

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public  
Inspection

## A For the 2012 calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.		<b>D</b> Employer identification number 31-1405490
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 401 HACKENSACK AVENUE 9TH FLOOR		Room/suite
	City, town, or post office, state, and ZIP code HACKENSACK, NJ 07601		
	F Name and address of principal officer: PATRICIA A. FURLONG 401 HACKENSACK AVENUE 9TH FLOOR, HACKENSAC		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	J Website: ► <a href="http://WWW.PARENTPROJECTMD.ORG">WWW.PARENTPROJECTMD.ORG</a>		
K Form 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 I Summary

<b>Activities &amp; Governance</b>  <b>Revenue</b>  <b>Expenses</b>  <b>Net Assets or Fund Balances</b>	1 Briefly describe the organization's mission or most significant activities: PARENT PROJECT MUSCULAR DYSTROPHY'S MISSION IS TO IMPROVE THE TREATMENT, QUALITY OF LIFE AND		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	16
	3 Number of voting members of the governing body (Part VI, line 1a)	4	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6	515
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9 Program service revenue (Part VIII, line 2g)	6,588,002.	6,099,492.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,571.	52,208.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-490.	-6,081.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,331,875.	5,779,698.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,664,243.	2,779,190.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,316,491.	1,131,278.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 672,392.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,238,325.	2,311,660.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,219,059.	6,222,128.	
19 Revenue less expenses. Subtract line 18 from line 12	112,816.	-442,430.	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	3,191,220.	2,885,159.	
22 Net assets or fund balances. Subtract line 21 from line 20	342,883.	479,253.	
	2,848,337.	2,405,906.	

## Part II 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.

<b>Sign</b> <b>Here</b>	► <i>Nancy L. Gross, CFO</i>	4-8-13			
	Signature of officer NANCY L. GROSS, CFO	Date Date			
<b>Paid</b> <b>Preparer</b> <b>Use Only</b>	Print/Type preparer's name ROBIN M. DENNIS	Preparer's signature ROBIN M. DENNIS	Date 04/08/13	Check <input type="checkbox"/> if self-employed	PTIN P00999809
	Firm's name ► CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN ► 31-0800053		
	Firm's address ► 10100 INNOVATION DRIVE, SUITE 400 DAYTON, OH 45342			Phone no. 937-226-0070	

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

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DYSTROPHY RESEARCH, INC.

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE PARENT PROJECT FOR MUSCULAR DYSTROPHY'S MISSION IS TO END DUCHENNE. WE ACCELERATE RESEARCH, RAISE OUR VOICES IN WASHINGTON, DEMAND OPTIMAL CARE FOR ALL YOUNG MEN, AND EDUCATE THE GLOBAL COMMUNITY.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,071,085. including grants of \$ 2,779,190. ) (Revenue \$                   )  
SUPPORT FOR RESEARCH TO ACCELERATE TREATMENTS AND A CURE FOR DUCHENNE MUSCULAR DYSTROPHY INCLUDING STUDIES IN THE FOLLOWING AREAS: RECOMBINANT BIGLYCAN, COMBINED THERAPEUTICS, CEDARS-SINAI CLINICAL TRIALS, FAILED REGENERATION IN DMD, FOLLISTATIN GENE THERAPY, CHRONIC SORROW THERAPEUTICS, CARDIAC USE OF SILDENAFIL, TAMOXIFEN, AND UTROPHIN PROMOTER HTS.

4b (Code:                   ) (Expenses \$ 819,373. including grants of \$                    ) (Revenue \$ 52,208. )  
EDUCATIONAL INITIATIVES INCLUDING ONLINE RESOURCES AND TWO CONFERENCES HELD IN SAN DIEGO AND FORT LAUDERDALE THAT BROUGHT SCIENTISTS AND FAMILIES IN THE DUCHENNE COMMUNITY TOGETHER TO DISCUSS AND EXPEDITE TREATMENTS, PATIENT CARE, AND RESEARCH FOR A CURE FOR THE DISEASE. OTHER EDUCATIONAL EFFORTS WERE PROMOTED THROUGH F.A.C.E.S. PROGRAM, ALONG WITH AN INITIATIVE TO ORGANIZE THE WORLDWIDE COMMUNITY IN A PROGRAM CALLED DUCHENNE CONNECT.

4c (Code:                   ) (Expenses \$ 166,213. including grants of \$                    ) (Revenue \$                   )  
ADVOCACY IS PROMOTED ON AN ANNUAL BASIS THROUGH A LEGISLATIVE CONFERENCE HELD IN WASHINGTON, D.C. UNDER THE LEADERSHIP OF A CONSULTING FIRM BASED IN THE AREA. PARENTS TAKE A HANDS-ON ROLE IN COMMUNICATING WITH LEGISLATORS DURING THIS PROCESS, FOR THE PURPOSE OF PROMOTING AWARENESS AND ENCOURAGING GOVERNMENT FUNDING FOR RESEARCH AND PATIENT CARE. IN ADDITION, COMMUNICATIONS ARE ROUTINELY HELD WITH NIH, THE FDA, AND THE CDC.

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

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

4e Total program service expenses ► 5,056,671.

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232002  
12-10-12

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
11b X		
11c X		
11d X		
11e X		
11f X		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a X	
12b X		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a X	
14b X		
15 X		
16 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	16 X	
17 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	17 X	
18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	18 X	
19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b X	

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	X	
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
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	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> 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		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for 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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/A
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:	N/A	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	N/A	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	N/A	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	1a	16	Yes	No
1a				
1b				
2			X	
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a	X			
8b		X		
9			X	

1a Enter the number of voting members of the governing body at the end of the tax year .....  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent .....  
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? .....  
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? .....  
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....  
6 Did the organization have members or stockholders? .....  
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....  
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
a The governing body? .....  
b Each committee with authority to act on behalf of the governing body? .....  
9 Is there any officer, director, 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 .....  
10a Did the organization have local chapters, branches, or affiliates? .....  
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....  
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....  
13 Did the organization have a written whistleblower policy? .....  
14 Did the organization have a written document retention and destruction policy? .....  
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 .....  
b Other officers or key employees of the organization .....  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

10a Did the organization have local chapters, branches, or affiliates? .....  
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....  
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  
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13 Did the organization have a written whistleblower policy? .....  
14 Did the organization have a written document retention and destruction policy? .....  
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 .....  
b Other officers or key employees of the organization .....  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....

**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, KY, LA, MD  
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)  
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
20 State the name, 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**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) DOUGLAS BIGGAR TRUSTEE	3.00	X					0.	0.	0.
(2) NEIL BRANDOM TRUSTEE	3.00	X					0.	0.	0.
(3) JOHN HIATT TRUSTEE	3.00	X					0.	0.	0.
(4) JOHN KILLIAN TREASURER	10.00	X	X				0.	0.	0.
(5) DANIEL GAROFALO SECRETARY	5.00	X	X				0.	0.	0.
(6) MARTY KARLIN TRUSTEE	3.00	X					0.	0.	0.
(7) HEINRICH MEERMANN TRUSTEE	0.50	X					0.	0.	0.
(8) ROBERT MCDONALD, M.D. CHAIRMAN	10.00	X	X				0.	0.	0.
(9) JAMES POYSKY TRUSTEE	3.00	X					0.	0.	0.
(10) JASBHIR SEEHRA TRUSTEE	3.00	X					0.	0.	0.
(11) CATHERINE COLLINS TRUSTEE	10.00	X					0.	0.	0.
(12) ANESSA FEHSENFELD TRUSTEE	10.00	X					0.	0.	0.
(13) ROBERT GETLER TRUSTEE	5.00	X					0.	0.	0.
(14) LANCE HESTER TRUSTEE	3.00	X					0.	0.	0.
(15) ROBERT NUTT TRUSTEE	3.00	X					0.	0.	0.
(16) ELLEN WAGNER TRUSTEE	3.00	X					0.	0.	0.
(17) PATRICIA FURLONG FOUNDING PRESIDENT/CEO	65.00		X				168,000.	0.	14,466.

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DYSTROPHY RESEARCH, INC.

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3

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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARRIOTT BUSINESS SERVICES P.O. BOX 402745, ATLANTA, GA 30384	TRAVEL SERVICES	240,825.
FAEGREBD CONSULTING P.O. BOX 664091, INDIANAPOLIS, IN 46266	CONSULTING	198,342.
KATHY KINNETT 1570 HOLLYWOOD AVENUE, CINCINNATI, OH 45224	CONSULTING	133,120.
LEE SWEENEY CONSULTING, LLC 2100 LOCUST STREET, PHILADELPHIA, PA 19103	CONSULTING	132,000.
GROSS & COMPANY INC, CPA'S 1208 SUNSET STREET, MIDDLETOWN, OH 45042	CFO SERVICES	106,414.

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THE PARENT PROJECT FOR MUSCULAR  
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**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

Contributions, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a	Federated campaigns	21,070.				
1 b	Membership dues					
1 c	Fundraising events	1,588,661.				
1 d	Related organizations					
1 e	Government grants (contributions)	55,593.				
1 f	All other contributions, gifts, grants, and similar amounts not included above	4,434,168.				
1 g	Noncash contributions included in lines 1a-1f: \$	1,499,845.				
1 h	<b>Total. Add lines 1a-1f</b>	►	6,099,492.			
Program Service Revenue		Business Code				
2 a	CONFERENCE FEES	900099	52,208.	52,208.		
2 b						
2 c						
2 d						
2 e						
2 f	All other program service revenue					
2 g	<b>Total. Add lines 2a-2f</b>	►	52,208.			
3	Investment income (including dividends, interest, and other similar amounts)		2,310.			2,310.
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6 a	Gross rents	(i) Real				
6 b	Less: rental expenses	(ii) Personal				
6 c	Rental income or (loss)					
6 d	Net rental income or (loss)					
7 a	Gross amount from sales of assets other than inventory	(i) Securities				
7 b	Less: cost or other basis and sales expenses	(ii) Other	1,364,034.			
7 c	Gain or (loss)		1,372,332.	93.		
7 d	Net gain or (loss)		-8,298.	-93.		
7 e						
7 f						
7 g						
7 h						
7 i						
7 j						
7 k						
7 l						
7 m						
7 n						
7 o						
7 p						
7 q						
7 r						
7 s						
7 t						
7 u						
7 v						
7 w						
7 x						
7 y						
7 z						
8 a	Gross income from fundraising events (not including \$ 1,588,661. of contributions reported on line 1c). See Part IV, line 18	a	0.			
8 b	Less: direct expenses	b	365,921.			-365,921.
8 c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a				
9 b	Less: direct expenses	b				
9 c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a				
10 b	Less: cost of goods sold	b				
10 c	Net income or (loss) from sales of inventory					
11 a	Miscellaneous Revenue	Business Code				
11 b						
11 c						
11 d	All other revenue					
11 e	<b>Total. Add lines 11a-11d</b>	►	5,779,698.	52,208.	0.	-372,002.
12	<b>Total revenue.</b> See instructions.	►				

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	2,527,046.	2,527,046.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	101,733.	101,733.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	150,411.	150,411.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	460,754.	307,482.	153,272.	
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	561,685.	457,146.		104,539.
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)	18,310.		18,310.	
9 Other employee benefits				
10 Payroll taxes	90,529.	74,280.	6,244.	10,005.
11 Fees for services (non-employees):				
a Management				
b Legal	3,910.		3,910.	
c Accounting	115,873.	6,002.	92,371.	17,500.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	359,937.	319,697.	4,000.	36,240.
12 Advertising and promotion				
13 Office expenses	48,896.	16,077.	20,840.	11,979.
14 Information technology	25,100.	3,506.	21,594.	
15 Royalties				
16 Occupancy	126,662.	104,821.	8,393.	13,448.
17 Travel	299,139.	227,279.	22,085.	49,775.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	389,068.	389,068.		
20 Interest	2,780.		2,780.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,345.	9,611.	7,867.	7,867.
23 Insurance	77,425.	1,557.	75,868.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	239,452.	190,975.		48,477.
b BANK CHARGES	153,482.		17,214.	136,268.
c FEES & PERMITS	119,716.	9,126.		110,590.
d MEALS & ENTERTAINMENT	82,874.	22,363.	9,343.	51,168.
e All other expenses	242,001.	138,491.	28,974.	74,536.
25 Total functional expenses. Add lines 1 through 24e	6,222,128.	5,056,671.	493,065.	672,392.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

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Form 990 (2012)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing .....	364,489.	312,217.
	2 Savings and temporary cash investments .....	1,731,171.	1,612,152.
	3 Pledges and grants receivable, net .....	186,316.	398,061.
	4 Accounts receivable, net .....	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....	6	
	7 Notes and loans receivable, net .....	7	
	8 Inventories for sale or use .....	50,784.	34,523.
	9 Prepaid expenses and deferred charges .....	176,897.	105,615.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	91,740.
	b Less: accumulated depreciation .....	10b	60,206.
		31,154.	10c
			31,534.
	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 .....	650,409.	391,057.
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	3,191,220.	2,885,159.
	17 Accounts payable and accrued expenses .....	173,677.	146,856.
	18 Grants payable .....	169,206.	332,397.
	19 Deferred revenue .....		19
	20 Tax-exempt bond liabilities .....		20
Net Assets or Fund Balances	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21
	22 Loans and other 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 to unrelated third parties .....		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25
	26 Total liabilities. Add lines 17 through 25 .....	342,883.	479,253.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets .....	2,848,337.	1,168,421.
	28 Temporarily restricted net assets .....		28
	29 Permanently restricted net assets .....		29
	Organizations that do not follow SFAS 117 (ASC 958), 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 .....	2,848,337.	2,405,906.
	34 Total liabilities and net assets/fund balances .....	3,191,220.	2,885,159.

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THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

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**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	1	5,779,698.
2	2	6,222,128.
3	3	-442,430.
4	4	2,848,337.
5	5	
6	6	
7	7	
8	8	
9	9	-1.
10		2,405,906.

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

**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: (For lines 1 through 11, check only one box.)

- 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).
- 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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 - Non-functionally integrated

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? \_\_\_\_\_

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

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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THE PARENT PROJECT FOR MUSCULAR  
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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4512487.	4538702.	7093016.	6588002.	6099492.	28831699.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	4512487.	4538702.	7093016.	6588002.	6099492.	28831699.
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) .....						5211411.
6 Public support. Subtract line 5 from line 4.						23620288.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	4512487.	4538702.	7093016.	6588002.	6099492.	28831699.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,136.	156.	3,773.	9,589.	2,310.	18,964.
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.) .....						
11 Total support. Add lines 7 through 10 .....						28850663.
12 Gross receipts from related activities, etc. (see instructions) .....					12	311,768.
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 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	81.87	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	85.22	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2012

**Part III: Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> 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.) .....						
<b>13 Total support.</b> (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 ►

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	%

**Section C. Computation of Public Support Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2012.** 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 ►

**b 33 1/3% support tests - 2011.** 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 ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

**Schedule of Contributors**

OMB No. 1545-0047

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

**2012**

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

Organization type (check one):

Filers of:

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

Form 990-PF

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 49,335.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
8		\$ 18,600.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash 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). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5,665 SHARES OF ANHEUSER-BUSCH	\$ 501,636.	12/20/12
2	6,498 SHARES OF ILLINOIS TOOL	\$ 402,161.	12/20/12
3	7,915 SHARES OF MERCK	\$ 333,688.	12/20/12
4	1,645 SHARES OF RUSSELL US CORE EQUITY	\$ 50,145.	03/27/12
5	547 SHARES OF RUSSELL US SMALL-CAP	\$ 13,226.	08/17/12
6	404 SHARES OF RUSSELL US CORE EQUITY	\$ 12,136.	08/17/12

Name of organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number

31-1405490

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	2,145 SHARES OF FIDELITY ADVISOR NEW INSIGHT FUND	\$ 49,335.	12/24/12
9	ONE WEEK STAY AT AUDAI HOME	\$ 10,000.	06/18/12
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	\$ _____	_____
	(b) Description of noncash property given	\$ _____	_____
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ _____		

**Name of organization**

**Employer identification number**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490

### Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Department of the Treasury  
Internal Revenue Service

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

## Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Employer identification number  
31-1405490

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ► \$ \_\_\_\_\_  
3 Volunteer hours \_\_\_\_\_

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_  
 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_  
 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \_\_\_\_\_  Yes  No  
 4a Was a correction made? \_\_\_\_\_  Yes  No  
 b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ► \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ► \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

**Schedule C (Form 990 or 990-EZ) 2012**

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THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768  
(election under section 501(h)).

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		166,266.													
c Total lobbying expenditures (add lines 1a and 1b)		166,266.													
d Other exempt purpose expenditures		6,055,862.													
e Total exempt purpose expenditures (add lines 1c and 1d)		6,222,128.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		461,106.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		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.		
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)		115,277.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	326,849.	379,296.	461,002.	461,106.	1,628,253.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,442,380.
c Total lobbying expenditures	189,679.	190,870.	193,286.	166,266.	740,101.
d Grassroots nontaxable amount	81,712.	94,824.	115,251.	115,277.	407,064.
e Grassroots ceiling amount (150% of line 2d, column (e))					610,596.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 3

Schedule C (Form 990 or 990-EZ) 2012

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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 similar means?			
i Other activities?			
j Total. Add 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** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 carry over lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements .....	2a
c Number of conservation easements on a certified historic structure included in (a) .....	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....	2d
4 Number of states where property subject to conservation easement is located ► .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in 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 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1 .....
b Assets included in Form 990, Part X .....

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

Schedule D (Form 990) 2012

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

3 Using the organization's acquisition, 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 XIII.

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** **Escrow and Custodial Arrangements.** Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

**Part V** **Endowment Funds.** Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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)	

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

3b

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,480.	254.	4,226.
c Leasehold improvements				
d Equipment				
e Other		87,260.	59,952.	27,308.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			►	31,534.

Schedule D (Form 990) 2012

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 3

Schedule D (Form 990) 2012

**Part VII 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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		

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

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

(a) Description	(b) Book value
(1) DEPOSITS .....	3,966.
(2) PREPAID GRANT EXPENSE .....	386,348.
(3) EMPLOYEE ADVANCES .....	743.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 391,057.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

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

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

Schedule D (Form 990) 2012

232053  
12-10-12

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 4

Schedule D (Form 990) 2012

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements .....	1	5,780,769.
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	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	0.
3 Subtract line 2e from line 1 .....	3	5,780,769.
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 XIII.) .....	4b	-1,071.
c Add lines 4a and 4b .....	4c	-1,071.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,779,698.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements .....	1	6,223,199.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	1,071.
e Add lines 2a through 2d .....	2e	1,071.
3 Subtract line 2e from line 1 .....	3	6,222,128.
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 XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,222,128.

**Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX**

UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE  
ORGANIZATION DOES NOT CURRENTLY CONDUCT ANY ACTIVITIES, WHICH WOULD RESULT  
IN THE IMPOSITION OF THE UNRELATED BUSINESS INCOME TAX AND BELIEVES IT HAS  
NOT EARNED ANY UNRELATED BUSINESS INCOME AND HAS ESTIMATED NO TAX IS DUE  
BASED ON CURRENT FACTS AND CIRCUMSTANCES. THUS, THE ORGANIZATION HAS  
DETERMINED THAT AN ACCRUAL FOR TAXES IS NOT NEEDED FOR THE YEAR ENDED  
DECEMBER 31, 2012.

Schedule D (Form 990) 2012

232054  
12-10-12

**Part XIII** **Supplemental Information** (continued)**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

LOSS ON DISPOSITION OF FIXED ASSETS = (93)

IN-KIND DONATIONS OF PROFESSIONAL FEES = (978)

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON DISPOSITION OF FIXED ASSETS = 93

IN-KIND DONATIONS OF PROFESSIONAL FEES = 978

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

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		129,849.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		16,667.
EAST ASIA / PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		54,700.
3 a Sub-total .....	0	0			201,216.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	0	0			201,216.

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

Schedule F (Form 990) 2012

232071  
12-10-12

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2012

31-1405490

Page 2

**Part II** 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. Part II can be duplicated 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	DEVELOPMENT OF MEMRI	16,607.	WIRE TRANSFER	0.		FMV - US DOLLARS
		EUROPE	TACT MEETING SUPPORT	48,542.	WIRE TRANSFER	0.		FMV - US DOLLARS
		EUROPE	ERICICE ISBMR 11TH COURSE	10,000.	WIRE TRANSFER	0.		FMV - US DOLLARS
		NORTH AMERICA	EXONS 45-55 SKIPPING	16,667.	WIRE TRANSFER	0.		FMV - US DOLLARS
		EUROPE	TAMOXIFEN PROJECT	54,700.	WIRE TRANSFER	0.		FMV - US DOLLARS
		EAST ASIA / PACIFIC	WMS INTERNATIONAL CONGRESS	6,367.	WIRE TRANSFER	0.		FMV - US DOLLARS

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 1

3 Enter total number of other organizations or entities ..... ► 4

Schedule F (Form 990) 2012

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2012

31-1405490

Page 3

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

**Schedule F (Form 990) 2012**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2012

31-1405490 Page 4

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see Instructions for Form 926) .....  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see Instructions for Forms 3520 and 3520-A) .....  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons With Respect To Certain Foreign Corporations*. (see Instructions for Form 5471) .....  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see Instructions for Form 8621) .....  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons With Respect To Certain Foreign Partnerships*. (see Instructions for Form 8865) .....  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report*. (see Instructions for Form 5713) .....  Yes  No

Schedule F (Form 990) 2012

232074  
12-10-12

21200408 758049 38758-000

33  
2012.03030 THE PARENT PROJECT FOR MUSC 38758-01

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2012

31-1405490 Page 5

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: A REPORT OF EXPENDITURES AND MEDICAL RESULTS  
OF THE GRANT ACTIVITY IS REQUIRED FROM THE GRANTEE.

SCHEDULE F, PART I, LINE 3: ACCRUAL METHOD

SCHEDULE F, PART II, LINE 1: ACCRUAL METHOD

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2012

Open To Public  
Inspection

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

**Part 12** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			

**Total** .....

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

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

Schedule G (Form 990 or 990-EZ) 2012  
**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 END DUCHENNE GALA (event type)	(b) Event #2 SAM'S DAY (event type)	(c) Other events 32 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts .....	481,728.	112,835.	955,588.	1,550,151.
2 Less: Contributions .....	481,728.	112,835.	955,588.	1,550,151.
3 Gross income (line 1 minus line 2) .....				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	170,497.	734.	108,439.	279,670.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				► ( 279,670,
11 Net income summary. Combine line 3, column (d), and line 10 .....				► -279,670.

**Part III 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))
1 Gross revenue .....				
2 Cash prizes .....				
3 Noncash 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 line 1, column d, and line 7 .....				►

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

a Is the organization licensed to operate gaming activities in each of these states? .....  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter 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?  Yes  No

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 of the third party:

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?  Yes  No

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Employer identification number  
**31-1405490**

**Part I** 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.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	376,813.	0. N/A			CEDARS-SINAI CLINICAL TRIALS
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE WASHINGTON, DC 20010	52-1654453	501(C)(3)	57,759.	0. N/A			WEISMAN FELLOWSHIP
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	29,670.	0. N/A			AAA CARDIOMYOPATHY TREATMENT, BIOLOGICAL SAMPLES
HALO THERAPEUTICS LLC 275 GROVE STREET NEWTON, MA 02466	27-5336394		54,167.	0. N/A			PHASE II STUDY HT-100
LEE SWEENEY CONSULTING, LLC 2100 LOCUST STREET PHILADELPHIA, PA 19103	26-2195280		132,000.	0. N/A			PROJECT CATALYST
MARK KREUGER & ASSOCIATES, INC. 521 FIFTH AVENUE, 27TH FLOOR NEW YORK, NY 10175	13-3866890		27,618.	0. N/A			FDA COMMISSIONED PAPER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► **13**

3 Enter total number of other organizations listed in the line 1 table ► **5**

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule I (Form 990)

31-1405490

Page 1

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

(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
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	8,333.	0	N/A		RENIN INHIBITORS
POSITIVE EXPOSURE 43 EAST 20TH STREET NEW YORK, NY 10003	02-0536768	501(C)(3)	25,000.	0	N/A		PEARLS PROJECT
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	287,372.	0	N/A		NCH/WELLSTONE/OSU MYOLOGY, CARDIAC INITIATIVE, FOLLASTINE GENE THERAPY
SOMALOGIC INC. 2945 WILDERNESS PLACE BOULDER, CO 80301	52-2195896		6,750.	0	N/A		SOMALOGIC DATA ANALYSIS
TIVORSAN PHARMACEUTICALS INC. 3 DAVOL SQUARE PROVIDENCE, RI 02903	77-0702642		490,000.	0	N/A		RECOMBINANT BIGLYCAN
UNIVERSITY OF WASHINGTON 1705 NE PACIFIC STREET, H-418 HSB, SEATTLE, WA 09195	91-6001537	501(C)(3)	68,174.	0	N/A		CARDIAC USE OF SILDENAFIL
UNIVERSITY OF PENNSYLVANIA 3900 DELANCEY STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	794,375.	0	N/A		SLEEPER DOG COLONY, UTROPHIN PROMOTER HTS, NEW DIRECTIONS CONFERENCE, COMBINED
UNIVERSITY OF CALIFORNIA 405 HILGARD AVE, 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6006143	501(C)(3)	52,500.	0	N/A		RNA-SEQ ANALYSIS - FIBROSIS
UNIVERSITY OF CALIFORNIA, DAVIS P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	23,952.	0	N/A		OUTCOMES FOR TRIALS

Schedule I (Form 990)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

**Schedule I (Form 990)**

31-1405490

Page 1

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

(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
UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	20,086.	0	N/A		MAGNETIC RESONANCE IMAGING
UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(C)(3)	47,127.	0	N/A		SERCA2 GENE THERAPY
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	22,225.	0	N/A		AUTISM EXPLORATORY AWARD

**Schedule I (Form 990)**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490

Page 2

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHRONIC SORROW THERAPEUTICS	1	101,733.	0	FMV	

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS A STANDARDIZED GRANT

TEMPLATE THAT REQUIRES REGULAR PERIODIC REPORTING OF THE USE OF GRANT FUNDS

AND A PROGRESS REPORT OF THE GRANT ACTIVITIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SLEEPER DOG COLONY, UTROPHIN

PROMOTER HTS, NEW DIRECTIONS CONFERENCE, COMBINED THERAPEUTICS, FAILED

REGENERATION IN MD

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number  
31-1405490

**Part II Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes	No

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

1b	
2	

3 Indicate which, if any, of the following filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee


4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? .....

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

c Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a	X
4b	X
4c	X

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

5a	X
5b	X

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? .....

b Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

6a	X
6b	X

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

7	X
8	X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

9	

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

Schedule J (Form 990) 2012

232111  
12-10-12

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

**Schedule J (Form 990) 2012**

31-1405490

Page 2

**Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

## Transactions With Interested Persons

OMB No. 1545-0047

2012

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

## Open To Public Inspection

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

5

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

8

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

**Total** ..... **\$** ▶

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Schedule L (Form 990 or 990-EZ) 2012**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule L (Form 990 or 990-EZ) 2012 DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

GROSS & COMPANY INC. CPA'S AND BUSINESS ADVISORS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO, NANCY GROSS, OWNS COMPANY

(C) AMOUNT OF TRANSACTION \$ 106,414.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAS HIRED NANCY GROSS

TO ACT AS CFO.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	7	1,372,332.	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 .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( FOOD/ENTERTAI ) .....	X	304	127,513.	FMV
26 Other ► ( _____ ) .....				
27 Other ► ( _____ ) .....				
28 Other ► ( _____ ) .....				

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 Acknowledgement ..... 29

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 an amount 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule M (Form 990) (2012)

31-1405490

Page 2

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.	Employer identification number 31-1405490
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LONG-TERM OUTLOOK FOR ALL INDIVIDUALS AFFECTED BY DUCHENNE MUSCULAR  
DYSTROPHY (DUCHENNE) 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.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS HIRED AN  
INDEPENDENT CONTRACTOR TO ACT AS THEIR CFO.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT DOCUMENT  
ALL OF ITS COMMITTEE MEETINGS

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS COMPLETED BY AN  
INDEPENDENT CPA FIRM AND A DRAFT IS PRESENTED TO THE BOARD MEMBERS FOR  
REVIEW. THE BOARD WILL THEN VOTE TO APPROVE THE 990 BEFORE IT IS SIGNED AND  
MAILED. IF THERE ARE ANY COMMENTS OR QUESTIONS THE ISSUE IS RESOLVED PRIOR  
TO FILING THE 990 WITH THE IRS.

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
99 TELEVISION	10/28/12	200DB	5.00	19B	428.	214.		257.
100 MACBOOK PRO	04/27/12	200DB	5.00	19B	2,734.	1,367.		1,640.
101 DELL COMPUTER	02/26/12	200DB	5.00	19B	860.	430.		516.
102 FILE SERVER	01/05/12	200DB	5.00	19B	21,795.	10,898.		13,077.
* 990 PAGE 10 TOTAL OTHER					25,817.	12,909.	0.	15,490.
MANAGEMENT AND GENERAL								
15 OFFICE FURNITURE - MIDDLETOWN	02/17/00	200DB	7.00	17	774.		774.	0.
44(D) SERVER	07/14/05	200DB	5.00	17	5,785.		5,785.	0.
46 IKEA PARAMUS FURNITURE	07/29/05	200DB	7.00	17	815.		754.	45.
48(D) SOFTWARE LICENSE	08/05/05	200DB	7.00	17	2,292.		2,119.	126.
55 CREDENZA	09/06/07	200DB	7.00	17	484.		376.	43.
56 EXECUTIVE FURNITURE	08/29/07	200DB	7.00	17	10,500.		8,158.	937.
58(D) PROJECTOR	04/29/08	200DB	7.00	17	696.	398.	183.	16.
59 COMPUTER	08/28/09	200DB	5.00	17	2,168.		2,057.	133.
60 APPLE ONLINE COMPUTER - CDC	10/23/09	200DB	5.00	17	1,496.		1,411.	102.
61 APPLE ONLINE COMPUTER - CDC	10/23/09	200DB	5.00	17	3,443.		3,247.	236.
62 22" VA2223 LCD MONITORS (TEN)	11/27/09	200DB	5.00	17	1,392.	696.	458.	95.
63 TERASTATION PRO II NAS 2TB	11/27/09	200DB	5.00	17	689.	345.	226.	47.
64 FN008UT COMPUTER; SERIAL SCNU9425X4G	11/27/09	200DB	5.00	17	906.		855.	62.
65 NV53IUT COMPUTER; SERIAL SMXL9460VBB	11/27/09	200DB	5.00	17	558.	279.	184.	38.
66 NV53IUT COMPUTER; SERIAL SMXL9460V4SG	11/27/09	200DB	5.00	17	558.	279.	184.	38.
67 NV53IUT COMPUTER; SERIAL SMXL9460V90	11/27/09	200DB	5.00	17	558.	279.	184.	38.
68 NV53IUT COMPUTER; SERIAL SMXL9460VBN	11/27/09	200DB	5.00	17	558.	279.	184.	38.
69 NV53IUT COMPUTER; SERIAL SMXL9460V9M	11/27/09	200DB	5.00	17	558.	279.	184.	38.
70 NV53IUT COMPUTER; SERIAL SMXL9460V9K	11/27/09	200DB	5.00	17	558.	279.	184.	38.
71 NV53IUT COMPUTER; SERIAL SMXL9460V482	11/27/09	200DB	5.00	17	558.	279.	184.	38.
72 NV53IUT COMPUTER; SERIAL SMXL9460V47B	11/27/09	200DB	5.00	17	558.	279.	184.	38.

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	
73	NV53IUT COMPUTER; SERIAL SMXL9460V4BK	11,27,09	200DB	5.00	17	558.	279.	184.	38.
74	HP1101 PRINTER; SERIAL SCNU9441J4Y	11,27,09	200DB	5.00	17	430.	215.	141.	30.
75	MICROSOFT OFFICE LICENSES (TEN)	12,28,09	200DB	3.00	17	916.	458.	411.	47.
76	EXECUTIVE FURNITURE DESK	12,03,09	200DB	7.00	17	1,175.	597.	165.	
77	EXECUTIVE FURNITURE DESK	12,03,09	200DB	7.00	17	1,175.	597.	165.	
78	EXECUTIVE FURNITURE DESK	12,03,09	200DB	7.00	17	1,175.	597.	165.	
79	HD HOME STORE - CDC COMPUTER	01,28,10	200DB	5.00	17	1,225.	612.	159.	117.
80	IKEA TULLSTA CHAIRS	10,28,10	200DB	7.00	17	953.	477.	131.	83.
81	4-DRAWER COX 5833 STORAGE CABINETS (3)	09,10,10	200DB	7.00	17	1,911.	956.	244.	167.
82	COX 5830 2-DRAWER LATERAL FILES (2)	09,10,10	200DB	7.00	17	1,640.	820.	209.	143.
83	COX 255 4-DRAWER CREDENZA	09,10,10	200DB	7.00	17	1,362.	681.	174.	119.
84	COX 250 2-DRAWER LATERAL FILES (2)	09,10,10	200DB	7.00	17	1,452.	726.	185.	127.
85	COX 72BPI/1 BOOKCASES (2)	09,10,10	200DB	7.00	17	540.	270.	69.	47.
86	COX BOAT-SHAPED CONFERENCE TABLE	09,10,10	200DB	7.00	17	1,175.	588.	150.	103.
87	WIRING (DI DIO ELECTRIC)	10,01,10	SL	39.00	17	4,480.	139.	115.	
88	VOSTRO 3300 FAST TRACK COMPUTER	01,28,11	200DB	5.00	17	1,114.	390.	289.	
89	COMPUTER	04,02,11	200DB	5.00	17	1,006.	252.	302.	
90	MACBOOK PRO 13.3 COMPUTER	05,27,11	200DB	5.00	17	1,577.	394.	473.	
91	FURLONG COMPUTER	01,28,11	200DB	5.00	17	967.	338.	252.	
92	NINE IPADS-APPLE WEB STORE	11,27,11	200DB	5.00	17	8,175.	409.	3,106.	
93	OFFICE COMPUTER IN OHIO	12,06,11	200DB	5.00	17	595.	30.	226.	
94	FOUR DOOR STORAGE CABINET - EXECUTIVE FURN	11,18,11	200DB	7.00	17	774.	28.	213.	
95	TWO DRAWER LATERAL FILE - EXECUTIVE FURN	11,18,11	200DB	7.00	17	809.	29.	223.	
96	TWO FOUR DOOR STORAGE CABINETS	11,18,11	200DB	7.00	17	1,314.	47.	362.	
97	RUG-CRATE AND BARREL	11,12,11	200DB	7.00	17	1,270.	45.	350.	
98	CHAIR-CRATE AND BARREL	11,29,11	200DB	7.00	17	1,024.	37.	282.	
* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						74,696.	9,753.	33,861.	9,855.

Depreciation and Amortization Detail FORM 990 PAGE 10

990

Form 4562

# Depreciation and Amortization 990

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

OMB No. 1545-0172

2012

Attachment  
Sequence No. 179

Name(s) shown on return

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

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 instructions) .....	1	500,000.
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	2,000,000.
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	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> 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 <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2011 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 2013. Add lines 9 and 10, less line 12 ► 13 .....	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 allowance for qualified property (other than listed property) placed in service during the tax year .....	14	12,909.
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 2012 .....	17	9,855.
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 2012 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		12,908.	5 YRS.	HY	200DB	2,581.
b 5-year property						
c 7-year property						
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 2012 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	25,345.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 4562 (2012)

31-1405490 Page 2

**Part V** Listed Property (Include automobiles, certain other vehicles, 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 -	.....	.....
-------	---	-------	-------	-------	-------	-------	-------

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										
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?	Yes	No										
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	Yes	No
39 Do you treat all use of vehicles by employees as personal use?	Yes	No
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?	Yes	No
41 Do you meet the requirements concerning qualified automobile demonstration use?	Yes	No

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

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2012 tax year:

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43 Amortization of costs that began before your 2012 tax year ..... 43

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