

**990**Form of the Treasury  
Internal Revenue Service**PUBLIC DISCLOSURE COPY**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**Open to Public  
Inspection► Do not enter Social Security numbers on this form as it may be made public.  
► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**A For the 2013 calendar year, or tax year beginning****and ending****B Check if applicable:**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.****Doing Business As**Number and street (or P.O. box if mail is not delivered to street address)  
**401 HACKENSACK AVENUE**Room/suite  
**9TH FL**City or town, state or province, country, and ZIP or foreign postal code  
**HACKENSACK, NJ 07601**F Name and address of principal officer: **PATRICIA A. FURLONG**  
**401 HACKENSACK AVENUE 9TH FLOOR, HACKENSACK**I Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527J Website: ► [WWW.PARENTPROJECTMD.ORG](http://WWW.PARENTPROJECTMD.ORG)K Form of organization:  Corporation  Trust  Association  Other ► L Year of formation: **1997** M State of legal domicile: **OH****D Employer identification number****31-1405490****E Telephone number****(513) 424-0696****G Gross receipts \$** **6,281,506.****H(a) Is this a group return  
for subordinates?  Yes  No****H(b) Are all subordinates included?  Yes  No**

If "No," attach a list. (see instructions)

**H(c) Group exemption number ►****Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>PARENT PROJECT MUSCULAR DYSTROPHY'S MISSION IS TO IMPROVE THE TREATMENT, QUALITY OF LIFE AND</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... 5 18
	6 Total number of volunteers (estimate if necessary) ..... 6 538
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 ..... 7b 0.
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h) ..... 6,099,492. Prior Year 5,904,768. Current Year
	9 Program service revenue (Part VIII, line 2g) ..... 52,208. 65,455.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... -6,081. 2,836.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... -365,921. -343,210.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 5,779,698. 5,629,849.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 2,779,190. 2,227,380.
	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) ..... 1,131,278. 1,347,166.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 724,570.
<b>Net Assets or Fund Balances</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 2,311,660. 2,511,769.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 6,222,128. 6,086,315.
	19 Revenue less expenses. Subtract line 18 from line 12 ..... -442,430. -456,466.
	<b>Beginning of Current Year</b> 2,885,159. <b>End of Year</b> 2,962,539.
20 Total assets (Part X, line 16) ..... 479,253. 1,013,099.	
21 Total liabilities (Part X, line 26) ..... 2,405,906. 1,949,440.	

**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 Here</b>	► <i>Nancy L. Gross</i> , Chief Financial Officer	5-1-2014
	► <b>NANCY L. GROSS, CFO</b>	Date
	Type or print name and title	
Paid	Print/Type preparer's name <b>ROBIN M. DENNIS</b>	Preparer's signature <b>ROBIN M. DENNIS</b>
Preparer	Firm's name ► <b>CLARK, SCHAEFER, HACKETT &amp; CO.</b>	Date 04/30/14 Check <input type="checkbox"/> self-employed PTIN P00999809
Use Only	Firm's address ► <b>10100 INNOVATION DR, SUITE 400 DAYTON, OH 45342</b>	Firm's EIN ► 31-0800053
		Phone no. 937-226-0070

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 2

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  X

1 Briefly describe the organization's mission:

THE PARENT PROJECT FOR MUSCULAR DYSTROPHY'S MISSION IS TO END DUCHENNE MUSCULAR DYSTROPHY. 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 \$ 3,295,024. including grants of \$ 2,095,084. ) (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, COMBINED THERAPEUTICS, EXONS 45-55 SKIPPING, OUTCOMES FOR TRIALS, A CLINICAL DEVELOPMENT SUPERHIGHWAY, AAA CARDIOMYOPATHY TREATMENT, TAMOXIFEN, AND IPS CELLS AND THERAPEUTIC APPLICATIONS, TO NAME A FEW.

4b (Code: ) (Expenses \$ 1,223,106. including grants of \$ 132,296. ) (Revenue \$ 65,455. )  
EDUCATIONAL INITIATIVES INCLUDING ONLINE RESOURCES AND TWO CONFERENCES HELD IN SAN DIEGO AND BALTIMORE 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 A NEW INITIATIVE CALLED TRANSFORMING DUCHENNE CARE, F.A.C.E.S., A NEW INITIATIVE CALLED DECODE DUCHENNE, AND AN INITIATIVE TO ORGANIZE THE WORLDWIDE COMMUNITY IN A PROGRAM CALLED DUCHENNE CONNECT.

4c (Code: ) (Expenses \$ 320,912. 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. DURING 2013, A WHITE PAPER WAS DRAFTED TO EXPLAIN THE MISSION AND A SUGGESTED APPROACH TO PROMOTE THE TREATMENT AND CURE FOR DUCHENNE MUSCULAR DYSTROPHY

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

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

4e Total program service expenses ► 4,839,042.

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 3

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I	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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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)? If "Yes," complete Schedule D, Part X		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	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? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

332003  
10-29-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a		
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	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?		
24d	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	
25b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28c	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
35b	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	X	
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? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2013)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490

Page 5

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

Check if Schedule O contains a response or note to any line in this Part V

	<b>Yes</b>	<b>No</b>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	66
1b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
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	18
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	<input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	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	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	5a	<input checked="" type="checkbox"/>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	<input checked="" type="checkbox"/>
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	<input checked="" type="checkbox"/>
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	<input checked="" type="checkbox"/>
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?	7c	<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	<input checked="" type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	<b>N/A</b>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	<b>N/A</b>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>	N/A	
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:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11 <b>Section 501(c)(12) organizations.</b> Enter:	11b	
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13c	
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	14a	<input checked="" type="checkbox"/>
c Enter the amount of reserves on hand	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14b	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	Form 990 (2013)	

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 6

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	15		
1b	15		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9		X	

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

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

**Section C. Disclosure**

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

332006 10-29-13

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2013)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 7

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

Check if Schedule O contains a response or note to any line 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- 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	Former		
(1) NEIL BRANDOM BOARD MEMBER	3.00	X					0.	0.	0.
(2) CATHERINE J. COLLINS BOARD MEMBER	3.00	X					0.	0.	0.
(3) ELLEN WAGNER BOARD MEMBER	3.00	X					0.	0.	0.
(4) ANESSA FEHSENFELD BOARD MEMBER	10.00	X					0.	0.	0.
(5) DANIEL P. GAROFALO BOARD SECRETARY	10.00	X	X				0.	0.	0.
(6) ROBERT GETLER BOARD MEMBER	10.00	X					0.	0.	0.
(7) LANCE HESTER BOARD MEMBER	3.00	X					0.	0.	0.
(8) JOHN HIATT BOARD MEMBER	3.00	X					0.	0.	0.
(9) MARTIN KARLIN TRUSTEE	3.00	X					0.	0.	0.
(10) JOHN KILLIAN BOARD TREASURER	3.00	X	X				0.	0.	0.
(11) ROBERT MCDONALD, M.D. BOARD CHAIRMAN	10.00	X	X				0.	0.	0.
(12) HEINRICH MEERMANN TRUSTEE	3.00	X					0.	0.	0.
(13) ROBERT NUTT TRUSTEE	3.00	X					0.	0.	0.
(14) JAMES POYSKY TRUSTEE	3.00	X					0.	0.	0.
(15) JASBIR SEEHRA TRUSTEE	3.00	X					0.	0.	0.
(16) DOUGLAS BIGGAR TRUSTEE	3.00	X					0.	0.	0.
(17) PATRICIA FURLONG FOUNDING PRESIDENT/CEO	65.00		X				171,081.	0.	12,758.

332007 10-29-13

Form 990 (2013)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 8

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

(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	Former		
(18) KIMBERLY GALBERAITH COO	50.00		X				147,132.	0.	19,062.
(19) NANCY GROSS CFO	32.00		X				83,820.	0.	0.
(20) SHARON HESTERLEE VP OF RESEARCH	40.00			X			153,565.	0.	7,139.
(21) HOLLY PEAY VP OF OUTREACH AND EDUCATION	40.00			X			109,340.	0.	3,280.
<b>1b Sub-total</b>							<b>664,938.</b>	<b>0.</b>	<b>42,239.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>664,938.</b>	<b>0.</b>	<b>42,239.</b>

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 ► 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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	4	X
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	5	X

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
UNIVERSITY OF PENNSLYVANIA 415 CURIE BOULEVARD, PHILADELPHIA, PA 19104	RESEARCH	527,281.
FAEGREBD CONSULTING P.O. BOX 664091, INDIANAPOLIS, IN 46266	CONSULTING	306,697.
MARRIOTT BUSINESS SERVICES PO BOX 402745, ATLANTA, GA 30384	TRAVEL	235,394.
MARK KRUEGER & ASSOCIATES, INC, 521 FIFTH AVE, 27TH FLOOR, NEW YORK, NY 10175	CONSULTING	141,325.
KATHI KINNETT, 401 HACKENSACK AVE., 9TH FLOOR, HACKENSACK , NJ 07601	CONSULTING	136,357.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 9

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 9

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1a					
	b Membership dues .....	1b					
	c Fundraising events .....	1c	1,613,329.				
	d Related organizations .....	1d					
	e Government grants (contributions) .....	1e	146,051.				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	4,145,388.				
	g Noncash contributions included in lines 1a-1f: \$		450,002.				
	<b>h Total. Add lines 1a-1f</b>		5,904,768.				
<b>Program Service Revenue</b>	2 a CONFERENCE FEES	Business Code 900099	65,455.	65,455.			
	b						
	c						
	d						
	e						
	f All other program service revenue .....						
	<b>g Total. Add lines 2a-2f</b>		65,455.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....		1,984.		1,984.		
	4 Income from investment of tax exempt bond proceeds .....						
	5 Royalties .....						
	6 a Gross rents .....	(i) Real	(ii) Personal				
	b Less: rental expenses .....						
	c Rental income or (loss) .....						
	d Net rental income or (loss) .....						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses .....	309,299.					
	c Gain or (loss) .....	307,858.	589.				
d Net gain or (loss) .....	1,441.	589.					
8 a Gross income from fundraising events (not including \$ 1,613,329. of contributions reported on line 1c). See Part IV, line 18 .....	a	0.					
b Less: direct expenses .....	b	343,210.					
c Net income or (loss) from fundraising events .....			343,210.			343,210.	
9 a Gross income from gaming activities. See Part IV, line 19 .....	a						
b Less: direct expenses .....	b						
c Net income or (loss) from gaming activities .....							
10 a Gross sales of inventory, less returns and allowances .....	a						
b Less: cost of goods sold .....	b						
c Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	Business Code						
11 a							
b							
c							
d All other revenue .....							
e <b>Total. Add lines 11a-11d</b>		5,629,849.	65,455.	0.	340,374.		
<b>12 Total revenue. See instructions.</b>							

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 10

**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 or note to any line 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	2,016,261.	2,016,261.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	4,839.	4,839.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	206,280.	206,280.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	433,853.	303,072.	130,781.	
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	790,130.	647,098.		143,032.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,855.		22,855.	
9 Other employee benefits				
10 Payroll taxes	100,328.	75,966.	13,172.	11,190.
11 Fees for services (non-employees):				
a Management				
b Legal	6,660.	3,605.	3,055.	
c Accounting	113,425.	1,232.	93,953.	18,240.
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.)	421,371.	387,323.	10,000.	24,048.
12 Advertising and promotion				
13 Office expenses	61,695.	15,204.	33,967.	12,524.
14 Information technology	26,188.	6,929.	19,259.	
15 Royalties				
16 Occupancy	122,458.	97,892.	10,167.	14,399.
17 Travel	371,599.	284,945.	40,269.	46,385.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	387,750.	387,750.		
20 Interest	477.		477.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,716.	5,444.	5,136.	5,136.
23 Insurance	82,659.	6,300.	76,359.	
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	318,438.	278,406.	6,115.	33,917.
b FEES & PERMITS	182,015.	16,471.	3,866.	161,678.
c BANK CHARGES	165,710.		11,762.	153,948.
d MEALS & ENTERTAINMENT	78,739.	41,525.	9,318.	27,896.
e All other expenses	156,869.	52,500.	32,192.	72,177.
25 Total functional expenses. Add lines 1 through 24e	6,086,315.	4,839,042.	522,703.	724,570.
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.

Form 990 (2013)

31-1405490 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	312,217.	1 80,144.
	2 Savings and temporary cash investments	1,612,152.	2 1,955,080.
	3 Pledges and grants receivable, net	398,061.	3 282,817.
	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	34,523.	8 30,333.
	9 Prepaid expenses and deferred charges	105,615.	9 458,316.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 93,140.	
	b Less: accumulated depreciation	10b 69,404.	31,534. 10c 23,736.
	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
	15 Other assets. See Part IV, line 11	391,057.	15 132,113.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,885,159.	16 2,962,539.
Liabilities	17 Accounts payable and accrued expenses	146,856.	17 158,671.
	18 Grants payable	332,397.	18 854,428.
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	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	479,253.	26 1,013,099.
Net Assets or Fund Balances	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	1,168,421.	27 1,517,808.
	28 Temporarily restricted net assets	1,237,485.	28 431,632.
	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	2,405,906.	33 1,949,440.
	34 Total liabilities and net assets/fund balances	2,885,159.	34 2,962,539.

Form 990 (2013)

332011  
10-29-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Form 990 (2013)

31-1405490 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	5,629,849.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	6,086,315.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-456,466.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	2,405,906.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	1,949,440.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII  X

	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	2a	X
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	2b	X
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.	2c	X
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? _____	3a	X
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 _____	3b	

Form 990 (2013)

332012  
10-29-13

09080430 758049 38758-000

12 2013.03040 THE PARENT PROJECT FOR MUSC 38758-01

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

## Public Charity Status and Public Support

OMB No. 1545-0047

2013

**Open to Public  
Inspection**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ

See A (Form 990 or 990-EZ) and its instructions.

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.

e  Type I       Type II       Type III - Functionally integrated       Type III - Non-functionally integrated

f 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)**.

g 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: \_\_\_\_\_

h 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? \_\_\_\_\_

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

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

110 E

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

**Schedule A (Form 990 or 990-EZ) 2013**

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,538,702.	7,093,016.	6,588,002.	6,099,492.	5,904,768.	30,223,980.
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 <b>Total.</b> Add lines 1 through 3 .....	4,538,702.	7,093,016.	6,588,002.	6,099,492.	5,904,768.	30,223,980.
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) .....						6,028,752.
<b>6 Public support.</b> Subtract line 5 from line 4.						24,195,228.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	4,538,702.	7,093,016.	6,588,002.	6,099,492.	5,904,768.	30,223,980.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	156.	3,773.	9,589.	2,310.	1,984.	17,812.
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.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30,241,792.
12 Gross receipts from related activities, etc. (see instructions) .....					12	317,014.

**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** ►

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	80.01	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	81.87	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
► <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
► <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> 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 .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> 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.)						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 ►

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 4

Schedule A (Form 990 or 990-EZ) 2013 DYSTROPHY RESEARCH, INC.

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Name of the organization****THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.****Employer identification number****31-1405490****Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For 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 its Form 990-PF, Part I, line 2, 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) (2013)

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
1		\$ 1,150,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2		\$ 207,188.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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
2	2125 SHARES OF EXXON MOBIL CORP	\$ 207,188.	12/16/13
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

323453 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

## Name of organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number

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			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



## THE PARENT PROJECT FOR MUSCULAR

Schedule C (Form 990 or 990-EZ) 2013 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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	320,912.		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	320,912.		
<b>d</b> Other exempt purpose expenditures .....	5,766,348.		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	6,087,260.		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	454,363.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	113,591.		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.		
<b>j</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	379,296.	461,002.	461,106.	454,363.	1,755,767.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,633,651.
<b>c</b> Total lobbying expenditures	190,870.	193,286.	166,266.	320,912.	871,334.
<b>d</b> Grassroots nontaxable amount	94,824.	115,251.	115,277.	113,591.	438,943.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					658,415.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule C (Form 990 or 990-EZ) 2013 **DYSTROPHY RESEARCH, INC.**

31-1405490 Page 3

**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.

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).	
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

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.

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

**2013**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► 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.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)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.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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 Total acreage restricted by conservation easements .....

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

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

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.

1b 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.

Schedule D (Form 990) 2013

31-1405490 Page 2

**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

d  Loan or exchange programs

b  Scholarly research

e  Other \_\_\_\_\_

c  Preservation for future generations

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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

Yes  No

(ii) related organizations

3a(i)

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

3a(ii)

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

3b

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
c Leasehold improvements		4,480.	369.	4,111.
d Equipment		58,338.	44,052.	14,286.
e Other		30,322.	24,983.	5,339.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				23,736.

Schedule D (Form 990) 2013

332052  
09-25-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule D (Form 990) 2013

31-1405490 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) .....		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>		

2. Liability for uncertain tax positions. 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) 2013

332053  
09-26-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule D (Form 990) 2013

31-1405490 Page 4

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	5,631,383.
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	5,631,383.
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	-1,534.
c Add lines 4a and 4b	4c	-1,534.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,629,849.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	6,087,849.
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	1,534.
e Add lines 2a through 2d	2e	1,534.
3 Subtract line 2e from line 1	3	6,086,315.
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	6,086,315.

**Part XIII Supplemental Information.**

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:**

**EXPLANATION: 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, 2013.**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**LOSS ON DISPOSITION OF FIXED ASSETS = (589)**

332054  
09-25-13

Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)IN-KIND DONATIONS OF PROFESSIONAL FEES = (945)PART XIII, LINE 2D - OTHER ADJUSTMENTS:LOSS ON DISPOSITION OF FIXED ASSETS = 589IN-KIND DONATIONS OF PROFESSIONAL FEES = 945

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**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" on 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		172,947.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		33,333.
<b>3 a Sub-total</b> .....	0	0			206,280.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	0			206,280.

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

Schedule F (Form 990) 2013

332071  
10-03-13

29

09080430 758049 38758-000

2013.03040 THE PARENT PROJECT FOR MUSC 38758-01

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

3 Enter total number of other organizations or entities

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  
Enter total number of other organizations or entities

the IRS, or for which the grantee or counsel has provided the total number of other organizations or entities

5



THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2013

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) 2013

332074  
10-03-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule F (Form 990) 2013

31-1405490 Page 5

**Part V Supplemental Information**

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.

**PART I, LINE 2:**

**EXPLANATION: A REPORT OF EXPENDITURES AND MEDICAL RESULTS OF THE GRANT  
ACTIVITY IS REQUIRED FROM THE GRANTEE.**

**PART I, LINE 3:**

**EXPLANATION: ACCRUAL METHOD**

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2013

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form\\_990](http://www.irs.gov/form_990).**

► Attach to Form 990 or Form 990-EZ.

---

Name of the organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number  
31-1405490

---

Part 1

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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.

**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.

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

Schedule G (Form 990 or 990-EZ) 2013

332081  
09-12-13

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

31-1405490 Page 2

**Schedule G (Form 990 or 990-EZ) 2013**

**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 <b>DREAM AUCTION</b> (event type)	(b) Event #2 <b>COACH TO CURE MD</b> (event type)	(c) Other events 63 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts .....	342,007.	248,883.	1,022,439.	1,613,329.
2 Less: Contributions .....	342,007.	248,883.	1,022,439.	1,613,329.
3 Gross income (line 1 minus line 2) .....				
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	92,163.	20,589.	230,458.	343,210.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				343,210.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-343,210.

**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))
Revenue				
1 Gross revenue .....				
Direct Expenses				
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. Subtract line 7 from line 1, column (d) .....				►

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	%
b An outside facility	%

13a  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.** 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV Supplemental Information (continued)**

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2013**

Open to Public  
Inspection

OMB No. 1145-0047

Name of the organization

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

**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.

(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)	94,203.	0.N/A			CEDARS-SINAI CLINICAL TRIALS
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE WASHINGTON, DC 20010	52-1654453	501(C)(3)	47,770.	0.N/A			WEISMAN FELLOWSHIP
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-08333936	501(C)(3)	46,344.	0.N/A			AAA CARDIOMYOPATHY TREATMENT, BIOLOGICAL SAMPLES
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		127,457.	0.N/A			FDA COMMISSIONED PAPER
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	96,054.	0.N/A			NCH/WELLSPIKE/OSU MYOLOGY, CARDIAC INITIATIVE, FOLLASFINE GENE THERAPY

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

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

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

38  
332401  
10-29-13

**Schedule I (Form 990) (2013)**

► 15.

► 7.

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Schedule I (Form 990) 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
TIVORSAN PHARMACEUTICALS INC. 3 DAVOL SQUARE PROVIDENCE, RI 02903	77-0702642		75,000.	0.N/A			RECOMBINANT BIGLYCAN
UNIVERSITY OF WASHINGTON 1705 NE PACIFIC STREET, R-418 HSB, SEATTLE, WA 09195	91-6001537	501(C)(3)	55,528.	0.N/A			CARDIAC USE OF SILDENAFIL
UNIVERSITY OF PENNSYLVANIA 3910 DELANCEY STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	599,437.	0.N/A			SLEEPER DOG COLONY, UTROPHIN PROMOTER HTS,
UNIVERSITY OF CALIFORNIA 405 HILGARD AVE, 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6005143	501(C)(3)	144,193.	0.N/A			RNA- SEQ ANALYSIS - FIBROSIS
UNIVERSITY OF CALIFORNIA, DAVIS P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	119,579.	0.N/A			OUTCOMES FOR TRIALS
UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	48,037.	0.N/A			MAGNETIC RESONANCE IMAGING
UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(C)(3)	140,213.	0.N/A			SERCA2 GENE THERAPY
DART THERAPEUTICS INC ONE BROADWAY CAMBRIDGE, MA 02142	46-2264157		75,000.	0.N/A			CLINICAL DEVELOPMENT
HUGO W MOSER RESEARCH INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205	52-1524967	501(C)(3)	17,500.	0.N/A			ENHANCING TRANSPLANT ENVIRONMENT

Schedule I (Form 990)

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

**Schedule I (Form 990)**

**Schedule I (Form 990)      DYSTROPHY RESEARCH, INC.**

Page 1

一  
四

(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 ARIZONA 1303 E UNIVERSITY BLVD TUCSON, AZ 85719	74-262689	501(C)(3)	23,305.	0.N/A			EUREKA CERTIFICATE COURSE
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	26,119.	0.N/A			CORTICOSTEROIDS IN DMD
REVERAGEN BIOPHARMA, INC 9700 GREAT SENECA HIGHWAY ROCKVILLE, MD 20850	26-3808415		8,332.	0.N/A			MICRO RNAs
UNIVERSITY OF NEVADA, RENO 1664 N VIRGINIA AVE RENO, NV 89557	88-6000024	501(C)(3)	12,500.	0.N/A			LAMININ-III PROTEIN THERAPY
UNIVERSITY OF MINNESOTA NW 5957, PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	88,000.	0.N/A			IPS CELLS AND THERAPEUTIC APPS
HALO THERAPEUTICS LLC 275 GROVE STREET NEWTON, MA 02466	27-5336394		45,833.	0.N/A			PHASE II STUDY HT-100
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	-7,243.	0.N/A			NATIONAL TASK FORCE



**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" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC.

Employer identification number  
31-1405490

**Part I Questions Regarding Compensation**

	Yes	No
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)	
1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....		
3 Indicate which, if any, of the following the 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 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:		
4a Receive a severance payment or change-of-control payment? .....	4a	X
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	4b	X
4c Participate in, or receive payment from, an equity-based compensation arrangement? .....	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		

**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:		
5a The organization? .....	5a	X
5b Any related organization? .....	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
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:		
6a The organization? .....	6a	X
6b Any related organization? .....	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
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 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 53.4958-6(a)(3)? If "Yes," describe in Part III .....	8	X
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) 2013

332111  
09-13-13

**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 (1) and from related organizations, described in the instructions on row (1).

Do not list any individuals that are not listed on Form 990, Part VII.

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

31-1405490

Page 3

Schedule J (Form 990) 2013



## THE PARENT PROJECT FOR MUSCULAR

Schedule L (Form 990 or 990 EZ) 2013 **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

**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 \$ 83,820.

(D) DESCRIPTION OF TRANSACTION: NANCY L. GROSS, CPA OWNS GROSS AND

COMPANY - LICENSED BUSINESS PROFESSIONALS - HER COMPANY BILLS THE

ORGANIZATION FOR TIME SHE SPENDS IN HER CAPACITY AS ACTING CHIEF

## **FINANCIAL OFFICER.**

(E) SHARING OF OBC

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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	5	307,857.	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 ► ( <b>FUNDRAISING S</b> ) .....	X	623	142,145.	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

	Yes	No
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? .....	30a	X
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? .....	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	32a	X
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.		

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

Schedule M (Form 990) (2013)

332141  
09-03-13

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

31-1405490 Page 2

Page 2

Schedule M (Form 990) (2013) DYSTROPHY RESEARCH, INC.

**Part II** **Supplemental Information.** 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:

EXPLANATION: 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.

332142 09-03-13

**Schedule M (Form 990) (2013)**

Name of the organization

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

Employer identification number  
31-1405490

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

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 III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: DURING THE YEAR, THE ORGANIZATION BEGAN AN INITIATIVE  
CALLED TRANSFORMING DUCHENNE CARE TO PROMOTE AND ESTABLISH CONSISTENT  
CARE STANDARDS. IN ADDITION, WE ESTABLISHED A SUPERHIGHWAY PROJECT TO  
EXPEDITE THE DEVELOPMENT, TESTING, AND AVAILABILITY OF DRUGS FOR THE  
TREATMENT OF THE DISEASE. FINALLY, WE BEGAN A PROJECT CALLED DECODE  
DUCHENNE THAT PURSUES THE DEVELOPMENT OF A DATABASE OF CLINICAL  
CHARACTERISTICS OF DUCHENNE VICTIMS.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: THE ORGANIZATION HAS HIRED AN INDEPENDENT CONTRACTOR TO ACT AS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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

Employer identification number	31-1405490
--------------------------------	------------

THEIR CFO.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE BOARD UPDATED THE BY-LAWS DURING 2014.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THE ORGANIZATION DID NOT DOCUMENT ALL OF ITS COMMITTEE  
MEETINGS

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE SECRETARY IS RESPONSIBLE TO ENSURE EACH BOARD MEMBER HAS  
COMPLETED THEIR WRITTEN STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: AN INDEPENDENT COMPANY WAS RETAINED TO CONDUCT AN EXECUTIVE  
COMPENSATION REASONABLENESS AUDIT, AS OUTLINED BY SECTION 4958 OF THE  
INTERNAL REVENUE CODE AND TREASURY REGULATION SECTION 53.4958-6, FOR THE  
EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER. THEY DETERMINED THAT THE  
COMPENSATION LEVELS COMPLIED WITH INDUSTRY STANDARDS. THE CONSIDERATION AND  
APPROVAL OF THE BUDGET WAS SUBJECT TO THE RESULTS OF THE AUDIT.

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

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)

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

**Employer identification number**

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION PREPARES AN ANNUAL REPORT WHICH INCLUDES THIS INFORMATION. THE REPORT IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
<b>MANAGEMENT AND GENERAL</b>								
15	OFFICE FURNITURE - MIDDLETOWN	021700200DB	7.00	17	774.		774.	0.
46	IKEA PARAMUS FURNITURE	072905200DB	7.00	17	815.		799.	0.
55	CREDENZA	090607200DB	7.00	17	484.		419.	43.
56	EXECUTIVE FURNITURE	082907200DB	7.00	17	10,500.		9,094.	937.
59	(D) COMPUTER	082809200DB	5.00	17	2,168.		1,984.	15.
60	(D) APPLE ONLINE COMPUTER - CDC	102309200DB	5.00	17	1,496.		1,373.	31.
61	(D) APPLE ONLINE COMPUTER - CDC	102309200DB	5.00	17	3,443.		3,161.	71.
62	22" VA2223 LCD MONITORS (TEN)	112709200DB	5.00	17	1,392.	696.	553.	76.
63	TERASTATION PRO II NAS 2TB	112709200DB	5.00	17	689.	345.	273.	38.
64	FN008UT COMPUTER; SERIAL SCNU9425X4G	112709200DB	5.00	17	906.		813.	49.
65	NV53IUT COMPUTER; SERIAL SMXL9460VBB	112709200DB	5.00	17	558.	279.	222.	31.
66	NV53IUT COMPUTER; SERIAL SMXL9460V4SG	112709200DB	5.00	17	558.	279.	222.	31.
67	NV53IUT COMPUTER; SERIAL SMXL9460V90	112709200DB	5.00	17	558.	279.	222.	31.
68	NV53IUT COMPUTER; SERIAL SMXL9460VBN	112709200DB	5.00	17	558.	279.	222.	31.
69	NV53IUT COMPUTER; SERIAL SMXL9460V9M	112709200DB	5.00	17	558.	279.	222.	31.
70	NV53IUT COMPUTER; SERIAL SMXL9460V9K	112709200DB	5.00	17	558.	279.	222.	31.
71	NV53IUT COMPUTER; SERIAL SMXL9460V482	112709200DB	5.00	17	558.	279.	222.	31.
72	NV53IUT COMPUTER; SERIAL SMXL9460V47B	112709200DB	5.00	17	558.	279.	222.	31.
73	NV53IUT COMPUTER; SERIAL SMXL9460V4BK	112709200DB	5.00	17	558.	279.	222.	31.
74	HP1101 PRINTER; SERIAL SCNU9441J4Y	112709200DB	5.00	17	430.	215.	171.	23.
75	MICROSOFT OFFICE LICENSES (TEN)	122809200DB	3.00	17	916.	458.	458.	0.
76	EXECUTIVE FURNITURE DESK	120309200DB	7.00	17	1,175.		762.	118.
77	EXECUTIVE FURNITURE DESK	120309200DB	7.00	17	1,175.		762.	118.
78	EXECUTIVE FURNITURE DESK	120309200DB	7.00	17	1,175.		762.	118.
79	HD HOME STORE - CDC COMPUTER	012810200DB	5.00	17	1,225.	612.	276.	71.
80	IKEA TULLSTA CHAIRS	102810200DB	7.00	17	953.	477.	214.	60.

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
814-DRAWER COX 5833 STORAGE CABINETS (3)								
091010200DB7.00 17					1,911.	956.	411.	120.
82COX 5830 2-DRAWER LATERAL FILES (2)								
091010200DB7.00 17					1,640.	820.	352.	103.
83COX 255 4-DRAWER CREDENZA								
091010200DB7.00 17					1,362.	681.	293.	85.
84COX 250 2-DRAWER LATERAL FILES (2)								
091010200DB7.00 17					1,452.	726.	312.	91.
85COX 72BPI/1 BOOKCASES (2)								
091010200DB7.00 17					540.	270.	116.	34.
86COX BOAT-SHAPED CONFERENCE TABLE								
091010200DB7.00 17					1,175.	588.	253.	73.
87WIRING (DI DIO ELECTRIC)								
100110SL 39.0017					4,480.		254.	115.
88VOSTRO 3300 FAST TRACK COMPUTER								
012811200DB5.00 17					1,114.		679.	174.
89COMPUTER								
040211200DB5.00 17					1,006.		554.	182.
90MACBOOK PRO 13.3 COMPUTER								
052711200DB5.00 17					1,577.		867.	284.
91FURLONG COMPUTER								
012811200DB5.00 17					967.		590.	151.
92NINE IPADS-APPLE WEB STORE								
112711200DB5.00 17					8,175.		3,515.	1,864.
93OFFICE COMPUTER IN OHIO								
120611200DB5.00 17					595.		256.	136.
94FOUR DOOR STORAGE CABINET - EXECUTIVE FURN								
111811200DB7.00 17					774.		241.	152.
95TWO DRAWER LATERAL FILE - EXECUTIVE FURN								
111811200DB7.00 17					809.		252.	159.
96TWO FOUR DOOR STORAGE CABINETS								
111811200DB7.00 17					1,314.		409.	259.
97RUG-CRATE AND BARREL								
111211200DB7.00 17					1,270.		395.	250.
98CHAIR-CRATE AND BARREL								
112911200DB7.00 17					1,024.		319.	201.
99TELEVISION								
102812200DB5.00 17					428.	214.	43.	68.
100MACBOOK PRO								
042712200DB5.00 17					2,734.	1,367.	273.	438.
101DELL COMPUTER								
022612200DB5.00 17					860.	430.	86.	138.
102FILE SERVER								
010512200DB5.00 17					21,795.	10,898.	2,179.	3,487.
103APPLE COMPUTER - PEAY								
071413200DB5.00 19B					1,305.	653.		783.
104APPLE COMPUTER - S. MATTHES								
052213200DB5.00 19B					4,137.	2,069.		2,483.
105LENOVO COMPUTER - FURLONG								
012913200DB5.00 19B					1,710.	855.		1,026.
1065 TABLETS & SECURITY DEVICES - MARTIN								
010713200DB5.00 19B					1,355.	678.		813.
* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL								
					100,247.	26,519.	37,295.	15,716.

Depreciation and Amortization Detail FORM 990 PAGE 10

990

318261  
05-01-13

# - Current year section 179 (D) - Asset disposed

51.3

09080430 758049 38758-000

2013.03040 THE PARENT PROJECT FOR MUSC 38758-01

4562

Form Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization 990  
(Including Information on Listed Property)

OMB No. 1545-0172

2013  
Attachment  
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE PARENT PROJECT FOR MUSCULAR  
DYSTROPHY RESEARCH, INC.

FORM 990 PAGE 10

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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2012 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 2014. Add lines 9 and 10, less line 12 .....	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	4,255.
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 2013 .....	17	10,611.
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 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,252.	5 YRS.	HY	200DB	850.
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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2013 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	15,716.
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	

316251  
12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

