

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

2008

FEDERAL PUBLIC
INSPECTIONPUBLIC
DISCLOSURE
COPY

A For the 2008 calendar year, or tax year beginning

and ending

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.		D Employer identification number 31-1405490	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) 1012 NORTH UNIVERSITY BLVD.			Room/suite
	City or town, state or country, and ZIP + 4 MIDDLETON, OH 45042			
	F Name and address of principal officer: PATRICIA A. FURLONG 1012 NORTH UNIVERSITY BLVD, MIDDLETON, OH			
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW.PARENTPROJECTMD.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1997 M State of legal domicile: OH		

Part III Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O:	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4	
	5 Total number of employees (Part V, line 2a) 5	
	6 Total number of volunteers (estimate if necessary) 6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 7b	
Revenue	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) 4,429,937.	4,512,487.
	9 Program service revenue (Part VIII, line 2g) 72,108.	60,209.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,388.	1,521.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 161,031.	-681,383.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,666,464.	3,892,834.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,245,722.	1,041,178.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 666,140.	783,962.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,693,500.	2,507,952.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 4,605,362.	4,333,092.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 274,969.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 61,102.	-440,258.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 540,141.	99,883.	
19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Year	End of Year	
20 Total assets (Part X, line 16) 916,226.	729,190.	
21 Total liabilities (Part X, line 26) 376,085.	629,307.	
22 Net assets or fund balances. Subtract line 21 from line 20 540,141.	99,883.	

Part III Signature Block

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.

Sign Here

Signature of officer

5-1-09

Date

► **PATRICIA A. FURLONG, PRESIDENT**

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► THOMAS L. HACKETT	Date 04/29/09	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CLARK, SCHAEFER, HACKETT CO. 160 NORTH BREIEL BLVD. MIDDLETON, OHIO 45042	EIN ►		Phone no. ► 513 424-5000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,772,939. Including grants of \$ 314,441.) (Revenue \$)
WORLDWIDE EDUCATIONAL OUTREACH DIRECTED TO INFORM PATIENTS, FAMILIES AND HEALTHCARE PROVIDERS ABOUT IMPROVING THE QUALITY AND THE LIFE SPAN OF INDIVIDUALS WITH DUCHENNE OR BECKER MUSCULAR DYSTROPHY.

4b (Code:) (Expenses \$ 1,495,163. Including grants of \$ 726,737.) (Revenue \$)
BASIC AND CLINICAL GRANTS DIRECTED TOWARD STARTEGIES WITH POTENTIAL IMPACT TO THIS GENERATION OF BOYS. INVESTMENTS INCLUDE ANTISENSE OLIGONUCLEOTIDES, IMMUNTE SUPPRESSION, PROTEASE INHIBITORS, DRUG DEVELEPMENT ON VALIDATED TARGETS, ANIMAL MODELS AND VIRAL VECTOR PRODUCTION. RESEARCH GRANT AWARDS - DRUG DEVELOPMENT ON VALIDATED TARGETS AND SUPPORT FOR TOXICITY STUDIES IN BOTH LARGE AND SMALL ANIMAL MODELS.

4c (Code:) (Expenses \$ 372,385. Including grants of \$) (Revenue \$)
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.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 3,640,487. (Must equal Part IX, Line 25, column (B).)

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Part V Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?
If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.
If "No", go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a	X	
14b	X	
15	X	
16		X
17		X
18	X	
19		X
20		X
21	X	
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

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Part IV Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

b Have a family member who had a direct or indirect business relationship with the organization?
 If "Yes," complete Schedule L, Part IV

c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?
 If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity?
 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?
 If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
 If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable **1a** 19 **1b** 0 **1c** **2a** 11 **2b** X **3a** **3b** **4a** X

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1c**

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **2a**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2b**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **3a**

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3b**

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **4a**

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4b**

b 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.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5b**

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5c**

c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? **6a**

6a Did the organization solicit any contributions that were not tax deductible? **6b**

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **7a**

7 Organizations that may receive deductible contributions under section 170(c). **7b**

a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? **7c**

b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7d**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7e**

d If "Yes," indicate the number of Forms 8282 filed during the year **7f**

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7g**

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7h**

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **8**

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? **9a**

8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **9b**

9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. **10a**

a Did the organization make any taxable distributions under section 4966? **10b**

b Did the organization make a distribution to a donor, donor advisor, or related person? **11a**

10 Section 501(c)(7) organizations. Enter: N/A **11b**

a Initiation fees and capital contributions included on Part VIII, line 12 **12a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **12b**

11 Section 501(c)(12) organizations. Enter: N/A **12a**

a Gross income from members or shareholders **12b**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **12a**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12b**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A

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Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	12
1b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►AZ, AR, CA, CO, CT, FL, GA, IL, IN, IA, KY, LA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

NANCY L. GROSS, CPA - (513) 424-6035
1208 SUNSET STREET, MIDDLETOWN, OH 45042

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SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
CHRISTINE PIACENTINO SECRETARY	5.00	X		X			0.	0.	0.
ROBERT NUTT TREASURER	4.00	X		X			0.	0.	0.
JOHN KILLIAN CHAIRMAN	10.00	X		X			0.	0.	0.
CHARLES HURWITZ TRUSTEE	3.00	X					0.	0.	0.
DAVID DROHAN TRUSTEE	3.00	X					0.	0.	0.
NEIL BRANDOM TRUSTEE	3.00	X					0.	0.	0.
DONNA TOMASELLI TRUSTEE	3.00	X					0.	0.	0.
JOHN HIATT TRUSTEE	3.00	X					0.	0.	0.
CLAUDIA HIRAWAT TRUSTEE	3.00	X					0.	0.	0.
TRENT SPEAR TRUSTEE	3.00	X					0.	0.	0.
LARRY WEISMAN TRUSTEE	3.00	X					0.	0.	0.
JAMES POYSKY, PHD TRUSTEE	4.00	X					0.	0.	0.
PATRICIA FURLONG FOUNDING PRESIDENT/CEO	65.00		X				134,012.	0.	14,585.
KIMBERLY GALBERAITH EXECUTIVE VICE PRESIDENT	50.00			X			124,870.	0.	16,827.

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Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total ► 258,882. 0. 31,412.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CORNERSTONE GOVERNMENT AFFAIRS, 300 INDEPENDENCE AVE. , SE, WASHINGTON, DC	ADVISOR REGARDING GOVERNMENT AGENCIES	205,818.
GIOVANNA SPINELLA MD CONSULTING, 2813 W. GEORGE MASON ROAD, FALLS CHURCH, VA 22042	ADVISOR ON MEDICAL MODEL AND CLINICAL T	126,000.
B & D GROUP, LLC PO BOX 664091, INDIANAPOLIS, IN 46266	ADVOCACY, RESEARCH AND EDUCATION CONSUL	109,783.
DR. H. LEE SWEENEY 2100 LOCUST STREET, PHILADELPHIA, PA 19103	PROJECT CATALYST RESEARCH CONSULTING	100,800.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 4

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

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 6,510.			
	b Membership dues	1b			
	c Fundraising events	1c 2768888.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 605,416.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1131673.			
	g Noncash contributions included in lines 1a-1f: \$	274,311.			
	h Total. Add lines 1a-1f	► 4,512,487.			
Program Service Revenue	2 a 2008 CONFERENCE FEES	Business Code 60,209.	60,209.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 60,209.			
	3 Investment income (including dividends, interest, and other similar amounts)		► 3,136.		3,136.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	►			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	52,619.			
	c Gain or (loss)	54,234.			
	d Net gain or (loss)	-1,615.	► -1,615.		-1,615.
8 a Gross income from fundraising events (not including \$ 2768888. of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b 681,383.				
c Net income or (loss) from fundraising events	► -681,383.	-681,383.			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	11 a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	►			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	► 3,892,834.	-621,174.	0.	1,521.	

832009
02-02-09

Form 990 (2008)

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Form 990 (2008)

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Part B Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	874,638.	874,638.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	166,540.	166,540.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,294.	254,588.	35,706.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	379,435.	275,523.	41,258.	62,654.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,307.		10,307.	
9 Other employee benefits	45,450.		45,450.	
10 Payroll taxes	58,476.	44,611.	7,642.	6,223.
11 Fees for services (non-employees):				
a Management	65,348.	28,842.	28,447.	8,059.
b Legal	74,253.	1,715.	57,538.	15,000.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	939,199.	843,051.	58,878.	37,270.
g Other				
12 Advertising and promotion	51,268.	5,913.	32,628.	12,727.
13 Office expenses	172,653.	171,793.	860.	
14 Information technology				
15 Royalties	75,266.	55,197.	10,797.	9,272.
16 Occupancy	251,270.	208,177.	37,271.	5,822.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	368,866.	368,866.		
20 Interest	329.		329.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,633.	3,275.	3,179.	3,179.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESEARCH EXPENSE	86,079.	86,079.	0.	0.
b BANK CHARGES	77,981.	9.	18,633.	59,339.
c PRINTING AND PUBLICATIO	64,675.	34,756.	9,271.	20,648.
d OUTSIDE SERVICES	51,100.	47,000.	1,800.	2,300.
e POSTAGE AND SHIPPING	38,682.	27,918.	3,588.	7,176.
f All other expenses	181,350.	141,996.	14,054.	25,300.
25 Total functional expenses. Add lines 1 through 24f	4,333,092.	3,640,487.	417,636.	274,969.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Form 990 (2008)

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Part XII Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	202,491.	1	237,981.
	2 Savings and temporary cash investments	328,750.	2	54,405.
	3 Pledges and grants receivable, net	188,445.	3	115,589.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	11,375.
	9 Prepaid expenses and deferred charges	158,027.	9	281,549.
	10a Land, buildings, and equipment: cost basis	48,927.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	33,020.	10c	15,907.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11	16,196.	15	12,384.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	916,226.	16	729,190.
	17 Accounts payable and accrued expenses	348,349.	17	420,971.
	18 Grants payable	25,000.	18	207,818.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
Net Assets or Fund Balances	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	2,736.	25	518.
	26 Total liabilities. Add lines 17 through 25	376,085.	26	629,307.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	540,141.	27	99,883.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	540,141.	33	99,883.
	34 Total liabilities and net assets/fund balances	916,226.	34	729,190.

Part XII Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 - b Were the organization's financial statements audited by an independent accountant?
 - c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 - b If "Yes," did the organization undergo the required audit or audits?

Yes	No
2a	X
2b	X
2c	X
3a	X
3b	X

Form 990 (2008)

832011 12-18-08

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008
Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization	THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.	Employer identification number	31-1405490
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Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 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 exempt 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). (Complete the Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support
			Yes	No	Yes	No
Total						

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For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

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Schedule A (Form 990 or 990-EZ) 2008 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2709385.	2977633.	4316221.	4429937.	4512487.	18945663.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	2709385.	2977633.	4316221.	4429937.	4512487.	18945663.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						493,414.
6 Public Support. Subtract line 5 from line 4.						18452249.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2709385.	2977633.	4316221.	4429937.	4512487.	18945663.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,653.	4,543.	3,611.	4,816.	3,136.	18,759.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					241.	241.
11 Total support. Add lines 7 through 10						18964663.
12 Gross receipts from related activities, etc. (see instructions)					12	1,886,477.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.30	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.97	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

Part I Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008**Name of the organization****THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.****Employer identification number****31-1405490****Organization type (check one):****Filers of:** **Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 114,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2		\$ 605,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5		\$ 45,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6		\$ 8,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____ _____ _____	\$ 41,176.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	_____ _____ _____	\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	_____ _____ _____	\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	_____ _____ _____	\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	_____ _____ _____	\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	_____ _____ _____	\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
(Complete Part II if there is a noncash contribution.)			

Name of organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6		\$ 8,032.	05/29/08
7		\$ 41,176.	05/29/08
		\$	
		\$	
		\$	
		\$	

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

Schedule C (Form 990 or 990-EZ) 2008

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
(election under section 501(h)). See the instructions for Schedule C for details.

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

1a Total lobbying expenditures to influence public opinion (grassroots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
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.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. Enter -0- if line g is more than line a

i Subtract line 1f from line 1c. Enter -0- if line f is more than line c

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	287,305.	373,631.	380,763.	366,655.	1,408,354.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,112,531.
c Total lobbying expenditures	237,323.	181,841.	309,553.	372,365.	1,101,082.
d Grassroots non-taxable amount	71,826.	93,408.	95,191.	91,664.	352,089.
e Grassroots ceiling amount (150% of line 2d, column (e))					528,134.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Schedule C (Form 990 or 990-EZ) 2008

31-1405490 Page 3

Part I-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 Other activities? If "Yes," describe in Part IV			
J Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	4	
	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.**

Employer identification number
31-1405490

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	Held at the End of the Year	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> 2a	Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> 2b	Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	<input type="checkbox"/> 2c	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<input type="checkbox"/> 2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

832051
12-23-08

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Schedule D (Form 990) 2008

31-1405490 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
- (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,927.	33,020.	15,907.
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 15,907.

Schedule D (Form 990) 2008

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

Schedule D (Form 990) 2008

31-1405490 Page 3

Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASE OBLIGATION	518.

Total (Column (b) should equal Form 990, Part X, col (B) line 25.) ►

518

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Under F
832053
12-23-08

Schedule D (Form 990) 2008

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Schedule D (Form 990) 2008

31-1405490 Page 4

Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,892,834.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	4,333,092.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-440,258.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4-8	9	0.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-440,258.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	3,920,122.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	27,288.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	27,288.
3 Subtract line 2e from line 1	3	3,892,834.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,892,834.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	4,360,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	27,288.
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	27,288.
3 Subtract line 2e from line 1	3	4,333,092.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,333,092.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No. 1545-0047

2008Open to Public
Inspection► Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		44,176.
EAST ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		100,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		20,000.
Totals ►					164,176.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

832071
12-18-08

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule E-1 (Form 990) if additional space is needed.

1 (a) Name of organization		(b) IRS code section and EIN (if applicable)		(c) Region		(d) Purpose of grant		(e) Amount of cash grant		(f) Manner of cash disbursement		(g) Amount of non-cash assistance		(h) Description of non-cash assistance		(i) Method of valuation (book, FMV, appraisal, other)	
EUROPE	DUCHENNE FAMILY ASSISTANCE	EUROPE		EUROPE		DUCHENNE FAMILY ASSISTANCE	34,176. CHECK	0.								FMV - US DOLLARS	
EUROPE	WORLD MUSCLE SOCIETY INTERNATIONAL CONGRESS	EUROPE		EUROPE		WORLD MUSCLE SOCIETY INTERNATIONAL CONGRESS	10,000. CHECK	0.								FMV - US DOLLARS	
EAST ASIA AND PACIFIC	HOPE FELLOWSHIP	EAST ASIA AND PACIFIC		EAST ASIA AND PACIFIC		HOPE FELLOWSHIP	100,000. CHECK	0.								FMV - US DOLLARS	
NORTH AMERICA	DUCHENNE CONNECT	NORTH AMERICA		NORTH AMERICA		DUCHENNE CONNECT	20,000. CHECK	0.								FMV - US DOLLARS	

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantees or counsel has provided a

section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

100

4

31-1405490

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, part V, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: LEE SWEENEY CONSULTING, LLC. AND GIOVANNA SPINELLA MD CONSULTING MONITOR REPORTS FROM GRANTEES AND COMMUNICATE PROGRESS OF RESEARCH ACTIVITIES AND RELATED EXPENDITURES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule G (Form 990 or 990-EZ) 2008

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

Schedule G (Form 990 or 990-EZ) 2008

31-1405490 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DISNEY FLORIDA MARACURE MD (event type)	COACH TO CURE MD (event type)	40 (total number)	
Revenue	1 Gross receipts	366,596.	270,802.	2,092,933.	2,730,331.
	2 Less: Charitable contributions	366,596.	270,802.	2,092,933.	2,730,331.
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	81,586.	249,378.	349,131.	680,095.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				► (680,095)
	9 Net income summary. Combine lines 3 and 8 in column (d)				► -680,095.

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	██████████
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities: _____

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

Yes	No
10a	

11 Does the organization operate gaming activities with nonmembers?

Yes	No
11	

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes	No
12	

Schedule G (Form 990 or 990-EZ) 2008

832082 03-18-09

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Schedule G (Form 990 or 990-EZ) 2008

31-1405490 Page 3

13 Indicate the percentage of gaming activity operated in:

a The organization's facility
b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount
of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ► \$ _____

15a

17a

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

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

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
► Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▲ □

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTHELIA, INC. 30 HAVEN STREET MILFORD, MA 01757			19,682.	0. N/A			PROTHELIA THERAPY
BROWN UNIVERSITY, DEPT. OF NEUROSCIENCE - 190 THAYER ST., BOX 1953 - PROVIDENCE, RI 02912	501(C)(3)		105,168.	0. N/A			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3900 DELANCEY STREET PHILADELPHIA, PA 19104	501(C)(3)		55,961.	0. N/A			RESEARCH
EMORY UNIVERSITY, DEPT. OF HUMAN GENETICS - 2165 N. DECATUR ROAD - DECATUR, GA 30033-5307	501(C)(3)		114,120.	0. N/A			RESEARCH
CURATORS OF THE UNIVERSITY OF MISSOURI, OFFICE OF SPONSORED ADMINISTRATION - 130 JESSE HALL - COLUMBIA, MO 65211	501(C)(3)		114,946.	0. N/A			RESEARCH
UNIVERSITY OF FLORIDA, DEPT. OF PHYSICAL THERAPY - P.O. BOX 100154 - GAINESVILLE, FL 32610-0154	501(C)(3)		25,000.	0. N/A			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

► 1.
► 2.

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 ▲ **Attach to Form 990 to list additional information for**
Part II and Part III, Schedule I (Form 990).

Name of the organization **THE PARENT PROJECT FOR MUSCULAR
 DYSTROPHY RESEARCH, INC.**

Employer identification number **31-1405490**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH, NEUROLOGY DEPARTMENT - 15 NORTH 2030 EAST, ROOM 2100 - SALT LAKE CITY, UT 84112-5330			501(c)(3)	54,167.	0. N/A		FELLOWSHIP
TEXAS CHILDREN'S HOSPITAL P.O. BOX 300630 HOUSTON, TX 77230-0630		501(c)(3)	6,840.	0. N/A			DMD DYSLEXIA PREVENTION RESEARCH
LEE SWEENEY CONSULTING, LLC 2100 LOCUST STREET PHILADELPHIA, PA 19103	26-2195280		151,200.	0. N/A			PROJECT CATALYST
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE, MLC 4002 - CINCINNATI, OH 45229	501(c)(3)	50,000.	0. N/A				WEISMAN FELLOWSHIP
UNIVERSITY OF PENNSYLVANIA 3700 HAMILTON WALK PHILADELPHIA, PA 19104-6085	501(c)(3)	50,000.	0. N/A				PROJECT CATALYST
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA, LEVY ORAL HEALTH SCIENCE BUILDING - 240 S. 40TH STREET - PHILADELPHIA, PA	501(c)(3)	24,917.	0. N/A				EXPRESSION STUDY
NHLBI 31 CENTER DRIVE, MSC 2490 BUILDING 31, ROOM 5A34 - BETHESDA, MD 20892-2490	501(c)(3)	25,000.	0. N/A				FELLOWSHIP

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

2008

Open to Public
Inspection

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		39,459 .FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	54,234 .FMV AT DATE OF GIFT	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	2	200 .FMV	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>PSA AIRED DUR</u>)	X	1	67,507 .FMV OF COST TO PUBLIC	
26 Other ► (<u>COMMERCIAL AI</u>)	X	2	64,356 .FMV ADVERTISING SPOTS	
27 Other ► (<u>FOOD/ENTERTAI</u>)	X	112	47,054 .FMV	
28 Other ► (<u>SOCIAL MEMBER</u>)	X	1	1,500 .FMV OF MEMBERSHIP	

29 Number of Forms 8283 received by the organization during the tax year for contributions

for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

832141
03-11-09

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Schedule M (Form 990) 2008

31-1405490

Page 2

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

GRAPHIC ARTIST SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1200.

(D) METHOD OF DETERMINING REVENUE: FACE VALUE CERTIFICATE

GIFT CERTIFICATE FOR PHOTOGRAPHY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 550.

(D) METHOD OF DETERMINING REVENUE: FACE VALUE CERTIFICATE

SCHEDULE M, LINE 32B: THE ORGANIZATION USES CARS FOR CAUSES, ANOTHER
TAX-EXEMPT ORGANIZATION, WHEN A VEHICLE IS DONATED. THE DONOR DONATES
THE VEHICLE TO CARS FOR CAUSES AND THE PROCEEDS OF THE SALE ARE
FORWARDED TO THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number
31-1405490

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

OBJECTIVES

- TO IDENTIFY, SUPPORT, AND SHARE PROMISING DUCHENNE-RELATED RESEARCH.
- TO MAKE STATE-OF-THE-ART INFORMATION ABOUT TREATMENT AND CARE OPTIONS
AVAILABLE TO ALL MEMBERS OF THE DUCHENNE COMMUNITY.
- TO PURSUE STRATEGIES THAT WILL IMPACT THIS GENERATION OF YOUNG MEN
AFFECTED BY DUCHENNE AS WELL AS FUTURE GENERATIONS.
- TO ENCOURAGE POLICYMAKERS TO AFFORD THE SAME PRIORITY TO DUCHENNE AS
THEY WOULD TO OTHER DISORDERS OF SIMILAR INCIDENCE AND PREVALENCE.
- TO CREATE A SUPPORTIVE COMMUNITY FOR PEOPLE AFFECTED BY DUCHENNE.
- TO PARTICIPATE ACTIVELY IN THE INTERNATIONAL DUCHENNE COMMUNITY.
- TO ENSURE THAT PPMD IS MANAGED, DEVELOPED, AND FUNDED IN A MANNER
CONSISTENT WITH NONPROFIT INDUSTRY BEST PRACTICES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PARENT PROJECT MUSCULAR DYSTROPHY (PPMD) BEGAN TWO NEW PROGRAMS:
DUCHENNE FACES AND THE END DUCHENNE GRANT AWARD PROGRAM.

FACES IS AN ACRONYM THAT STANDS FOR FAMILIES ADVOCATING, CONNECTING,
EDUCATING AND SUPPORTING. DUCHENNE FACES IS THE OFFICIAL PARENT LED
OUTREACH INITIATIVE OF PARENT PROJECT MUSCULAR DYSTROPHY. DUCHENNE
FACES OUTREACH LOCATIONS WILL OFFER FAMILIES AFFECTED BY DUCHENNE AND

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization	THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.	Employer identification number 31-1405490
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BECKER A REGIONAL PPMD POINT OF CONTACT AS WELL AS SERVE AS A VOLUNTEER
EXTENSION OF THE PPMD CENTRAL OFFICES LOCATED IN OHIO AND NEW JERSEY.
GOALS OF DUCHENNE FACES ARE TO RAISE MONEY, PROVIDE FAMILY MENTORING
AND GRASSROOTS OUTREACH TO SUPPORT NATIONAL AWARENESS AND ADVOCACY
CAMPAIGNS.

THE END DUCHENNE GRANT AWARD PROGRAM IS A PARTNERSHIP WITH THE NATIONAL
INSTITUTES OF HEALTH (NIH) IN AN EFFORT TO INSURE CONTINUATION OF
PROMISING RESEARCH AND TRANSLATION TO HUMAN STUDIES. THE END DUCHENNE
GRANT AWARD PROGRAM IS A BRIDGE GRANT PROVIDED BY PPMD TO PROMISING
RESEARCH PROJECTS THAT RECEIVE SCORES BEYOND THE CURRENT FUNDING
PAYLINES OF NIH. THE GOAL AND HOPE OF THE GRANT PROGRAM IS THAT BRIDGE
FUNDING WOULD ACCELERATE PROMISING RESEARCH FORWARD AND ENHANCE THE
SUCCESS OF COMPETITION FOR FEDERAL DOLLARS TOWARD NEW TREATMENT
DEVELOPMENT FOR DUCHENNE MUSCULAR DYSTROPHY.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HOLDS COMMITTEE
MEETINGS VIA TELEPHONE AND A VERBAL REPORT IS GIVEN TO THE BOARD CONCERNING
COMMITTEE ACTIVITIES. THE VERBAL REPORT IS THEN DOCUMENTED IN THE REGULAR
BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS COMPLETED BY AN
INDEPENDENT CPA FIRM AND A DRAFT IS PRESENTED TO PAT FURLONG, PRESIDENT,
AND NANCY GROSS, CPA, ACCOUNTANT. THE 990 DRAFT IS REVIEWED AND APPROVED.
IF THERE ARE ANY COMMENTS OR QUESTIONS THE ISSUE IS RESOLVED PRIOR TO
FILING THE 990 WITH THE IRS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.Employer identification number
31-1405490

**FORM 990, PART VI, SECTION B, LINE 12C: THE SECRETARY IS RESPONSIBLE TO
ENSURE EACH BOARD MEMBER HAS COMPLETED THEIR WRITTEN STATEMENT ANNUALLY.**

**FORM 990, PART VI, SECTION B, LINE 15: THE BOARD IS INDEPENDENT AND
REVIEWS AND APPROVES OFFICER COMPENSATION.**

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

**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**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PREPARES AN ANNUAL
REPORT WHICH INCLUDES THIS INFORMATION. THE REPORT IS MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.**

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

CHRISTINE PIACENTINO - 640 CLINTON SQUARE

ROCHESTER, NY 14604

CHARLES HURWITZ - 42 BASKIN ROAD

LEXINGTON, MA 02421

ROBERT NUTT - 2111 WAUKEGAN ROAD

BANNOCKBURN, IL 60015

PATRICIA FURLONG - 1012 N. UNIVERSITY BLVD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Employer identification number
31-1405490

MIDDLETOWN, OH 45042

DAVID DROHAN - 6 BALLYBUNION WAY

BLUFFTON, SC 29910

NEIL BRANDOM - 1100 QUAIL SUITE 102

NEWPORT BEACH, CA 92660

DONNA TOMASELLI - 152 FRELINGHUYSEN ROAD

PISCATAWAY, NJ 08854

KIMBERLY GALBERAITH - 158 LINWOOD PLAZA, SUITE 220

FORT LEE, NJ 07024

JOHN HIATT - 400 S. LASALLE

CHICAGO, IL 60605

CLAUDIA HIRAWAT - 100 CORPORATE COURT

SOUTH PLAINFIELD, NJ 07050

JOHN KILLIAN - 2650 CEDAR SPRINGS RD, SUITE 850

DALLAS, TX 75201

TRENT SPEAR - 400 S. PRAIRIE AVENUE

WAUKESHA, WI 53186

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.Employer identification number
31-1405490LARRY WEISMAN - 315 POST ROAD WESTWESTPORT, CT 06880JAMES POYSKY, PHD - 6621 FANNIN ST CC 1630.30HOUSTON, TX 77030THE PROCESS HASN'T CHANGED FROM PRIOR YEAR.

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								
30 OFFICE FURNITURE - NEW YORK	02/28/99	200DB7.00	17		3,400.		3,400.	0.
15 OFFICE FURNITURE - MIDDLETOWN	02/17/00	200DB7.00	17		774.		774.	0.
33 WILLIAMS SONOMA SLEEPER & ATTACHMENTS	12/31/02	200DB7.00	17		599.		594.	69.
37 COMPUTER	04/29/04	200DB5.00	17		1,162.		961.	134.
390 SHAPED WORKSTATION - NEW JERSEY	09/15/04	200DB7.00	17		426.		293.	38.
40 DESK	02/07/04	200DB7.00	17		130.		90.	11.
41 DELL COMPUTER	09/24/04	200DB5.00	17		1,345.		961.	135.
42 IQ COMMUNICATIONS COMPUTER	08/08/05	200DB5.00	17		1,968.		1,402.	226.
43 SOFTWARE LICENSE	07/29/05	200DB5.00	17		1,004.		930.	74.
44 SERVER	07/14/05	200DB5.00	17		5,785.		4,119.	666.
45 RT PLASTIC FURNITURE	09/01/05	200DB7.00	17		299.		168.	38.
46 IKEA PARAMUS FURNITURE	07/29/05	200DB7.00	17		815.		376.	125.
47 OFFICE FURNITURE - NJ	02/07/05	200DB7.00	17		437.		224.	75.
48 SOFTWARE LICENSE	08/05/05	200DB7.00	17		2,292.		1,056.	353.
49 DELL COMPUTER	07/02/06	200DB5.00	17		2,147.		1,128.	407.
50 SHARP AR-M350U COPIER	04/28/06	200DB5.00	17		5,649.		2,938.	1,084.
51 DELL COMPUTER - 45042	02/28/06	200DB5.00	17		2,931.		1,212.	448.
52 DELL COMPUTER - 07024	01/29/06	200DB5.00	17		1,223.		636.	235.
53 COMPUTER	01/29/06	200DB5.00	17		1,247.		248.	398.
54 XENET COMPUTER	08/14/07	200DB5.00	17		1,537.		307.	492.
55 EXECUTIVE	09/06/07	200DB7.00	17		484.		69.	119.
56 EXECUTIVE FURNITURE	08/29/07	200DB7.00	17		10,500.		1,500.	2,571.
57 COMPUTER	06/29/08	200DB5.00	19B		2,528.		1,291.	226.
58 PROJECTOR	04/29/08	200DB7.00	19C		696.		348.	50.
* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL								
					48,927.		1,639.	23,386.
* GRAND TOTAL 990 PAGE 10 DEPR								
					48,927.		1,639.	23,386.

Form 4562

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

FORM 990 PAGE 10

Identifying number

31-1405490

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	250,000.
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	800,000.
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 2007 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 2009. 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 depreciation for qualified property (other than listed property) placed in service during the tax year	14	1,639.
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 2008	17	7,718.
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 2008 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		1,237.	5 YRS.	HY	200DB	226.
c 7-year property		348.	7 YRS.	HY	200DB	50.
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	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 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	9,633.
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	

816251
11-08-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

THE PARENT PROJECT FOR MUSCULAR
DYSTROPHY RESEARCH, INC.

Form 4562 (2008)

31-1405490 Page 2

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
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed 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:	%							
	%							
	%							

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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.

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

42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year				43	

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

816252 11-08-08

Form 4562 (2008)