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CLIENT'S COPY

# A R KAKHSAZ COMPANY, AN ACCOUNTANCY CORPORATION 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS CALIFORNIA 91364 2313 818 713 9322

CLIENT: NEUR02 FEBRUARY 19, 2014

MESSRS NEUROMUSCULAR DISEASE FOUNDATION 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

66.08
8.35
9.88
8.14
8.14
8.44
28.91
33.11
57.00
285.00
332.88
845.93

## A R KAKHSAZ COMPANY, AN ACCOUNTANCY CORPORATION 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS CALIFORNIA 91364 2313 818 713 9322

MAY 16, 2011

MESSRS NEUROMUSCULAR DISEASE FOUNDATION 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210

GENTLEMEN / MADAMS

ENCLOSED IS THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

MAIL TO - FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

PLEASE SIGN AND MAIL FORM 199 ON OR BEFORE MAY 16, 2011.

ENCLOSE A CHECK FOR \$10.

MAKE CHECK PAYABLE TO FRANCHISE TAX BOARD.

WE ARE ENCLOSING THE DOCUMENTS YOU GAVE US TO ASSIST IN PREPARATION OF THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE DO NOT KEEP HARD COPIES, I. E., PRINTED COPIES OF THE RETURNS IN OUR FILES. PLEASE SAFEGUARD YOUR CD AND PRINT COPIES OF THE RETURNS THEREFROM AS NEEDED AND SAVE ALL FOR ANY FUTURE USE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE

SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.
YOURS VERY TRULY,

A R KAKHSAZ COMPANY, AN ACCOUNTANCY CORPORATION

#### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	THE NEUROMUSCULAR DISEASE FOUNDATION 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210
Prepared by	A R KAKHSAZ COMPANY AN ACCOUNTANCY CORP 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS, CA 91364
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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FEDERAL INFORMATIONAL FORMS

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CALIFORNIA INFORMATIONAL FORMS

#### **TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM 199

#### FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	THE NEUROMUSCULAR DISEASE FOUNDATION 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210
Prepared by	A R KAKHSAZ COMPANY AN ACCOUNTANCY CORP 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS, CA 91364
Amount due or refund	BALANCE DUE OF \$10
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701
Return must be mailed on or before	MAY 16, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.  INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER AND "2010 FORM 199" ON THE REMITTANCE.

# A R KAKHSAZ COMPANY, AN ACCOUNTANCY CORPORATION 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS CALIFORNIA 91364 2313 818 713 9322

CLIENT: NEUR02 FEBRUARY 19, 2014

MESSRS NEUROMUSCULAR DISEASE FOUNDATION 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

66.08
8.35
9.88
8.14
8.14
8.44
28.91
33.11
57.00
285.00
332.88
845.93

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FILEABLE FORMS

### Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

ΑΙ	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE NEUROMUSCULAR DISEASE FOUNDATION			
	Name change	Doing Business As N/A		06-1	789643
	Initial return Termin	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number 310-	r 276–2980
	—lated ☐Amend return			G Gross receipts \$	210049.
	Applica			H(a) Is this a group re	
	Ition pendin			for affiliates?	Yes X No
		2919 WILSHIRE BOULEVARD, SANTA MONICA,	CA 9	H(b) Are all affiliates inc	
$\overline{}$	Ταν.ανα	mpt status: X 501(c)(3)		` '	list. (see instructions)
		E: ► WWW.NEUROMUSCDISEASE.ORG	021	H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	1 Year		A State of legal domicile: CA
		Summary	L Toal	or formation. 2000 N	J State of legal dofficie. C11
		Briefly describe the organization's mission or most significant activities: ${ t TO \ \ PI}$	RОМОТЕ	AND FIIND R	ESEARCH FOR
Activities & Governance		GENETIC NEUROMUSCULAR DISORDERS AND DISEA			
nar		Check this box  if the organization discontinued its operations or dispose			
Ve	1			3	0
යි		Number of voting members of the governing body (Part VI, line 1a)			0
ళ		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		·····	0
iţie	1	Fotal number of violunteers (estimate if necessary)			0
휹		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
	0	vet differenced business taxable income from 1 offi 990-1, life 94		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		479745.	208893.
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		769.	1156.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98013.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		578527.	210049.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200000.	295000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b .	Fotal fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		108911.	45851.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		308911.	340851.
		Revenue less expenses. Subtract line 18 from line 12		269616.	-130802.
or Ses			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		419204.	288402.
ASS	21	Fotal liabilities (Part X, line 26)		0.	0.
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		419204.	288402.
Pi	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		<b>\</b>			
Sig	ın	Signature of officer		Date	
He	re		INANCI	AL OFFIC	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Oate Check L	PTIN
Pai	d			5/16/11 self-employe	ed
Pre	parer	Firm's name A R KAKHSAZ COMPANY AN ACCOUNTAL		RP Firm's EIN ▶	
Use	Only	Firm's address 20501 VENTURA BOULEVARD SUITE 32	10		
		WOODLAND HILLS, CA 91364		Phone no. 8	
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:  NONE	<u></u>
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 X No
	If "Yes," describe these new services on Schedule O.	165140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	$Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ and \ section \ 4947(a)(1) \ trusts \ are \ required \ to \ report \ the \ amount \ of \ grants \ and \ section \ 4947(a)(1) \ trusts \ are \ required \ to \ report \ the \ amount \ of \ grants \ and \ section \ 4947(a)(1) \ trusts \ are \ required \ to \ report \ the \ amount \ of \ grants \ and \ section \ 4947(a)(a)(b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)$	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 295000. including grants of \$) (Revenue \$)  DONATIONS TOTALING \$295,000 WERE GIVEN TO HADASSAH MEDICAL	)
	ORGANIZATION, MARY CROWLEY MEDICAL RESEARCH CENTER AND DR. NI	SHINO
	ICHIZO TO FUND RESEARCH IN FINDING CURE FOR GENETIC NEUROMUSC	
	DISEASES	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	(code:) (Expenses $\psi$ ) (noted to $\psi$ )	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		-
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 295000.	

Page 3

#### Part IV Checklist of Required Schedules

1 Is the organization described in section SDIC(c)(S) or 4947(a)(1) (other than a private foundation?) 1				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors?  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official? **Nes," complete Schedule C, Part I**  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? I**C** complete Schedule C, Part II**  5 Is the organization asection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procodule 819:19 I**V*as, "complete Schedule C, Part II**  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? I**V*es, "complete Schedule D, Part II**  7 Did the organization maintain collections of works of art, historical treasures, or other similar associates? I**V*es, "complete Schedule D, Part II**  8 Did the organization maintain collections of works of art, historical treasures, or other similar associates? I**V*es, "complete Schedule D, Part IV**  8 Did the organization maintain collections of works of art, historical treasures, or other similar associates? I**V*es, "complete Schedule D, Part IV**  9 Did the organization maintain collections of works of art, historical treasures, or other similar associates? I**V*es, "complete Schedule D, Part IV**  10 Did the organization report an amount in Part X, line 21; series as a custodian for amounts not listed in Part X, or provide order to complete Schedule D, Part IV**  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? I**V*es, "complete Schedule D, Part IV**  11 If the organization is an amount for land, buildings, and equipment in Part X, line 10? I**V*es, "complete Schedule D, Part IV**  11 Did the organization report an amount for lowesternates.	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if Y'es, 'complete Schedule C, Part I'  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Y'es, 'complete Schedule C, Part II.  5 Is the organization a section 501(c)(4), 501(c)(5), 601(c)(6), 601(c)(6), 601(c)(6).  6 Did the organization and any opport advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Y'es,' complete Schedule D, Part II.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assetts? If Yes, 'complete Schedule D, Part II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assetts? If Yes, 'complete Schedule D, Part II.  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit consensing, debt management, credit repair or debt negotiation services? If Yes, 'complete Schedule D, Part IV.  9 Did the organization incredit or through a related organization, hold assets in term, permanent, or quasi-endowments? If Y'es,' complete Schedule D, Part V.  10 Did the organization services or the following questions is Yes,' then complete Schedule D, Parts VI, IV, IV, IV, IX, or X as applicable.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part VI.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part X.  13 If the Organization report an amount for investments - organize melated in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Y'es,' complete Schedule D, Part X.  14 Did the organiz			1		
A Section 50(R)(3) organizations. 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 5  Is the organization a section 501(e)(s) (5)(c)(S), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedule 8-197 If "Yes," complete Schedule C, Part III 5  Ib Old the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7  Ib Old the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical structures? If "Yes," complete Schedule D, Part II 7  Ib Old the organization report an amount in Part X, line 21; serve as a custodian for amounts in such self-year II 8  Ib Old the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide order documeling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8  Ib Old the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9  It If the organization serve to any of the following questions is "Yes," then complete Schedule D, Part V 9  In Part X, line 16? If "Yes," complete Schedule D, Part V 11  Ib Old the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11  Ib Old the organization report an amount for land, buildings, and equipment 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 V 11  Ib Old the organization report an amount for land, buildings, and equipment in Part X, line 15 that is 5% or more of its total assets reported in Part X	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // 1"ves, "complete Schedube C, Part III 5 Ibid the organization assetton 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88.192 // 1"ves, "complete Schedube C, Part III 6 Ibid the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment is programed accounts where donors have the right to provide advice on the distribution or investments of the second or accounts where donors have the right to provide advice on the distribution or investments and the second or accounts where donors have the right to provide advice on the distribution or investments of the second or accounts where donors have the right to provide advice on the right to prov	3		3		Х
Significant of the organization as section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.199 // 11/25, complete Schedule C, Part III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
smillar amounts as defined in Revenue Procedure 98 197 if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Pes," complete Schedule D, Part II  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 III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide correct (counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  10 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  11 If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part SVI, VII, VIII, IX, or X as applicable.  12 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 b Did the organization report an amount for investments - program related 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 VIII  14 c Did the organization report an amount for other assets 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 XIII  15 Did the organization seport 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 XIII  16 Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of it	5				<del></del>
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I I 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 I S Did the organization and in collections of works of art, historical treasures, or orther similar seasets? If "Yes," complete Schedule D, Part II I I Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I I I the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," organize Schedule D, Part V I I I the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I I I the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I I I I I I I I I I I I I I I I	3		5		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   7	6		<u> </u>		
The internal content of 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 III  A Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," organized Schedule D, Part IV  Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV, IVII, IVII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVIII  Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IVIII  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 IVIII  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 IVIII III X  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 X III  Did the organization report an amount for other liabilities 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 X III  Did the organization orban assets or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III  Did the organization orban asset	U	· · · · · · · · · · · · · · · · · · ·	6		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for linestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If 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 V 11 If D D D D D D D D D D D D D D D D D D	7		Ť		<del> </del>
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		7		x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, decited organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, 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 11	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 Did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	13				
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		•	20b		<u> </u>

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the							
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X					
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified							
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial							
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х				
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):							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v				
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29						
30	contributions? If "Yes," complete Schedule M	30		х				
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		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	32		х				
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	33		х				
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х				
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х				
а	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 Yes X No							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Х					
	Note, All Form 990 filers are required to complete Schedule O	38	1 4	ı				

	990 (2010) THE NEUROMUSCULAR DISEASE FOUNDATION 06-1789	<u>643</u>	P	age 5
Paı	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  [11b]  Section 4047(x)(4) non-prompt aboritable truste to the proprieting filing form 900 in liquid form 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	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  Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Х

THE NEUROMUSCULAR DISEASE FOUNDATION 06-1789643 Form 990 (2010) 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 0 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

CA

90210

GILA MICHAEL - 310-276-2980

711 NORTH BEDFORD DRIVE, BEVERLY HILLS,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- 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.

(A)	(B)			((				ed any current officer, o	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
Name and Thie	hours per	(cl				ı арр	lv)	compensation	compensation	amount of
	week		1001	<u> </u>	I	T	',,	from	from related	other
	(describe	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related	nstee	trust		_ 	nedu		(W-2/1099-MISC)		organization
	organizations	ual tr	ional		ploy	t con	١.			and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	드	띡	0	×	Ξ =	Ä			
HALSTON MIKAIL								_	_	_
PRESIDENT AND CHIEF FINANCIAL OFFICE								0.	0.	0
GILA MIKAIL										
SECRETARY								0.	0.	0
		$\vdash$	l		<u> </u>	-				
	1					1		ı		

032007 12-21-10 Form **990** (2010)

06-1789643

Pai	Section A. Officers, Directors, Tru		mplo T	oyee			High	est					<b>(F)</b>	
	<b>(A)</b> Name and title	(B) Average	e Position				1		( <b>D)</b> Reportable	<b>(E)</b> Reportable		Ect	(F) imated	
	Name and the	hours per	(check all that apply)				oly)	compensation	on		ount of			
		week	_						from	from related			other	
		(describe hours for	director				ъ		the	organization			pensatio	n
		related	ee or	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om the anizatior	1
		organizations	l trust	nal tru		oyee	ompe		(***2/1099*18100)				related	
		in Schedule	Individual trustee or	nstitutional trustee	Officer	Key employee	hest o	mer				orga	nization	s
		O)	Pu	ıl	#0	, Ke	E High	휸						
														_
						_	_							
			$\vdash$											
			igspace											
			L											
1b	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ıose	liste	ed al	bov	e) wi	no r	eceived more than \$100	,000 in reportabl	.е 			0
													Yes N	Иo
3	Did the organization list any former officer,			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4		X
5	Did any person listed on line 1a receive or a									idual for services		-	-	
Ĭ	rendered to the organization? If "Yes," com	•				•	•		ed organization of marv	iddai for octvioco		5	1	X
Sec	tion B. Independent Contractors	•											•	
1	Complete this table for your five highest countries the organization.	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation fr	rom	
	(A) Name and business	address							(B) Description of s	ervices		(C Compen		
									·			<u> </u>		
			_											
	Total number of independent contractors (i	including but n	Ot II	mito	d +^	tho	ee lii	ster	1 above) who received a	ore than				
_	\$100,000 in compensation from the organic		.5.11		u 10		0	0.00	a above, who received in	ioro triair			200 (22	

Pa	rt VII	II Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d ions) 1e ts, and	208893.				
opt.	g	Noncash contributions included in lines						
<u>a</u> 0	h	Total. Add lines 1a-1f			208893.			
Program Service Revenue	2 a b c d			Business Code				
۱ -		All other program service reve						
	3	Investment income (including other similar amounts) Income from investment of ta	dividends, interesexempt bond p	est, and	1156.	1156.		
	b c	Royalties  Gross Rents  Less: rental expenses  Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisin including \$  contributions reported on line	g events (not	<b>&gt;</b>				
	С	Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	bdraising events	<b>&gt;</b>				
	с 10 а	Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances	hing activities returns a	<b>&gt;</b>				
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
}	11 a			Duoi Icoo COUE				
	b							
	С							
		All other revenue						
	e 12	<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions.			210049.	1156.	0.	0.

#### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		·		·
	organizations in the U.S. See Part IV, line 21	125000.	125000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	170000.	170000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 = 0 0		1.500	
С	Accounting	1588.		1588.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1045		1045	
12	Advertising and promotion	1245.		1245.	
13	Office expenses	288.		288.	
14	Information technology				
15	Royalties				
16	Occupancy	2002		2002	
17	Travel	2003.		2003.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	35500.		35500.	
19	Conferences, conventions, and meetings	33300.		33300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
	GRANT REVIEWS	2500.		2500.	
a h	OUTSOURCED SERVICES	920.		920.	
D C		2200		720•	
d					
e					
f	All other expenses	1807.		1807.	
25	Total functional expenses. Add lines 1 through 24f	340851.	295000.	45851.	0.
26	Joint costs. Check here  if following SOP	2100010			
20	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
_	001101111111111111111111111111111111111				Cause 000 (0010)

Form **990** (2010)

Balance Sheet Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 419204. 288402. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 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 instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 419204. 288402 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 Other liabilities. Complete Part X of Schedule D 25 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 30 0. 0. Paid-in or capital surplus, or land, building, or equipment fund ..... 31 31 419204. 288402. 32 Retained earnings, endowment, accumulated income, or other funds 32 419204. 288402. Total net assets or fund balances 33 33 419204. 288402. 34 Total liabilities and net assets/fund balances ...

Form **990** (2010)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Ш	
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>49.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		340851.		
3	Revenue less expenses. Subtract line 2 from line 1	3			02.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	192	04.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	884	02.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

Form **990** (2010)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE NEUROMUSCULAR DISEASE FOUNDATION

Employer identification number 06-1789643

Part	Π	Reason	for Public Char	<b>ity Status</b> (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
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	$\neg$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗆	$\neg$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .											
4	$\neg$	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 <b></b>	$\neg$	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				ent or governmental uni	t doscribo	d in <b>soctio</b>	n 170/h)/-	IV A V(v)					
7 🖸	-		· ·	-					or from the	gonoral pu	blio doco	ribad ir	
/ 14	7			eives a substantial part	or its supp	ort irom a	governme	ental unit C	or ironn the	general pu	biic desc	ribed ii	ı
	$\neg$		<b>b)(1)(A)(vi).</b> (Comple		<b>6</b>	<b>D</b> )							
8				ection 170(b)(1)(A)(vi).									
9 ∟				eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	anization aft	er June 3	0, 197	5.
	$\neg$		<b>509(a)(2).</b> (Complete	•									
10	$\neg$			perated exclusively to te									
11 _		J		perated exclusively for the		′ '			,		•		or
				itions described in secti				2). See <b>se</b> o	ction 509(	<b>a)(3).</b> Checl	k the box	that	
				organization and compl									
_	_	a ∐ Type I	<b>b</b>	J Type II c	: Ш Тур	e III - Func	tionally in	egrated		<b>d</b>	ype III - C	Other	
e∟	Ш	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified pe	rsons oth	er thar	า
		foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or se	ction 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		supporting of	rganization, check th	nis box									
g		Since August	17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (	iii) below,		Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		
				n described in (i) above?							11g(ii)		
				person described in (i) of									
h				about the supported or									
			Ü		·	. ,							
(i) Na	me	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	ı notify the	(vi) ls	the	(vii) Am	nount of	
٠,		nization	(11) 2111	organization					organizátio (i) organiz	on in col.   red in the	sup		
	. g			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.S	.?	oup	, , ,	
				(see instructions))	Yes	No	Yes	No	Yes	No			
						-							

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			456382.	577758.	208893.	1243033.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			456382.	577758.	208893.	1243033.
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	Public support. Subtract line 5 from line 4.						1243033.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4			456382.	577758.	208893.	(f) Total 1243033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)			838.	769.	1156.	2763.
11	Total support. Add lines 7 through 10						1245796.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
		-			•		
Se	organization, check this box and storction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (l	line 6, column (f) d	ivided by line 11,	column (f))		14	99.78 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	99.84 %
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			<b>\</b> X
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. $\square$
b	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·				
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		•	•	,		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				

#### 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.)

Se	ction A. Public Support	ciow, picase com	pioto i dit ii.j				
_	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		<b>,</b> ,	<b>'</b>	,	` '	,
	membership fees received. (Do not	ı					
	include any "unusual grants.")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services per-	ı					
	formed, or facilities furnished in	ı					
	any activity that is related to the organization's tax-exempt purpose	ı					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ı					
	iness under section 513	ı					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ı					
	or expended on its behalf	ı					
5	The value of services or facilities						
	furnished by a governmental unit to	ı					
	the organization without charge	ı					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ı					
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ı					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ı					
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•		
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	` ` `		, ,	, ,	, ,	
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	ı					
	and income from similar sources	ı					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ı					
	acquired after June 30, 1975	ı					
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	ı					
	regularly carried on	ı					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	<u> </u>					
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here	<u>.</u>					<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2010 (I	ine 8, column (f) d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>10</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2009</b> Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2010. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	<b>&gt;</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

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

Department of the Treasury

**Schedule of Contributors** ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

THE NEUROMUSCULAR DISEASE FOUNDATION

06 - 1789643

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .						
, ,	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.						
Special Rules							
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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% i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate contribu	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, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for u If this box is check purpose. Do not co	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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> 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 line 2 of its Form 990-PF, to certify							

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### THE NEUROMUSCULAR DISEASE FOUNDATION

06-1789643

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STANLEY AND JOYCE BLACK FOUNDATION  433 N CAMDEN DRIVE SUITE 1070  BEVERLY HILLS, CA 90210	\$50000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ALGER COMPANY, INC.  2658 GRIFFITH PARK BOULEVARD, #390  LOS ANGELES, CA 90039	\$10150.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	EMPYREAN FUNDING & MANAGEMENT INC.  11677 SAN VICENTE BOULEVARD, #206  LOS ANGELES, CA 90049	\$6000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ERICH & DELLA KOENIG FOUNDATION  6277 STRADA FRAGANTE  RANCHO SANTA FE, CA 62091	\$15000 <b>.</b>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	LINCY FOUNDATION  150 SOUTH RODEO DRIVE SUITE 250  BEVERLY HILLS, CA 90212	\$ <u>75000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Par

Name of organization

Employer identification number

#### THE NEUROMUSCULAR DISEASE FOUNDATION

06-1789643

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number

THE NE	EUROMUSCULAR DISEASE FO		06-1789643						
Part III	Exclusively religious, charitable, etc., in	ndividual contributions to section	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing						
	Part III, enter the total of exclusively religion	ous, charitable, etc., contribution	s of						
	\$1,000 or less for the year. (Enter this info	ormation once. See instructions.)	) ▶ \$						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_									
		(e) Transfer of git	it						
	Transferee's name, address, ar	nd 7ID + 4	Relationship of transferor to transferee						
	Transieree's name, address, ar	IU ZIF + 4	nelationship of transfer of to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(2)1 3.19000 0. g	(0) 000 01 9	(a) December of non-girt is note						
		(e) Transfer of git	 ft						
	( )								
	Transferee's name, address, ar	Relationship of transferor to transferee							
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
- I di t i									
		(e) Transfer of git	rt .						
	_								
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Durnos of sift	(a) Had of sift	(d) Depariation of how sift is held						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						

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

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization **Employer identification number** THE NEUROMUSCULAR DISEASE FOUNDATION 06-1789643 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the Yes X No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (e) If activity listed in (d) (a) Region (d) Activities conducted in region (f) Total expenditures émployees, offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0. **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 0 and 3b) 0.

		=	Outside the United States. Coon one recipient received more	-	ganization answered	d "Yes" to Form 9	990, Part IV, line 15, for	r any
	plicated if additional		o one recipient received more					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ISRAEL	TO FUND RESEARCH IN FINDING CURE FOR GENETIC NEUROMUSCULAR DISEASES WHICH HAVE	130000.		0.		
		EAST ASIA AND THE PACIFIC - JAPAN		40000.		0.		
the IRS, or for which t	he grantee or couns	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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	X 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	X 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	X 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X 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	X 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	X No

Schedule F (Form 990) 2010

## 06 - 1789643THE NEUROMUSCULAR DISEASE FOUNDATION Schedule F (Form 990) 2010 Page 5 Part V **Supplemental Information** Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 II, COLUMN (D): REGION: MIDDLE EAST AND NORTH AFRICA - ISRAEL (D) PURPOSE OF GRANT: TO FUND RESEARCH IN FINDING CURE FOR GENETIC NEUROMUSCULAR DISEASES WHICH HAVE BEEN FOUND TO BE DIRECTLY ASSOCIATED WITH CERTAIN ETHNIC YOUNG ADULTS OF MID EASTERN ORIGIN

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE NEURO	MUSCULAR	DISEASE FOU	NDATION				06-1789643
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the select	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to		-				•	
recipient that received more than S					I can be duplicated if a  (f) Method of		
(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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY CROWLEY MEDICAL RESEARCH							
CENTER - 3535 WOTH STREET SUITE							
302 - DALLAS, TX 75246			125000.	0.			
2 Enter total number of section 501(c)(3) a		ganizations					•
3 Enter total number of other organizations							
LHA For Paperwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Complete this part to p	provide the information	n required in Part I	, line 2, and any other	additional information.	
					·

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization **Employer identification number** 06-1789643 THE NEUROMUSCULAR DISEASE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATION MAY ENGAGE IN ANY ACTIVITIES THAT ARE REASONABLY RELATED TO OR IN FURTHERANCE OF ITS STATED CHARITABLE PURPOSES. FORM 990, PART VI, SECTION B, LINE 11: SUBMITTED TO THE OFFICERS FOR REVIEW AND CLEARANCE BEFORE IT IS FILED FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE BEING KEPT IN THE OFFICE AND AVAILABLE TO THE PUBLIC WHEN NECESSARY AND UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: HALSTON MIKAIL - 2919 WILSHIRE BOULEVARD, SANTA MONICA, CA 90404 GILA MIKAIL - 711 NORTH BEDFORD DRIVE, BEVERLY HILLS, CA 90210

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

 $\mathbf{X}$  If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization **Employer identification number** Type or print 06-1789643 THE NEUROMUSCULAR DISEASE FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 711 NORTH BEDFORD DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90210 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A Form 990-EZ Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 GILA MICHAEL The books are in the care of ▶ 711 NORTH BEDFORD DRIVE - BEVERLY HILLS, CA 90210 Telephone No. ► 310-276-2980 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box  $\blacktriangleright$  and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or tax vear beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

TAXABLE YEAR

### California Exempt Organization Annual Information Return

028941 12-16-10 FORM

2010

199

						<del></del>
		year	, and ending mo		,,	day year .
A First Retur		on 23701	<u>d</u> (insert letter	)		
	X No IRC Section 4947(a)(1) trust				<u>498</u>	379
Corporation/Org	anization Name			FEIN		
THE NE	UROMUSCULAR DISEASE FOUNDATION			06	-17	89643
Address				•		
711 NO	RTH BEDFORD DRIVE					
City				State	ZIP	Code
BEVERL	Y HILLS			CA		90210
		X No	H Accounting method us			
D .	res L	X	Accounting method us	ed (I) LZL Ca	ISII (2)	Accrual (3) Confer
		_				
	a group filing for affiliates? See General Instruction L Yes	No	If exempt under R&TC during the year: (1) par			=
(D) If "Yes	" enter the number of affiliates	<del></del> .	(2) attempted to influer			· -
(C) Are all	affiliates included? L Yes	No	or (3) made an election			
(If "No,	" attach a list. See instructions.)		(relating to lobbying by and attach form FTB 3			Activities —
(d) Is this a	separate return filed by an organization covered by a group ruling? Yes	No	by Section 23701d Org			
(e) Federa	Group Exemption Number		•	, ,		vities, governing instrument,
(f) Is a ros	eter of subordinates attached?	□No	articles of incorporation			
E Final return?			Franchise Tax Board? and attach copies of re			
	ssolved • Surrendered (Withdrawn)		K Is the organization exe			
- [	rged/Reorganized (attach explanation)		· ·	•		
			If "Yes," enter amount of gro	•		
_	ecked, enter date		L Is the organization und	-		- 37
	ox if the organization filed the following federal forms or schedule:		audited in a prior year?			
(1)	990T (2) ●	1	M Is the organization a Li	· ·	-	
	on is exempt under R&TC Section 23701d and is exclusively religious, or charitable, and is supported primarily (50% or more) by public		N Did the organization file	e Form 100 or Form	109 to	
contribution	s, check box. See General Instruction F. No filing fee is required.		taxable income?			• Yes X No
Part I	omplete Part I unless not required to file this form. See General Inst					
	1 Gross sales or receipts from other sources. From Side 2, Part II,	, line 8 $_{\dots}$		•	1	1156.00
	<b>2</b> Gross dues and assessments from members and affiliates			•	2	00
	3 Gross contributions, gifts, grants, and similar amounts received		S	TMT 1 •	3	208893.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through				•	
and	This line must be completed. If the result is less than \$25,000,	see Gene	ral Instruction B	•	4	210049.00
Revenues	5 Cost of goods sold		5	00	- 1	
1107011400	6 Cost or other basis, and sales expenses of assets sold			00	1	
					7	
					8	$\begin{array}{c} 00 \\ \hline 210049.00 \end{array}$
	•					
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	340851.00
	10 Excess of receipts over expenses and disbursements. Subtract I				10	-130802. <sub>00</sub>
	11 Filing fee \$10 or \$25. See General Instruction F				11	10.00
Filing	12 Total payments				12	00
Fee	13 Penalties and Interest. See General Instruction J				13	00
ree	14 Use tax. See General Instruction K			•	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract lin	e 12 from	the result		15	10.00
	Under penalties of perjury, I declare that I have examined this return, including accit is true, correct, and complete. Declaration of preparer (other than taxpayer) is based to be considered to the constant of the constan	companying	schedules and statement	s, and to the best of	f my kno	owledge and belief,
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based	sed on all I	ntormation of which prepar	er nas any knowled	ige.	
Here		Title		Date		Telephone
11010	Signature of officer	DBEG	IDENT AND			
	of officer	EVES	Date Date			Preparer's PTIN/SSN
	Preparer's _		05/16/11	Check if		·
	Preparer's signature		05/16/11	self-employed	· <u> </u>	P00044077 ● FEIN
Paid	Firm's name					
Preparer's	(or yours, if self-					95-4664987
Use Only	employed) 20501 VENTURA BOULEVARD S	UITE	310			Telephone
	and address WOODLAND HILLS, CA 91364					818 713 9322
	May the FTB discuss this return with the preparer shown above? See	instructio	ns	• X	Yes	No
	. 11					

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete

028951 12-16-10

	Parti	ii or turnish substitute informatio	on. See	Specific Line instruct	tions.					
	1	Gross sales or receipts from all							1	00
	2	Interest							2	1156.00
	3	Dividends							3	00
Receipts	4	Gross rents							4	00
from	5	Gross royalties							5	00
Other	6	Gross amount received from sa	le of as	sets (See instructions)				•	6	00
Sources	7							•	7	00
	8	Total gross sales or receipts fro								1156
		Enter here and on Side 1, Part I	, line 1					<u> </u>	8	1156.00
	9	Contributions, gifts, grants, and	similar	amounts paid		STA	TEMENT 2	· •	9	295000. <sub>00</sub>
	10	Disbursements to or for member	ers					•	10	00
		Compensation of officers, direct							11	0.00
Expenses		Other salaries and wages							12	00
and		Interest							13	00
Disburse-		Taxes							14	00
ments		Rents							15	00
	16	Depreciation and depletion (See	instruc	ctions)				•	16	00
		Other							17	45851.00
		Total expenses and disburseme	ents. Ad				art I, line 9		18	340851.00
Schedu	ıle L	Balance Sheets		Beginning of	f taxabl	e year		End	of tax	able year
Assets				(a)		(b)	(c)		_	(d)
1 Cash						419204.				• 288402.
		s receivable								•
		ceivable								•
4 Inven	tories <sub>.</sub>									•
		state government obligations								•
		in other bonds								•
		in stock								•
		ans (number of loans)								•
		ments								•
		le assets								
<b>b</b> Les	s accu	mulated depreciation	(	)			(		)	
<b>11</b> Land										•
12 Other	assets									•
13 Total	assets					419204.				288402.
Liabilities	and n	et worth								
<b>14</b> Accou	ınts pa	yable								•
		s, gifts, or grants payable								•
16 Bonds	and n	otes payable								•
17 Mortg	ages p	payable								•
18 Other	liabiliti	es								
19 Capita	l stock	or principle fund								•
20 Paid-in	or capi	tal surplus. Attach reconciliation								•
21 Retair	ed ear	nings or income fund				419204.				<ul> <li>288402.</li> </ul>
		es and net worth				419204.				288402.
Schedu	ıle N	1-1 Reconciliation of income	per bo	oks with income per r	eturn					
		Do not complete this sche	dule if t	the amount on Schedu	le L, lin	e 13, column (d), is les	s than \$25,000			
1 Net in	come	per books		<ul><li>−1308</li></ul>	02.					
		me tax		•		7 Income recorded	on books this yea	ır		
		pital losses over capital gains		•		not included in th	is return			•
		recorded on books this								
year				•		8 Deductions in thi	s return not charg	ed		
		corded on books this year not				1	ome this year			•
		this return		•		<b>9</b> Total. Add line 7				
6 Total.						10 Net income per re				
	ne 1 th	rough line 5		-1308	02.	1	om line 6			-130802.
										·

FORM 199 CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3		STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	
STANLEY AND JOYCE BLACK FOUNDATION	433 N CAMDEN DRIVE SUITE 1070 BEVERLY HILLS, CA, 90210		50000.
ALGER COMPANY, INC.	2658 GRIFFITH PARK BOULEVARD, #390 LOS ANGELES, CA, 90039		10150.
EMPYREAN FUNDING & MANAGEMENT INC.	11677 SAN VICENTE BOULEVARD, #206 LOS ANGELES, CA, 90049		6000.
ERICH & DELLA KOENIG FOUNDATION	6277 STRADA FRAGANTE RANCHO SANTA FE, CA, 62091		15000.
LINCY FOUNDATION	150 SOUTH RODEO DRIVE SUITE 250 BEVERLY HILLS, CA, 90212		75000.
TOTAL INCLUDED ON LINE 3			156150.

FORM 199 CAS	H CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	;	STATEMENT 2
ACTIVITY CLASSIFICATI	ON: CONTRIBUTION		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HADASSAH MEDICAL ORGANIZATION	MOUNT SCOPUS, JERUSALEM 91240	NONE	130000.
	TOTAL FOR THIS ACTIVITY		130000.
ACTIVITY CLASSIFICATI	ON: CONTRIBUTION		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARY CROWLEY MEDICAL RESEARCH CENTER	3535 WOTH STREET, SUITE 302, DALLAS, TX 75246	NONE	125000.
	TOTAL FOR THIS ACTIVITY		125000.
ACTIVITY CLASSIFICATI			334011315
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DR. NISHINO ICHIZO	411 OGAWASIGASHI-CHO, KODAIRA, TOKYO	NONE	40000.
	TOTAL FOR THIS ACTIVITY		40000.
TOTAL INCLUDED ON FOR	M 199, PART II, LINE 9		295000.

FORM 199 COMPENSATION C	F OFFICERS,	DIRECTORS AND TRUST	EES STATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/	WK COMPENSATION
HALSTON MIKAIL 2919 WILSHIRE BOULEVARD SANTA MONICA, CA 90404		PRESIDENT AND CHIEF 0.00	FINANC 0.
GILA MIKAIL 711 NORTH BEDFORD DRIVE BEVERLY HILLS, CA 90210		SECRETARY 0.00	0.
TOTAL TO FORM 199, PART II,	LINE 11		0.
FORM 199	OTHER	EXPENSES	STATEMENT 4
DESCRIPTION			AMOUNT
GRANT REVIEWS OUTSOURCED SERVICES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL CONFERENCES AND CONVENTIONS ALL OTHER EXPENSES	<b>,</b>		2500. 920. 1588. 1245. 288. 2003. 35500. 1807.