1,512		
BAD DEBT	13,114		13,114	
Research Expenses	100	100		
Dues & Subscriptions	5,575	5,575		
Total	<u>\$ 345,971</u>	<u>\$ 215,240</u>	<u>\$ 113,877</u>	<u>\$ 16,854</u>

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Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO FIND A CURE FOR MYASTHENIA GRAVIS & RELATED DISORDERS OF THE NEUROMUSCULAR JUNCTION, AND TO IMPROVE THE LIVES OF ALL PEOPLE AFFECTED, THROUGH PROGRAMS OF MEDICAL RESEARCH, PATIENT CARE, PATIENT SERVICES, PROFESSIONAL EDUCATION AND PUBLIC INFORMATION.

Statement 7 - Form 990, Part III, Line e - Other Program Services

Description

PROVIDE PROGRAMS OF PATIENT CARE, PATIENT SERVICES & PUBLIC INFORMATION

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Federal Statements**Statement 8 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	\$	\$	
US Equities	189,971	883,001	Market
Mutual Funds		419,111	Market
Real Estate Investment Trusts		98,161	Market
International Equities	68,428	614,251	Market
Fixed Income		1,476,491	Market
Corporate Bonds			
FIXED INCOME	90,772		Market
Total	<u>\$ 349,171</u>	<u>\$ 3,491,015</u>	

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 10,500	\$ 5,500
Total	<u>\$ 10,500</u>	<u>\$ 5,500</u>

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Federal Statements

FYE: 12/31/2007

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ESTHER M LAND 2241 RADCKUFF CR SE GRAND RAPIDS MI 49546	Director	8	0	0	0
RON MCFARLANE, R.PH 8016 SELFRIDGO COURT RALEIGH NC 27615	VICE CHAIR	8	0	0	0
MARIE RONNLOF 14503 87TH AVE N SEMINOLE FL 33776	SECRETARY	8	0	0	0
MICHAEL J. RUSINKO 19014 FIRETHORN EDEN PRAIRIE MN 55347	DIRECTOR	4	0	0	0
JANET M GOLDEN 1821 UNIVERSITY AVE W STE S256 ST PAUL MN 55104	CHIEF EXECUT	40	0	0	0
RICHARD J BAROHN MD UNIV OF KANSAS KANSAS CITY KS 66160	MSAB Chair	4	0	0	0
MICHAEL KLINGMAN 105 INVERNESS MOORESTOWN NJ 08057	DIRECTOR	8	0	0	0
MARCIA LORIMER, RN, MSN 506 E FOREST HILLS DURHAM NC 27707	DIRECTOR	8	0	0	0
ROBERT M PASCUZZI INDIANA UNIV INDIANAPOLIS IN 46202	DIRECTOR	4	0	0	0

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Federal Statements

FYE: 12/31/2007

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
SAM SCHULHOF 6 LONE OAK LN BOONTON TOWNSHIP NJ 07005	Chairperson	8	0	0	0
ROBERT RUFF, MD 1821 UNIVERSITY AVE ST PAUL MN 55104	DIRECTOR	4	0	0	0
WILMA KOOPMAN 1821 UNIVERSITY AVE ST PAUL MN 55104	NAB Chair	4	0	0	0
ROBYN SPEARNOT 1821 UNIVERSITY AVE ST PAUL MN 55104	DIRECTOR	4	0	0	0
Henry Kaminski, MD 1821 University Ave St Paul MN 55104	Director	4	0	0	0
Marc Kalish, JD 1821 University Ave St Paul MN 55104	Treasurer	8	0	0	0
Nancy Law 1821 University Ave St Paul MN 55104	Director	4	0	0	0
Janet Myder, MPA 1821 University Ave St Paul MN 55104	Director	4	0	0	0

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Statement 11 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan QualificationsDescription

THE FOUNDATION'S RESEARCH & GRANTS COMMITTEE REVIEWS APPLICATIONS RECEIVED FROM VARIOUS MEDICAL PROFESSIONALS. THE DOCTORS WHOSE RESEARCH THE COMMITTEE BELIEVES WOULD MOST BENEFIT THE PATIENTS WITH MYASTHENIA GRAVIS ARE AWARDED THE GRANTS.

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Federal Statements**Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 274,401	\$	\$ 274,401
	369,387		369,387
Total	<u>\$ 643,788</u>	<u>\$ 0</u>	<u>\$ 643,788</u>

Form 990, Part I, Line 1c - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
PUBLIC AGENCIES	\$ 48,892	\$	\$ 48,892
Total	<u>\$ 48,892</u>	<u>\$ 0</u>	<u>\$ 48,892</u>

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Federal Statements

Schedule A, Part IV-A, Line 28 - Unusual Grants

Name	Date	Amount	Description
David Cummings Estate	12/31/06	<u>3,693,320</u>	Bequest restricted for endowment
Total		<u><u>3,693,320</u></u>	

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