

Form **990** 

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2015
Open to Public Inspection

Department of the Treasury ► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change THE NEUROMUSCULAR DISEASE FOUNDATION Name change 06-1789643 N/A Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 269 SOUTH BEVERLY DRIVE 1206 310-276-2980 522,008. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BEVERLY HILLS, CA 90012 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: EMMANUEL YASHARI Yes X No for subordinates? 2919 WILSHIRE BOULEVARD, SANTA MONICA, CA 9 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.NDF-HIBM.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2006 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND FUND RESEARCH FOR Governance GENETIC NEUROMUSCULAR DISORDERS AND DISEASES. ADDITIONALLY, if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 1 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1078 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Prior Year Current Year** 605,655 439,620. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 Program service revenue (Part VIII, line 2g) 1,404. 1,078 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 -19,850. 11 606 733 421 174. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 163,540 291,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 91,367. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 154,075. 76,971. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317,615. 459,338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -38,164. 289,118. Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year End of Year** 1,103,752 1,039,389. Total assets (Part X, line 16) 332 21 Total liabilities (Part X, line 26) 三年 1,103,752. 1,039,057. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EMMANUEL YASHARI, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RENEE ORDENEAUX P00733066 Paid self-employed Firm's name ARMANINO LLP 94-6214841 Preparer Firm's EIN ▶ Firm's address 11766 WILSHIRE BLVD 9TH FLOOR Use Only

Phone no.310-478-4148

No

X Yes

LOS ANGELES, CA 90025

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

06-1789643

Pai	t III Statement of Program Service Accom	plishments		
	Check if Schedule O contains a response or note to	to any line in this Part III		
1	Briefly describe the organization's mission: THE NEUROMUSCULAR DISEASE FOUNDATION'S (NI			
	GNE MYOPATHY/HIBM COMMUNITY THROUGH PATIEN			
	AWARENESS, EDUCATING PHYSICIANS AND THE GI	ENERAL PUBLIC, AND FUN	DING	
	CLINICAL RESEARCH IN SEARCH FOR A CURE FOR	•		
2	Did the organization undertake any significant program s			V. V. N.
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.			Yes X No
3	Did the organization cease conducting, or make significal If "Yes," describe these changes on Schedule O.	ant changes in how it conduct	ts, any program services?	Yes X No
4	Describe the organization's program service accomplish	ments for each of its three larg	gest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported.	d to report the amount of gran	nts and allocations to others, the total exp	penses, and
 4а		including grants of \$	291,000. ) (Revenue\$	,
	DONATED A TOTAL OF \$291,000 TO UC REGENTS			
	FOR RESEARCH IN THE FIELD OF HIBM/GNE MYON			
		•		
4b	(Code:) (Expenses \$ 63,201.	including grants of \$	) (Revenue \$	,
	CONDUCTED TWO SYMPOSIA, ONE IN NEW YORK AN			
	CONTINUED ADVOCACY AND AWARENESS PROGRAMS	•		
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 ▶	354,201.		

**4e** Total program service expenses ▶

# Form 990 (2015) THE NEUROMUSCULAR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<u> </u>		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·		11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	_ A
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>!</b> ''		<del></del>
10		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
	complete Schedule G. Part III	19		Α.

# Form 990 (2015) THE NEUROMUSCULAR DISEASE IN Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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), 501(c)(4), and 501(c)(29) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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		Х
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,			
	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? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱.,
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		Δ.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
35a		SSa		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<del></del>
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	11010 7 m 1 0 m 1	1 00		

06-1789643

Form 990 (2015) THE NEUROMUSCULAR DISEASE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш		
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	(	<u>1</u>				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	<u> </u>				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportat	ole gaming					
	(gambling) winnings to prize winners?			1c				
2a	a 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 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		х		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?	ŭ		6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?							
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		ī					
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the experientian receive any payments for indeer tenning convices during the tay year?			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	еO		14b				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2								
	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	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?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a								
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	Э					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	LALE JACKSON WELSH - 310-276-2980							
	8690 NATIONAL BLVD., CULVER CITY, CA 90232							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i irecto	s both	an tee)	compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	direc.				- - -		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLYN BECHER, ESQ	20.00	드	드	10	3	포늄	Fc			
SECRETARY & ACTING EXECUTIVE DIRECTO		х		х				0.	0.	0.
(2) CATHERINE GABBAY	5.00									
BOARD DIRECTOR		х						0.	0.	0.
(3) NEGAR SOUFER	4.00									
BOARD DIRECTOR		х						0.	0.	0.
(4) DR SHEILA BOLOUR	5.00									
BOARD DIRECTOR, GALA CHAIR		Х						0.	0.	0.
(5) ROBERT BECHER, ESQ	2.00									
BOARD DIRECTOR		Х						0.	0.	0.
(6) MICHAEL BANAYAN	2.00									
BOARD DIRECTOR		Х						0.	0.	0.
(7) CAROL GELBARD	4.00	ļ								
BOARD DIRECTOR		Х						0.	0.	0.
(8) HALSTON MIKAIL	4.00	ł						_	_	_
PRESIDENT				Х		_		0.	0.	0.
(9) EMANUEL YASHARI	2.00									
CHIEF FINANCIAL OFFICER	10.00			Х		_		0.	0.	0.
(10) FARRAH MIKAIL	10.00			х				0	0.	0
VOLUNTEER BOOKKEEPER (11) LALE JACKSON WELSH	40.00							0.	٠.	0.
EXECUTIVE DIRECTOR	40.00			Х				83,333.	0.	0.
EASCOTIVE DIRECTOR								03,333.	٠.	0.
										5 <b>990</b> (2245)

532007 12-16-15 Form **990** (2015)

hours per week (list any hours for related organizations organization organiza	
Name and title  Average hours per week (list any hours for related organizations below line)  Position (and not check more than one box, unless person is both an one forcer and all elector/frustee)  Position (and not check more than one box, unless person is both an one forcer and all elector/frustee)  Position (and not check more than one box, unless person is both an one forcer and all elector/frustee)  Reportable compensation from the organizations (W-2/1099-MISC)  Position (and not check more than one box, unless person is both an organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and from the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both and the transported to the organization (w-2/1099-MISC)  Position (and not check more than one box, unless person is both a	
1b Sub-total 83,333. 0. C Total from continuation sheets to Part VII, Section A 0. 0.	(F) imated ount of other
1b Sub-total 83,333. 0. C Total from continuation sheets to Part VII, Section A 0.	ensation m the nization related nizations
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
o Total non continuation directs to Fart Vill, occuping	0.
1 10144 (444 11100 110 4114 110)	0.
<ul> <li>Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization</li> </ul>	0
	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	x
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person.	Х
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C)  Name and business address NONE Description of services Compen	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0	

Form 990 (2015) **Part VIII** Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					3.2 3.1
ant		Membership dues						
يَ ق		Fundraising events		234,537.				
ifts ar A		Related organizations		,				
nis G		Government grants (contribution						
Sir		All other contributions, gifts, grant						
her it		similar amounts not included abov	· I I	205,083.				
풀	а	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			439,620.			
				Business Code				
ø	2 a							
Ş	b							
Program Service Revenue	С							
E S	d							
Beg	е							
Pr		All other program service rever	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)	•		1,404.			1,404.
	4	Income from investment of tax						
	5	Royalties	·	· • [				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising	g events (not					
en		including \$ 234,						
Other Reven		contributions reported on line	•	00 004				
ē		Part IV, line 18						
₹		Less: direct expenses			10 050			10 050
		Net income or (loss) from fund	-	<b>&gt;</b>	-19,850.			-19,850.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gam		····				
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold		,				
-	С	Net income or (loss) from sales						
-	44 -	Miscellaneous Revenue		Business Code				
	b							
	q							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.			421,174.	0.	0.	-18,446.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 241,000 241,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 50,000. 50,000. Benefits paid to or for members ..... Compensation of current officers, directors, 8,333 83,333 trustees, and key employees ..... 58,333. 16,667. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,080. 1,080. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,954. 4,868. 1,391 695. 10 Payroll taxes 11 Fees for services (non-employees): Management а Legal 1,744. 1,744 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 723 723 Advertising and promotion 12 730 730 Office expenses 13 2,666. 2,666 Information technology 14 15 Royalties 16 Occupancy 3,455. 3,455 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 39,985. 1,707. 38,278 Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 2,194. 2,194 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ..... SCIENTIFIC ADVISORY COM 11,672. 11,672, MERCHANT FEES 10,922. 10,922. POSTAGE & DELIVERY 1,354. 1,354. С PAYROLL PROCESSING 574. 574 952. 952 е All other expenses 459,338. 354,201 49,497. 55,640. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

# Form 990 (2015) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X						
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing	418,709.	1	432,965.			
	2	Savings and temporary cash investments	658,453.	2	606,424.			
	3	Pledges and grants receivable, net	26,590.	3				
	4	Accounts receivable, net		4				
	5	Loans and other receivables from current and former officers, directors,						
		trustees, key employees, and highest compensated employees. Complete						
		Part II of Schedule L		5				
	6	Loans and other receivables from other disqualified persons (as defined under						
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing						
		employers and sponsoring organizations of section 501(c)(9) voluntary						
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6				
Assets	7	Notes and loans receivable, net		7				
⋖	8	Inventories for sale or use		8				
	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 10a 10a						
		Less: accumulated depreciation 10b		10c				
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	1,103,752.	15	1 039 389			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,103,732.	16	1,039,389.			
	17	Accounts payable and accrued expenses		17				
	18 19	Grants payable		18 19				
	20	Deferred revenue		20				
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21				
	22	Loans and other payables to current and former officers, directors, trustees,		21				
Liabilities		key employees, highest compensated employees, and disqualified persons.						
iii		Complete Part II of Schedule L		22				
Ë	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable to unrelated third parties		24				
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X of						
		Schedule D	0.	25	332.			
	26	Total liabilities. Add lines 17 through 25	0.	26	332.			
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and						
က္က		complete lines 27 through 29, and lines 33 and 34.						
nce	27	Unrestricted net assets		27				
<u>a</u>	28	Temporarily restricted net assets		28				
g B	29	Permanently restricted net assets		29				
ᇤ		Organizations that do not follow SFAS 117 (ASC 958), check here						
Net Assets or Fund Balances		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds	0.	30	0.			
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.			
et /	32	Retained earnings, endowment, accumulated income, or other funds	1,103,752.	32	1,039,057.			
Z	33	Total net assets or fund balances	1,103,752.	33	1,039,057.			
	34	Total liabilities and net assets/fund balances	1,103,752.	34	1,039,389.			

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			421,	174.			
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			-38,	164.			
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-26,	531.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10		1,	039,	057.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line 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	Э.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	.						
	review, or compilation of its financial statements and selection of an independent accountant?			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	).						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2015)

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE NEUROMUSCULAR DISEASE FOUNDATION

Employer identification number 06-1789643

Part	I	Reason for Public C	Charity Status (A	All organizations must c	omplete th	is part.) Se	e instructions.					
he or	ganiz	ation is not a private found										
1	_	A church, convention of chu	-	- ·		-	)(A)(i).					
2	_	A school described in <b>secti</b>										
3	_	A hospital or a cooperative		•			i).					
4		A medical research organiza						the hospital's name,				
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	ζ,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	;	section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8	□ ,	A community trust describe	d in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)							
9		An organization that normal	ly receives: (1) more	than 33 1/3% of its sup	port from o	contribution	ns, membership fees, an	d gross receipts from				
	;	activities related to its exem	pt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support f	rom gross investment				
	i	income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acquir	red by the organization a	fter June 30, 1975.				
_	;	See <b>section 509(a)(2).</b> (Cor	nplete Part III.)									
10 📙	ᆗ ′	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).					
11 _		An organization organized a	•	<del>-</del>	•		•	•				
		more publicly supported org	-					Check the box in				
		lines 11a through 11d that o	* *				· · · · ·					
а		Type I. A supporting orga	•	•	•	-						
		the supported organizatio			a majority o	of the direc	tors or trustees of the su	ipporting				
		organization. You must c	•									
b		Type II. A supporting orga	· · · · · · · · · · · · · · · · · · ·									
		control or management of			ame perso	ns tnat cor	ntroi or manage the supp	oortea				
		organization(s). You must			in connect	ion with a	and franctionally integrate	d with				
С		Type III functionally integerits supported organization	-				• •	u with,				
d		Type III non-functionally		·				ration(s)				
-		that is not functionally into	= ::				• • • •	• •				
		requirement (see instruction	-		-							
е		Check this box if the orga	·	-								
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f E	Enter	the number of supported o	rganizations									
g F		de the following information			Te. 1							
	(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	n vour	, ,	(vi) Amount of				
		organization		above (see instructions))	governing		support (see instructions)	other support (see instructions)				
					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	71	1	,			
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Gifts, grants, contributions, and		, ,	`,'	,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	238,702.	360,689.	712,278.	605,655.	520,604.	2,437,928.
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						
	Total. Add lines 1 through 3	238,702.	360,689.	712,278.	605,655.	520,604.	2,437,928.
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)						180,278.
_	**						2,257,650.
	Public support. Subtract line 5 from line 4.						2,237,030.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 4	238,702.	360,689.	712,278.	605,655.	520,604.	2,437,928.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	881.	885.	890.	1,078.	1,404.	5,138.
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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2,443,066.
	Gross receipts from related activities,	· ·				12	
13	First five years. If the Form 990 is for	· ·	first, second, third	l, fourth, or fifth tax	k year as a section	1 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi		centage				<b>&gt;</b>
	Public support percentage for 2015 (I			olumn (f))		14	92.41 %
	Public support percentage from 2014					15	99.77 %
	33 1/3% support test - 2015. If the						
	stop here. The organization qualifies						, TT
k	33 1/3% support test - 2014. If the		•				
	and <b>stop here.</b> The organization qual					······································	<b>▶</b> □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	-	<b></b> ▶□
k	10% -facts-and-circumstances test	- <b>2014.</b> If the org	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, che	eck this box and	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	▶∟

Page 3

### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	<u>%</u>
16							
	ection D. Computation of Investment Income Percentage						
17	Investment income percentage for 20	ge for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))					
18	Investment income percentage from				%		
19	9a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiza	ation	▶□
k	33 1/3% support tests - 2014. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
3c		
4a		
1.5		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
30		
9с		
10a		
401		
10b		

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Pai	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations			
000	non B. Type Toupporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion 217th Type in capporting organizations		Yes	No
4	Did the executation provide to each of its supported executations, by the lest day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	, ,			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Ole		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All			
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Section A - Adjusted Net Income (B) Curren (option				
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Distributable amount for 2015 from Section C, line 6  Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  Excess distributions carryover, if any, to 2015:  a  b  c  d From 2013  e From 2014  f Total of lines 3a through e  g Applied to underdistributions of prior years  h Applied to 2015 distributable amount  i Carryover from 2010 not applied (see instructions)  j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2015 firm Section D, line 7:  \$  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	d to supported organizations to accomplish exempt purposes d to perform activity that directly furthers exempt purposes of supported s, in excess of income from activity the expenses paid to accomplish exempt purposes of supported organizations d to accquire exempt-use assets aside amounts (prior IRS approval required) utions (describe in Part VI). See instructions. I distributions. Add lines 1 through 6. to attentive supported organizations to which the organization is responsive lis in Part VI). See instructions. amount for 2015 from Section C, line 6 nt divided by Line 9 amount  (i) Underdistributions pre-2015  amount for 2015 from Section C, line 6 attons, if any, for years prior to 2015 ause required-see instructions) butions carryover, if any, to 2015:  3 at through e aderdistributions of prior years or 2015 from Section D, S derdistributions of prior years or 2016 ord applied (see instructions) Subtract lines 3g, 3h, and 3i from 3f. for 2015 from Section D, S derdistributions of prior years orderdistributions for years prior to 2015, if the second prior year order order years order orderdistributions for years prior to 2015, if the second prior year order years order orderdistributions for years prior to 2015, if the second prior year order years order years orderdistributions order years prior to 2015, if the year order years order year	· ui	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior (RS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i)  Excess Distributions  (ii)  Inderdistributions  (iii)  Underdistributions  Pre-2015  A  A  B  Excess distributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  3 Excess distributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  4 From 2013  6 From 2014  7 Total of lines 3a through e  9 Applied to underdistributions of prior years A Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions)  1 Remainder. Subtract lines 3g, sh, and 3i from 3f. A Distributions for 2015 from Section D, line 7:  8 Applied to 2015 distributable amount c Remainder. Subtract lines 3g, and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for posers prior to 2015, if any. Subtract lines 4a and 4b from 4. Remaining underdistributions for 2015 Remaining underdistributions for 2015 Remaining underdistributions for 2015 Remaining underdistributions for 2055. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  Excess distributions carryover to 2016. Add lines 3j and 4d.	d to perform activity that directly furthers exempt purposes of supported (s, in excess of income from activity (excess of inc	Secti	on D - Distributions	Current Year		
organizations, in excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to acquire exempt-use assets  5. Qualified set aside amounts (prior IRS approval required)  6. Other distributions (describe in Part VI). See instructions.  7. Total annual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributable amount for 2015 from Section C, line 6  10. Line 8 amount divided by Line 9 amount  (i)  Excess Distributions  1. Distributable amount for 2015 from Section C, line 6  1. Distributable amount for 2015 from Section C, line 6  2. Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  3. Excess distributions carryover, if any, to 2015:  a	s, in excess of income from activity e expenses paid to accomplish exempt purposes of supported organizations d to acquire exempt use assets aside amounts (prior IRS approval required) utions (describe in Part VI). See instructions.  Idistributions. Add lines 1 through 6.  to attentive supported organizations to which the organization is responsive usis in Part VI). See instructions.  Idistributions and in through 6.  to attentive supported organizations to which the organization is responsive usis in Part VI). See instructions.  In this in the complete organization is responsive usis in Part VI). See instructions  In this in the complete organization is responsive usis in Part VI). See instructions  In this in the complete organization is responsive usis in Part VI). See instructions  In this in this in this in the complete organization is responsive usis in Part VI). See instructions  In this in	1	Amounts paid to supported organizations to accomplish exer			
Administrative expenses paid to accomplish exempt purposes of supported organizations  A Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2015 from Section C, line 6  Line 8 amount divided by Line 9 amount  (i)  Excess Distributions  Comparison of the comp	re expenses paid to accomplish exempt purposes of supported organizations d to acquire exempt use assets asside amounts (prior IRS approval required) utions (describe in Part VI). See instructions.  Idistributions. Add lines 1 through 6. to attentive supported organizations to which the organization is responsive iils in Part VI). See instructions.  amount for 2015 from Section C, line 6 nt divided by Line 9 amount  (i)  Excess Distributions  Indedictributions  Pre-2015  Indedictributions  Pre-2015  Amount for 2015  amount for 2015 from Section C, line 6 utions, if any, for years prior to 2015 auses required see instructions) butions carryover, if any, to 2015:  3 at through e dedictributions of prior years 15 distributable amount  ma 2010 not applied (see instructions)  Subtract lines 3g, 3h, and 3i from 3t.  for 2015 from Section D, Section D, Section D, Section Sectio	2	Amounts paid to perform activity that directly furthers exemp			
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j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2015 from Section D, line 7: \$  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	Subtract lines 3g, 3h, and 3i from 3f.  for 2015 from Section D,  \$  Inderdistributions of prior years  O15 distributable amount  Subtract lines 4a and 4b from 4. Inderdistributions for years prior to 2015, if It lines 3g and 4a from line 2 (if amount Inderdistributions for 2015. Subtract lines 3h Inderdistributions for 2015. Subtract lines 3h Inderdistributions carryover to 2016. Add lines 3j	h	Applied to 2015 distributable amount			
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line 7:  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	\$ Inderdistributions of prior years  2015 distributable amount  Subtract lines 4a and 4b from 4. Inderdistributions for years prior to 2015, if It lines 3g and 4a from line 2 (if amount Inderdistributions for 2015. Subtract lines 3h Inderdistributions for 2015. Subtract lines 3h Iline 1 (if amount greater than zero, see  Inderdistributions carryover to 2016. Add lines 3j	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
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b Applied to 2015 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	D15 distributable amount Subtract lines 4a and 4b from 4. Inderdistributions for years prior to 2015, if at lines 3g and 4a from line 2 (if amount zero, see instructions). Inderdistributions for 2015. Subtract lines 3h line 1 (if amount greater than zero, see		line 7: \$			
c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	Subtract lines 4a and 4b from 4.  Inderdistributions for years prior to 2015, if the lines 3g and 4a from line 2 (if amount zero, see instructions).  Inderdistributions for 2015. Subtract lines 3h line 1 (if amount greater than zero, see instructions carryover to 2016. Add lines 3j	а	Applied to underdistributions of prior years			
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any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	t lines 3g and 4a from line 2 (if amount zero, see instructions).  Inderdistributions for 2015. Subtract lines 3h line 1 (if amount greater than zero, see	С	Remainder. Subtract lines 4a and 4b from 4.			
greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	zero, see instructions).  Inderdistributions for 2015. Subtract lines 3h line 1 (if amount greater than zero, see  Tibutions carryover to 2016. Add lines 3j	5	Remaining underdistributions for years prior to 2015, if			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	nderdistributions for 2015. Subtract lines 3h line 1 (if amount greater than zero, see		any. Subtract lines 3g and 4a from line 2 (if amount			
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instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.	ributions carryover to 2016. Add lines 3j	6	Remaining underdistributions for 2015. Subtract lines 3h			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.	ributions carryover to 2016. Add lines 3j		and 4b from line 1 (if amount greater than zero, see			
and 4c.			instructions).			
	of line 7:	7	Excess distributions carryover to 2016. Add lines 3j			
	of line 7:		and 4c.			
8 Breakdown of line 7:		8	Breakdown of line 7:			
a		а				
b		b				
c Excess from 2013	2013	С	Excess from 2013			
d Excess from 2014	2014	d	Excess from 2014			
	2015	е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information Design to the second secon
Turt	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

06 - 1789643

THE NEUROMUSCULAR DISEASE FOUNDATION

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		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 filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

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) (2015)

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

Name of organization	Employer identification number
THE NEIROMISCULAR DISEASE FOUNDATION	06-1789643

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

	<u> </u>
Name of organization	Employer identification number
THE NEIDOMICCILLAD DISEASE FOUNDATION	06-1789643

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE NEUROMUSCULAR DISEASE FOUNDATION

06-1789643

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(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 orga	nization		Employer identification number
THE NEURO	MUSCULAR DISEASE FOUNDATION		06-1789643
Part III		columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 ft
	Transferee's name, address, a	nd ZIP + 4	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
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	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
		(e) Transfer of gif	 ft
-	Transferee's name, address, a	nd ZIP + 4	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
		(e) Transfer of gif	 ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
ı			

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE NEUROMUSCULAR DISEASE FOUNDATION 06 - 1789643Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

  a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

conservation easements.

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (checks aft that apply):  a	Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or (	Other S	milar Assets	(contin	ued)
a Public exhibition d Loan or exchange programs c Other Scholarly research e Other c O	3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that a	re a signif	icant use of its c	ollection	items
b Scholarly research e Other  Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintande as part of the organization's collection?  Ves No  Part W Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.  1b If 'Yes, 'Ves No If 'Yes, 'Ves plain the arrangement in Part XIII and complete the following table:  □ Beginning balance  □ Distributions during the year  □ Distributions during the year  □ Distributions during the year  □ Distributions during the year or Scholarship in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes, 'ves plain the arrangement in Part XIII.  Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IX, line 10.  1a Beginning of year balance  □ Contributions  □ Contributi		(check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1 Describinos during the year 1 E Inding balance 2 Distributions during the year 1 E Inding balance 2 Distributions during the year 1 E Inding balance 2 Distributions during the year 1 E Inding balance 2 Distributions of the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or acholarships C Net investment earnings, gains, and losses g End of year balance b Contributions c Net investment earnings, gains, and losses g End of year balance c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Contributions c Temporary restricted endowment b	а	Public exhibition	c	l Loan or e	xchange program	ıs			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If Yes, explain the arrangement in Part XIII and complete the following table:  1c	b	Scholarly research	e	Other					
5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Scorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is It was a set a set and included on Form 990, Part X, line 21.  C Beginning balance  It Amount  It Amount  It Is Beginning of year balance  It Is Beginning of year balanc	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	's exempt	purpose in Part	XIII.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:    Call of the organization and the arrangement in Part XIII and complete the following table:   Call of the organization and the arrangement in Part XIII and complete the following table:   Amount   1d	5	During the year, did the organization solicit o	r receive donations	of art, historical tre	easures, or other	similar ass	sets		
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organizat	tion answered "Y	es" on Fo	m 990, Part IV, I	ine 9, or	
on Form 990, Part X?    b   f "Yes," explain the arrangement in Part XIII and complete the following table:									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1a							_	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization answered "Yes" on Form 990, Part IV, line 10.  4 Describtions 5 Description of property 5 Description of property 6 Did							L	Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes India	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and programs (d) Three years back (e) Four years back (e) Fo								Amount	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (b) Contributions  c) Net investment earnings, gains, and losses d) Grants or scholarships e) Other expenditures for facilities and programs f) Administrative expenses g) End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent	С						1c		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on this part of the complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac	d						1d		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						1e		
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     c   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) F								-	
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call   C		_				•		<b>」Yes</b>	∐_ No
(a) Current year (b) Prior years back (c) Two years back (e) Four years back b Contributions (b) Contributions (c) Net investment earnings, gains, and losses d Grants or scholarships (e) Cher expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	Endowment Funds. Complete							
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 2 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value basis (other)			(a) Current year	(b) Prior year	(c) Iwo years	back (d)	Three years back	(e) Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   % b Permanent endowment   % c Temporarily restricted endowment   % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other)  1a Land b Buildings	1a								
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b								
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С								
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d								
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	•							
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	_	. •							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	Ť								
a Board designated or quasi-endowment ▶				<u></u>	/ )				
b Permanent endowment ▶			•	e (line 1g, column	(a)) held as:				
temporarily restricted endowment ▶				%					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings		• -							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	С								
by:  (i) unrelated organizations  (ii) related organizations  (iii) relate	2-		•	ation that are hold	and administers	d for the e	ranization		
(i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  b Buildings	Sa		SSION OF THE Organiza	ation that are neig	and administered	i lor li le o	rgariization	Г	Voc. No.
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  (d) Book value		-						20(i)	Tes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land depreciation (d) Book value buildings									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings	h	If "Vos" on line 3a(ii) are the related organiza	tions listed as requir	od on Schodulo D	າ				
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings								SD	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings				Willett fullus.					
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings				) Part IV line 11a	See Form 990 F	Part X line	10		
basis (investment) basis (other) depreciation  1a Land b Buildings		-						(d) Book	r value
1a Land		beside the property	1 ' '	, ,		` '		(w) Door	· raido
<b>b</b> Buildings		Land	`	,	. ,				
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				X. column (B) line	10c.)				0.

Part VII	Investments - Other Securities.				<u> </u>
	Complete if the organization answered "Yes"				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financia	al derivatives				
(2) Closely-	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV (b) Book value		Part X, line 13. /aluation: Cost or end	of year market value
	(a) Description of investment	(b) Book value	(C) Method of V	raluation. Cost of end	-or-year market value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
<u>(6)</u> <u>(7)</u>					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11d. See Form 990.	Part X. line 15.	
		Description	,	,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990. Part X. col. (B) line	e 15.)		<b>&gt;</b>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 11f. See Forn	n 990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	leral income taxes				
(2) CRE	EDIT CARDS		332.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	25.)	332.		
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footn	ote to the organization's fi	nancial statements th	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	3	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d	()	4.		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	e 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	l Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
-				
b				
_	Other (Describe in Part XIII.)	4b	4c	
b c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. I	4b		
b c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
ь с 5 <b>Ра</b>	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. I	4b ine 18.)	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, I rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,

# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

HE	NEUROMUSCULAR DISE	ASE FOUNDATION	ON			06-1789643	
Pai				side the United States. Comple	ete if the organ		res" on
	Form 990, Part IV			·			
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
3 a	Sub-total	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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 -	TO FUND RESEARCH IN FINDING A CURE FOR GENEITC NEUROMUSCULAR	50.000				
		ISRAEL	DISEASES WHICH H	50,000.		0.		
2 Enter total number of	recipient organization	l as listed above that are r	I ecognized as charities by the f	oreian country r	recognized as tax-exe	empt by		L
			501(c)(3) equivalency letter					0

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

# Schedule F (Form 990) 2015 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 separately 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; do not file with Form 990)	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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F	(Form 990) 2015 THE NEUROMUSCULAR DISEASE FOUNDATION	06-1789643	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
-			
-			

#### 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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE NEUROMUSCU	JLAR DISEASE E	FOUNDATION					06-1789643
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	Governments. C	complete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSITY OF							TO FUND RESEARCH IN
CALIFORNIA - 615 CHARLES YOUNG							FINDING CURE FOR GENETIC
DRIVE, SOUTH 310C - LOS ANGELES,							NEUROMUSCULAR DISORDERS
CA 90095			240,000.	0.			AND DIS
2 Enter total number of section 501(c)(3) ar	nd government ord	ı ganizations listed in th	e line 1 table			1	<b>)</b> 0.
3 Enter total number of other organizations	-				<u></u>		1,

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistar
			(1)		
Supplemental Information. Provide the information	tion required in Part I, lin	e 2, Part III, columi	n (b), and any other ad	ditional information.	

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

OMB No. 1545-0047

Name of the organization

THE NEUROMUSCULAR DISEASE FOUNDATION

**Employer identification number** 06-1789643