

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (do not check for benefit trust or private foundation)

PUBLIC DISCLOSURE 2007 COPY

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 2007 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC. D Employer identification number 31-1405490

E Telephone number (513) 424-0696 F Accounting method: X Accrual

G Website: WWW.PARENTPROJECTMD.ORG H(a) Is this a group return for affiliates? X No

J Organization type: X 501(c)(03) H(b) If "Yes," enter number of affiliates: N/A

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. H(c) Are all affiliates included? N/A

H(d) Is this a separate return filed by an organization covered by a group ruling? X No

I Group Exemption Number: N/A 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: 5,474,684.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning and end of year.

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DYSTROPHY RESEARCH, INC.

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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.

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 \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash \$ 1,245,722 • noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	1,245,722.	1,245,722.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	307,443.	263,090.	25,214.	19,139.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	309,981.	244,530.	37,215.	28,236.
27 Pension plan contributions not included on lines 25a, b, and c	7,831.		7,831.	
28 Employee benefits not included on lines 25a-27	40,885.		40,885.	
29 Payroll taxes	50,384.	40,174.	5,805.	4,405.
30 Professional fundraising fees				
31 Accounting fees	75,839.	10,795.	55,969.	9,075.
32 Legal fees	19,874.	16,054.	3,820.	
33 Supplies				
34 Telephone	25,519.	17,886.	2,544.	5,089.
35 Postage and shipping	44,730.	31,311.	4,473.	8,946.
36 Occupancy	73,228.	56,970.	9,243.	7,015.
37 Equipment rental and maintenance				
38 Printing and publications	76,456.	62,004.	1,096.	13,356.
39 Travel	328,760.	296,249.	23,556.	8,955.
40 Conferences, conventions, and meetings	335,619.	335,619.		
41 Interest	246.		246.	
42 Depreciation, depletion, etc. (attach schedule)	8,832.	2,962.	2,935.	2,935.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	1,654,013.	1,295,535.	153,703.	204,775.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,605,362.	3,918,901.	374,535.	311,926.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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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? ► <u>SEE STATEMENT 7</u>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>BASIC AND CLINICAL GRANTS DIRECTED TOWARD STRATEGIES WITH POTENTIAL IMPACT TO THIS GENERATION OF BOYS. INVESTMENTS INCLUDE ANTISENSE OLIGONUCLEOTIDES, IMMUNE SUPPRESSION, PROTEASE INHIBITORS, DRUG DEVELOPMENT ON VALIDATED TARGETS, ANIMAL MODELS AND VIRAL VECTOR PRODUCTION.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,975,850.
b <u>RESEARCH GRANT AWARDS - DRUG DEVELOPMENT ON VALIDATED TARGETS AND SUPPORT FOR TOXICITY STUDIES IN BOTH LARGE AND SMALL ANIMAL MODELS.</u>	
(Grants and allocations \$ 1,102,194.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	1,102,194.
c <u>WORLDWIDE EDUCATIONAL OUTREACH DIRECTED TO INFORM PATIENTS, FAMILIES AND HEALTHCARE PROVIDERS ABOUT IMPROVING THE QUALITY OF THE LIFE SPAN OF INDIVIDUALS WITH DUCHENNE OR BECKER MUSCULAR DYSTROPHY.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	531,286.
d <u>SEE STATEMENT 6</u>	
(Grants and allocations \$ 143,528.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	309,571.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,918,901.

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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	590,100.	202,491.
	46 Savings and temporary cash investments		328,750.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	181,075.	
	b Less: allowance for doubtful accounts		181,075.
	49 Grants receivable	75,308.	7,370.
	50 a Receivables from current and former officers, directors, trustees, and key employees	4,389.	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	51,682.	158,027.
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other	SEE STATEMENT 8 3,749.	0.
57 a Land, buildings, and equipment: basis	45,703.		
b Less: accumulated depreciation STMT 9	23,386.	22,317.	
58 Other assets, including program-related investments (describe ► DEPOSITS)	12,029.	16,196.	
59 Total assets (must equal line 74). Add lines 45 through 58	970,651.	916,226.	
Liabilities	60 Accounts payable and accrued expenses	457,053.	348,349.
	61 Grants payable	30,213.	25,000.
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees STMT 10		237.
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► CAPITAL LEASE OBLIGATION)	4,346.	2,499.
66 Total liabilities. Add lines 60 through 65	491,612.	376,085.	
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	479,039.	540,141.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	479,039.	540,141.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	970,651.	916,226.	

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Part VI Other Information (continued)		Yes	No	
82 a	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?	82a	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		9,589.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		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.	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
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?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a	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	88a		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	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
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?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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?	89g		X
90 a	List the states with which a copy of this return is filed			SEE STATEMENT 12
b	Number of employees employed in the pay period that includes March 12, 2007	90b		9
91 a	The books are in care of			NANCY L. GROSS, CPA Telephone no. (513) 424-6035
	Located at			1208 SUNSET STREET, MIDDLETOWN, OH ZIP + 4 45042
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	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			N/A

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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
If "Yes," enter the name of the foreign country N/A

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 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a 2007 CONFERENCE FEES					72,108.
b					
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			14	4,816.	
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			18	-1,428.	
101 Net income or (loss) from special events			01	160,790.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a INTEREST INCOME - IRS			01	241.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		164,419.	72,108.
105 Total (add line 104, columns (B), (D), and (E))					236,527.

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).
93A	ORGANIZATION HOLDS AN ANNUAL EDUCATIONAL CONFERENCE.

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).

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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). N/A

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

	(A) Name, address, of each controlled entity	(B) Employer Identification 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

	(A) Name, address, of each controlled entity	(B) Employer Identification 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: PATRICIA A. FURLONG, PRESIDENT Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: THOMAS L. HACKETT Date: 02/27/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK, SCHAEFER, HACKETT CO.
160 NORTH BREIEL BLVD.
MIDDLETOWN, OHIO 45042

Preparer's SSN or PTIN (See Gen. Inst. X): _____ EIN: _____ Phone no.: 513 424-5000

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.** Employer identification number **31 1405490**

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
SANDRA GOLDMAN 158 LINWOOD PLAZA, SUITE 220, FORT LE	FUNDRAISING ASST. 40.00	47,764.	6,674.	0.
RYAN FISCHER 158 LINWOOD PLAZA, SUITE 220, FORT LE	ADMINISTRATIVE ASST. 40.00	49,397.	3,649.	0.
SUSAN MAHLOCK 1012 NORTH UNIVERSITY BLVD, MIDDLETOW	ADMINISTRATIVE ASST. 30.00	44,434.	6,905.	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 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
B & D GROUP, LLC PO BOX 664091, INDIANAPOLIS, IN 46266	ADVOCACY, RESEARCH AND EDUC	518,138.
DR. H. LEE SWEENEY 2100 LOCUST STREET, PHILADELPHIA, PA 19103	PROJECT CATALYST RESEARCH CONSULTI	144,000.
DANIEL ZANELLA 112 HELLER PARKWAY, NEWARK, NJ 07104	FUNDRAISING AND RESEARCH CONSULTI	110,308.
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 ▶	0	

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

		Yes	No
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 ▶ \$ _____ \$ <u>309,553.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	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.			
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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit? SEE STATEMENT 13	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	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 14	X	
b	Did the organization have a section 403(b) annuity plan for its employees?		X
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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

THE PARENT PROJECT FOR MUSCULAR

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					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

THE PARENT PROJECT FOR MUSCULAR

Schedule A (Form 990 or 990-EZ) 2007 **DYSTROPHY RESEARCH, INC.**

31-1405490 Page 4

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.)	4,113,616.	2,978,256.	2,701,891.	2,276,656.	12,070,419.
16 Membership fees received					
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	406,457.	427,083.	328,145.	235,450.	1,397,135.
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	3,611.	4,543.	2,653.	10,182.	20,989.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,523,684.	3,409,882.	3,032,689.	2,522,288.	13,488,543.
24 Line 23 minus line 17	4,117,227.	2,982,799.	2,704,544.	2,286,838.	12,091,408.
25 Enter 1% of line 23	45,237.	34,099.	30,327.	25,223.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 241,828.
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 587,657.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,091,408.
d Add: Amounts from column (e) for lines: 18 20,989. 19 587,657.					26d 608,646.
e Public support (line 26c minus line 26d total)					26e 11,482,762.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.9663%
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 N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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.)		
34 a	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		

THE PARENT PROJECT FOR MUSCULAR

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)

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.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	309,553.
38	Total lobbying expenditures (add lines 36 and 37)	38	309,553.
39	Other exempt purpose expenditures	39	4,305,700.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,615,253.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - 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 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	41	380,763.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	95,191.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	380,763.	373,631.	287,305.	290,302.	1,332,001.
46	Lobbying ceiling amount (150% of line 45(e))					1,998,002.
47	Total lobbying expenditures	309,553.	181,841.	237,323.	215,797.	944,514.
48	Grassroots nontaxable amount	95,191.	93,408.	71,826.	72,576.	333,001.
49	Grassroots ceiling amount (150% of line 48(e))					499,502.
50	Grassroots lobbying expenditures					0.

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.)

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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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

Name of organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

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
5	3,645 SHARES OF EXXON MOBIL STOCK	\$ 331,622.	12/14/07

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
MANAGEMENT AND GENERAL								
8	OFFICE FURNITURE-NEW YORK							
	022899	200DB	7.00	17	3,400.		3,400.	0.
15	OFFICE FURNITURE - MIDDLETOWN							
	021700	200DB	7.00	17	774.		765.	9.
33	WILLIAMS-SONOMA SWEEPER & ATTACHMENTS							
	123102	200DB	7.00	17	699.		524.	70.
37	COMPUTER							
	042904	200DB	5.00	17	1,162.		827.	134.
38(D)	HP COMPUTER							
	091504	200DB	5.00	17	1,313.		935.	76.
39	U-SHAPED WORKSTATION - NEW JERSEY							
	091504	200DB	7.00	17	426.		240.	53.
40	DESK							
	020704	200DB	7.00	17	130.		74.	16.
41	DELL COMPUTER							
	092905	200DB	5.00	17	1,349.		702.	259.
42	IQ COMMUNICATIONS COMPUTER							
	080805	200DB	5.00	17	1,968.		1,024.	378.
43	SOFTWARE LICENSE							
	072905	200DB	3.00	17	1,004.		781.	149.
44	SERVER							
	071405	200DB	5.00	17	5,785.		3,008.	1,111.
45	RI PLASTIC FURNITURE							
	090105	200DB	7.00	17	299.		116.	52.
46	IKEA PARAMUS FURNITURE							
	072905	200DB	7.00	17	815.		200.	176.
47	OFFICE FURNITURE - NJ							
	020705	200DB	7.00	17	487.		119.	105.
48	SOFTWARE LICENSE							
	080505	200DB	7.00	17	2,292.		561.	495.
49	DELL COMPUTER							
	070206	200DB	5.00	17	2,147.		448.	680.
50	SHARP AR-M350U COPIER							
	042806	200DB	5.00	17	5,649.		1,130.	1,808.
51	DELL COMPUTER - 45042							
	022806	200DB	5.00	17	2,331.		466.	746.
52	DELL COMPUTER - 07024							
	012906	200DB	5.00	17	1,223.		245.	391.
53	COMPUTER							
	012807	200DB	5.00	19B	1,242.			248.
54	XENET COMPUTER							
	081407	200DB	5.00	19B	1,537.			307.
55	CREDENZA							
	090607	200DB	7.00	19C	484.			69.
56	EXECUTIVE FURNITURE							
	082907	200DB	7.00	19C	10,500.			1,500.
* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					47,016.	0.	15,565.	8,832.
* GRAND TOTAL 990 PAGE 2 DEPR					47,016.	0.	15,565.	8,832.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
50 SHARES OF UPS	3,746.	3,751.	0.	-5.
113 SHARES ELAN CORP PLC ADR.	2,149.	2,168.	0.	-19.
3645 SHARES EXXON MOBIL	331,434.	332,351.	0.	-917.
1000 SHARES JUNIPER NETWORKS	29,920.	30,060.	0.	-140.
50 SHARES MERILL LYNCH	4,545.	4,516.	0.	29.
132 SHARES RELIANT ENERGY	3,313.	3,387.	0.	-74.
TO FORM 990, PART I, LINE 8	<u>375,107.</u>	<u>376,233.</u>	<u>0.</u>	<u>-1,126.</u>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTER	09/15/04	01/01/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ASSET RETIRED	0.	1,313.	0.	1,011.	-302.
TO FM 990, PART I, LN 8		1,313.	0.	1,011.	-302.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DISNEY FLORIDA MARATHON	438,273.	362,538.	75,735.	75,735.	0.
ING MARATHON	401,228.	371,519.	29,709.	29,709.	0.
PROJECT CATALYST	322,325.	322,325.			0.
62 OTHER EVENTS HELD THROUGHOUT THE COUNTRY - GRASSROOTS EVENTS	1,663,524.	1,176,493.	487,031.	326,241.	160,790.
TO FM 990, PART I, LINE 9	2,825,350.	2,232,875.	592,475.	431,685.	160,790.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	6,900.	6,900.		
MEALS & ENTERTAINMENT	52,160.	45,556.	4,718.	1,886.
BANK CHARGES	28,444.		4,961.	23,483.
INTERNET/WEBSITE MAINTENANCE	89,310.	89,310.		
FEES & PERMITS	10,465.	5,033.		5,432.

OUTSIDE SERVICES	57,355.	54,207.	3,148.	
COMPUTER AND OFFICE EXPENSE	62,203.	22,321.	27,204.	12,678.
CONSULTING SERVICES	1,157,044.	893,531.	111,784.	151,729.
TRANSLATION	1,000.	1,000.		
MERCHANDISE	9,567.			9,567.
TECHNOLOGY	45,258.	43,370.	1,888.	
DVD'S AND CD'S	98,180.	98,180.		
RESEARCH EXPENSE	36,127.	36,127.		
TOTAL TO FM 990, LN 43	1,654,013.	1,295,535.	153,703.	204,775.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
RESEARCH CENTER FOR GENETIC MEDICINE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE WASHINGTON, DC 20010	5,717.
RESEARCH EMORY GENETICS LABORATORY 103B JONES CENTER ATLANTA, GA 30322	38,040.
RESEARCH UNIVERSITY OF MISSOURI , OFFICE OF SPONSORED PROGRAMS 310 JESSE HALL COLUMBIA, MO 65211	150,000.
RESEARCH INNOLYST, INC. 180 WARREN ROAD SAN MATEO, CA 94401	105,714.
RESEARCH GENE TARGETING UNIT, IMPERIAL COLLEGE FACULTY MEDICINE GENE TESTING UNIT W6 8R9 LONDON, UNITED KINGDOM	99,627.
RESEARCH THE CHILDREN'S HOSPITAL NEUROLOGY NEURODIAGNOSTICS 1056 E. 19TH AVE, BOX B155 DENVER, CO 80218	20,000.

RESEARCH H. LEE SWEENEY, SCIENTIFIC DIRECTOR 2100 LOCUST STREET PHILADELPHIA, PA 19103	144,000.
RESEARCH SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA 3700 HAMILTON WALK, B400 PHILADELPHIA, PA 19104	240,000.
RESEARCH PTC THERAPEUTICS, INC. 100 CORPORATE COURT SOUTH PLAINFIELD, NJ 07080	130,498.
RESEARCH CENTRE FOR BIOMEDICAL RESEARCH UNIVERSITY OF SOUTHERN QUEENSLAND BLD 4350 TOOWOOMBA, AUSTRALIA	100,000.
RESEARCH UCLA DEPARTMENT OF NEUROLOGY 635 CHARLES E. YOUNG DRIVE LOS ANGELES, CA 90095	40,000.
RESEARCH TEXAS CHILDREN'S HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	12,184.
RESEARCH TRUSTEES OF UNIVERSITY OF PENNSYLVANIA LEVY ORAL HEALTH SCIENCE BUILDING 240 S 40TH ST PHILADELPHIA, PA 19104	99,833.
RESEARCH DEPT OF PEDIATRICS, NEUROBIOLOGY PROGRAM NORTHWESTERN UNIVERSITY CHICAGO, IL 60614	25,000.
RESEARCH UNIVERSITY OF IOWA GRANT ACCOUNTING C/O JESSUP HALL IOWA CITY, IA 52242	14,276.
RESEARCH UNIVERSITY OF UTAH 15 NORTH 2030 EAST, ROOM 2100 SALT LAKE CITY, UT 84112	20,833.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>1,245,722.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE FOUR

EDUCATIONAL ADVOCACY- SPONSORED LEGISLATIVE CONFERENCE TO ADVANCE AND SUPPORT NATIONAL INSTITUTE OF HEALTH'S INTEREST IN MUSCULAR DYSTROPHY AND PARTICIPATION IN THE MUSCULAR DYSTROPHY COORDINATING COMMITTEE (MDCC) AND WORK WITH THE CENTER FOR DISEASE CONTROL (CDC) TO ADVANCE CARE CONSIDERATIONS (STANDARDS OF CARE) IN AN EFFORT TO PROMOTE OPTIMAL CARE TO ALL PERSONS DIAGNOSED WITH DUCHENNE OR BECKER MUSCULAR DYSTROPHY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	143,528.	309,571.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

PARENT PROJECT MUSCULAR DYSTROPHY'S MISSION IS TO IMPROVE THE TREATMENT, QUALITY OF LIFE AND LONG-TERM OUTLOOK FOR ALL INDIVIDUALS AFFECTED BY DUCHENNE MUSCULAR DYSTROPHY (DMD) THROUGH RESEARCH, ADVOCACY, EDUCATION AND COMPASSION.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
MARKETABLE SECURITIES	MARKET VALUE	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		0.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE-NEW YORK	3,400.	3,400.	0.
OFFICE FURNITURE - MIDDLETOWN	774.	774.	0.
WILLIAMS-SONOMA SWEEPER & ATTACHMENTS	699.	594.	105.
COMPUTER	1,162.	961.	201.
U-SHAPED WORKSTATION - NEW JERSEY	426.	293.	133.
DESK	130.	90.	40.
DELL COMPUTER	1,349.	961.	388.
IQ COMMUNICATIONS COMPUTER	1,968.	1,402.	566.
SOFTWARE LICENSE	1,004.	930.	74.
SERVER	5,785.	4,119.	1,666.
RI PLASTIC FURNITURE	299.	168.	131.
IKEA PARAMUS FURNITURE	815.	376.	439.
OFFICE FURNITURE - NJ	487.	224.	263.
SOFTWARE LICENSE	2,292.	1,056.	1,236.
DELL COMPUTER	2,147.	1,128.	1,019.
SHARP AR-M350U COPIER	5,649.	2,938.	2,711.
DELL COMPUTER - 45042	2,331.	1,212.	1,119.
DELL COMPUTER - 07024	1,223.	636.	587.
COMPUTER	1,242.	248.	994.
XENET COMPUTER	1,537.	307.	1,230.
CREDENZA	484.	69.	415.
EXECUTIVE FURNITURE	10,500.	1,500.	9,000.
TOTAL TO FORM 990, PART IV, LN 57	45,703.	23,386.	22,317.

FORM 990

LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC.

STATEMENT 10

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH			0.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
			.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
		TRAVEL ADVANCES		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	237.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B				237.

 FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HOWARD KAPLAN 2111 WAUKEGAN ROAD BANNOCKBURN, IL 60015	LIFETIME TRUSTEE 1.00	0.	0.	0.
CHRISTINE PIACENTINO 640 CLINTON SQUARE ROCHESTER, NY 14604	SECRETARY 3.00	0.	0.	0.
JEFF SOBEL 2300 W. FARRAGUT AVENUE CHICAGO, IL 60625	TRUSTEE 1.00	0.	0.	0.
CHARLES HURWITZ 42 BASKIN ROAD LEXINGTON, MA 02421	TRUSTEE 1.00	0.	0.	0.
ROBERT NUTT 2111 WAUKEGAN ROAD BANNOCKBURN, IL 60015	TREASURER 1.00	0.	0.	0.
PATRICIA FURLONG 1012 N. UNIVERSITY BLVD MIDDLETOWN, OH 45042	FOUNDING PRESIDENT/CEO 50.00	147,632.	14,585.	0.
DAVID DROHAN 6 BALLYBUNION WAY BLUFFTON, SC 29910	TRUSTEE 1.00	0.	0.	0.
NEIL BRANDOM 1100 QUAIL SUITE 102 NEWPORT BEACH, CA 92660	CHAIRMAN 2.00	0.	0.	0.
DONNA TOMASELLI 152 FRELINGHUYSEN ROAD PISCATAWAY, NJ 08854	TRUSTEE 1.00	0.	0.	0.
KIMBERLY GALBERAITH 158 LINWOOD PLAZA, SUITE 220 FORT LEE, NJ 07024	EXECUTIVE VICE PRESIDENT 50.00	128,399.	16,827.	0.
JOHN HIATT 400 S. LASALLE CHICAGO, IL 60605	TRUSTEE 1.00	0.	0.	0.

THE PARENT PROJECT FOR MUSCULAR DYSTROPH

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CLAUDIA HIRAWAT 100 CORPORATE COURT SOUTH PLAINFIELD, NJ 07050	TRUSTEE 1.00	0.	0.	0.
JOHN KILLIAN 3141 HOOD STREET, SUITE 700 DALLAS, TX 75219	TRUSTEE 4.00	0.	0.	0.
BRIAN LEVIN 1670 BROADWAY, SUITE 825 DENVER, CO 80202	TRUSTEE 1.00	0.	0.	0.
TRENT SPEAR 400 S. PRAIRIE AVENUE WAUKESHA, WI 53186	TRUSTEE 1.00	0.	0.	0.
LARRY WEISMAN 315 POST ROAD WEST WESTPORT, CT 06880	TRUSTEE 1.00	0.	0.	0.
DONNA SACCOMANNO 220 WINDING BROOK ROAD NEW ROCHELLE, NY 10805	LIFETIME TRUSTEE / CO-FOUNDER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

276,031.	31,412.	0.
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FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 12

STATES

AZ, AR, CA, CO, CT, FL, GA, IL, IN, IA, KY, LA, MD, MA, MI, MN, MS, MO, NY, NJ, NC, OH, PA, SC, TN
TX, UT, VA, WA, WI, WY

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 13

OFFICER TRAVEL ADVANCES. ACCOUNT IS RECONCILED ON A MONTHLY BASIS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 14
PART III, LINE 3A

THE ORGANIZATION FUNDS RESEARCH THAT HAS NEAR TERM APPLICATION AND OVERCOMES A GAP OR OBSTACLE LIMITING PROGRESS IN THE STUDY OF MUSCULAR DYSTROPHY. THEY ALSO PROVIDE FUNDING TO OUTREACH PROGRAMS THAT SERVE UNDERSERVED AND UNDERREPRESENTED COMMUNITIES.

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.**

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	6,708.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,779.	5 YRS.	HY	200DB	555.
c 7-year property		10,984.	7 YRS.	HY	200DB	1,569.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	8,832.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Form 4562 (2007)

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Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2007 tax year **43**

44 **Total.** Add amounts in column (f). See the instructions for where to report **44**