Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

Open to Public Inspection

Both control response Control Approaches Control Section 51 (c) 3 Approaches Control Section 51 (c) 3 Control Section	Α	For the 2009 calendar	r year, or tax year beginning 10/01	, 2009, and en	iding 9/30		, 2010
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**Section 501(x(x)) organizations and 4347(x)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 390 or 393-EZ). **Section 501(x(x)) organizations and 4347(x)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 390 or 393-EZ). **Website: ** M/A **Tar-exempt status (check only one) — [X] 50(c) (3) **(mestine) 4947(x)(1) or 527 **K Check **		Initial return type.	RESEDA, CA 91335		۶ ا	18-7	89-1033
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Section Sect	1				<u></u>		mat mara than
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(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 (A) Beginning of year (B) End of year 29 (B) End of year 20 (B) End of year 21 (B) End of year 22 133, 492.	_						
22 Cash, savings, and investments 56,815. 22 133,492. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 56,815. 25 133,492. 26 Total liabilities (describe ► SEE STATEMENT 3) 4,315. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.	P	art II Balance S		s) are \$1,250,000 or mo			
23 24 Other assets (describe ►) 24 25 Total assets 56,815. 25 133,492. 26 Total liabilities (describe ► SEE STATEMENT 3) 4,315. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.	_	• • •	•				
24 Other assets (describe ►) 24 25 Total assets 56,815. 25 133,492. 26 Total liabilities (describe ► SEE STATEMENT 3) 4,315. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.		. • .	investments		56,815	\rightarrow	133, 492.
25 Total assets 56,815. 25 133,492. 26 Total liabilities (describe ► SEE STATEMENT 3) 4,315. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.			ole a S	,			
26 Total liabilities (describe ► SEE STATEMENT 3) 4,315. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.			ibe -	_)	<u> </u>		133 /02
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,500. 27 133,492.				`			
					52,300	• 4/	

Form 990-EZ (2009) ADVANCEMENT FOR	RESEARCH FOR MYOP.	ATHIES	95	-483	37946 Page 2
Part III Statement of Program Ser	rvice Accomplishments	(See the instruction			Expenses
What is the organization's primary exempt purpose? RE	SEARCH ANCILLARY P	ROGRAM AND LABO	ORATORY	(Reg 501 (uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section
describe the services provided, the number of program title.	persons benefited, or other	relevant information for	eacn	14947	(a)(1) trusts, optional thers)
28 SEE STATEMENT 4					
70 DEF DIVIEWRAT				1	
				1	
102 904) 144				20.	102 004
	is amount includes foreign gr	ants, check here		28 a	182,894.
29					
(Grants \$) If th	is amount includes foreign gr	ants, check here	>	29 a	·
30		. 			
]	
(Grants \$) If th	is amount includes foreign gr	ants, check here	▶	30 a	
31 Other program services (attach schedule	e)		_		
	is amount includes foreign gr	ants, check here	▶	31 a	
32 Total program service expenses (add lii			-	32	182,894.
Part IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each or	ne even if not com	npensa	ated (See the instrs.)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
BABAK K DARVISH	to position PRESIDENT	0.	ucienteu compelisa	0.	0.
		0.		٠.١	0.
16661 VENTURA BLVD. #311	0				
ENCINO, CA 91436					
MINOO KOUTAL	SECRETARY	0.		0.	0.
16661 VENTURA BLVD. #311	0				
ENCINO, CA 91436			:		
		_			
			<u> </u>		
				ł	
					
			<u> </u>		
			 		

	n 990-EZ (2009) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-483794	6	Р	age 3
Pai	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
ı	reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		<u>X</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	335		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		Х_
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total			
39	amount involved Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 N/A			
	b Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.			
	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
•	transaction during the year or is it 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	40 b		Х
(c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed NONE			
42 8	a The organization's			
	books are in care of ► Telephone no ► ZIP + 4 ►			
		. – – . r		
ŀ	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		ļ	
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c		<u>X</u>
	in res, enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year .			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

No

Yes

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did th	e organization engage in direct or indire	ct political campaign ac	ctivities on behal	f of or in	opposition to candidates	46	Yes	X
47		e organization engage in lobbying activi	•	Schedule C. Par	rt II		47		X
48		organization a school as described in se				ule E	48		X
49 a	Did th	e organization make any transfers to an	exempt non-charitable	related organiza	ation?		49 a		Х
b	If 'Yes	s,' was the related organization a section	n 527 organization?				49 b		<u></u>
50	Comp	lete this table for the organization's five byces) who each received more than \$10	highest compensated 6 00,000 of compensation	employees (other from the organi	r than off zation. If	icers, directors, trustees there is none, enter 'No	and key ne '	•	
	(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat	ion (d	f) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other al	opense Int and lowance	es .
SAN	AZ YAN	MINI	ADMINISTRATOR						
7543	3 VASS	SAR AVE # 106 CANOGA PARK, CA 9	40	35,	057.	0.			0.
		DARVISH	ADMINISTRATOR						•
P.0	. BOX	261014 ENCINO, CA 91426-1014	40	18,	000.	0.			0.
								_	
									
f	Total	number of other employees paid over \$	100.000 ► 0	<u> </u>		<u>.l</u>			
•	TOtal	Hamber of other employees paid over \$							
51	Comp	lete this table for the organization's five	highest compensated i	ndependent conf	tractors w	who each received more	than \$10	00,000	of
	comp	ensation from the organization. If there i	s none, enter 'None '						
		(a) Name and address of each independent conti	ractor paid more than \$100,000		(k	b) Type of service	(c) Com	pensatio	n
NON	IE								
	I Total	number of other independent contractors	s each receiving over \$	100 000	•				
	· rotar	namber of other macpenderic contractor.	o cucin receiving ever ψ	100,000	_	· · ·			
	-	Under penalties of perjury, I declare that I have exam					edge and be	elief, it i	s
		true, correct, and complete Declaration of preparer (other than officer) is based on	all information of whic	n preparer r	as any knowledge			
Sigi	n					05/14/2011			
Her	e	Signature of officer	/			Date	•		
		BABAK K DARVISH			P	RESIDENT			
		Type or print name and title		···-· · · ·					
Paid		Preparer's signature		Date 5	12/11	Check if self- employed ► N/I	rer's Identi Instructions	fying Nu 19.34	imber ' 53
Pre-		Firm's name (or DAVID GADOSHIAN	CPA						
pare Use		yours if self- employed), 16530 VENTURA B	LVD STE 503			EIN ► N,			
Onl	y	address, and ENCINO, CA 9143				Phone no ► (818)			
		S discuss this return with the preparer sl	nown above? See instru	uctions			X Yes		No
BAA							Form 99	U-EZ	(2009)

SCHEDULE A (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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		organization							1		tion number		
	VANCEMENT FOR RESEARCH FOR MYOPATHIES 95-4837946 It I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
<u>Part</u>) See ı	nstruct	ions		
he o	rga			use it is. (For lines 1 thro			•	,					
1	Ц			ociation of churches des		section	n 170(b)	(1)(A)(i)).				
2	Ц			A)(ii). (Attach Schedule I									
3	Ц	,	•	e organization described		•							
4		A medical research	n organization operate	ed in conjunction with a h	ospital	describe	d in sec	ction 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	5
_		name, city, and sta											
5	Ц	170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university		-	-	•	rnmenta	l unit de	scribed in :	sectio	n
6	Ц			governmental unit descri									
7	\sqcup	ın section 170(b)(1	(Complete P		•	J	vernme	ntal uni	t or fron	1 the ger	neral public	desc	ribed
8	닠	-		170(b)(1)(A)(vi). (Comple									
9	X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	Ш	more publicly supp	orted organizations of	exclusively for the benef described in section 509(s zation and complete lines	a)(1) or	section	509(a)(2	octions of 2) See	of, or ca section	rry out tl 509(a)(3	ne purpose). Check t	s of or he box	ne or that
		a Type I	b Type II	c Type III	i – Fund	ctionally	integra	ted		d 🗌	Type III-	Other	•
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f													
g		Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	7		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii) a family mem	nber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	n described in (i) or (ii) al	bove?						11 g (iii)		
h		Provide the following	ng information about t	the supported organization	ons.								
	(1)	Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	is the tion in cold in your erning ment?	the organ	(ı) of	organizati	zed in the	(VII) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
						<u> </u>					_		
												_	
						<u> </u>							
otal													

Schedule A (Form 990 or 990-EZ) 2009 ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-4837946

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	rt I)					
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·			,			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
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)								
	Public support. Subtract line 5 from line 4					<u></u>			
Sec	tion B. Total Support			,					
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4 .								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see in:	structions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section !	501(c)	(3)	
	tion C. Computation of Pul						·		
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			14	<u>%</u>	
	Public support percentage from 2	•	•				15	<u> %</u>	
16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization									
t	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	box and stop he s a publicly suppo	re. Explain i rted organiz	n Part zation.	IV how the ►	
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17					
RΔΔ					Sc	negule 🗛 (F	orm 99	90 or 990-FZ) 2009	

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)

	Sec	tion A. Public Support										
2 Gross recepts from admissions, merchandles sold facilities furnished in a activity that is related to the organization's fave-teempt of a facilities furnished in a activity that is related to the organization for activities that are not at unrelated trade or business under steam's organization for activities that are not at unrelated trade or business under steam's organization of the steam's sold for the organization of the steam's sold facilities for activities from a facilities for activities from a facilities for activities from a facilities for activities from sold facilities for activities from a facilities for activities from a facilities for a facilities from			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
2 Gross recepts from admissions, merchandles sold facilities furnished in a activity that is related to the organization's fave-teempt of a facilities furnished in a activity that is related to the organization for activities that are not at unrelated trade or business under steam's organization for activities that are not at unrelated trade or business under steam's organization of the steam's sold for the organization of the steam's sold facilities for activities from a facilities for activities from a facilities for activities from a facilities for activities from sold facilities for activities from a facilities for activities from a facilities for a facilities from	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			:			0.				
3 Gross recepts from activities that are not an unrelated trade or basiness under section 53 and 64 Tex revenues level for the certifier paid to or expended on its behalf in the value of services or facilities furnished by a comparization without charge of Total. Add lines 1 through 5 O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt										
organization's benefit and either part to or expended on its behalf is behalf in behalf is behalf in behalf is behalf in behalf in behalf is behalf in beha		Gross receipts from activities that are not an unrelated trade or business under section 513					* '	<u> </u>				
Facilities furnished by a governmental unit to the organization without charge 0. 0. 0. 0. 0. 0. 0. 0	4	organization's benefit and either paid to or expended on			``			0.				
6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from their than disqualified persons that exceed the greater of 1% of the program of 1% of the greater of 1% of	5	facilities furnished by a governmental unit to the						0.				
72 Amounts included on lines 1	6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	7 a	2, 3 received from disqualified	0	0	0	0	0					
c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the										
8 Public support (Subtract line 7c from line 6) Calendar year (or liscal yr beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, reits, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesss are acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, withere or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital seasets (Explain in Part IV.) 13 Total support, (wid line 9, 10c, 11, and 12) or granulation, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment (Income Percentage) 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 15 19 a 33-1/3 support tests — 2009. If the organization of unclined his box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support tests — 2009. If the organization of unclined his box on line 14 or 19a, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	c	Add lines 7a and 7b	0.		0.		0.					
Section B. Total Support Calendar year (or fiscal yr beginning in) Calendar year (or fiscal yr beginning in	8	Public support (Subtract line										
Section B. Total Support Calendar year (or fiscal yr begnining in) Amounts from line 6 9. Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11. Net income from unrelated business activates not included inline 10b, whether or not the business is regularly carried on 10 cs. from the sale of capital assets (Explain in Part IV.) 12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13. Total support, (add lin 9, 10c, 11, and 12) 14. First five years, if the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15. Public support percentage from 2008 Schedule A, Part III, line 15. 16. % Section D. Computation of Investment Income Percentage 17. Investment income percentage from 2008 Schedule A, Part III, line 17. 18. New 19a 33-1/35 support tests – 2009. If the organization of check this box and stop here. The organization qualifies as a publicly supported organization. New 19a 33-1/35 support tests – 2009. If the organization theck this box and stop here. The organization qualifies as a publicly supported organization. New 19a and line 18 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. New 19a and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. New 19a and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. New 19a and line 18 is not more than 33-1/3%, check this box and stop her		• • •						0.				
Calendar year (or fiscall yr beginning in) 9 Amounts from line 6 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Sec				<u> </u>							
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assists (Explain in Part IV.) 13 Total support, (add lins 3, 10, 11, and 12) 4 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 19 Jay3-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization												
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (Mad line § 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	9	Amounts from line 6										
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		, .	•	.,	e 13, column (1))			· · · · · · · · · · · · · · · · · · ·				
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		more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	blicly supported o	rganization	▶				

Schedule A	(Form 9	90 or 99	0-EZ) 2	009	ADVAN	ICEMEN	T FOR	RESE	ARCH	FOR	MYOPA'	THIES	95-4	183794	6	Page 4
Part IV≆	Supple Part II	menta	ı l Info r 7a or 1	matio L7b : a	n. Cor	mplete	this pa	art to p	rovide le anv	the e	explana	tions re	equired	by Part	II, line 1 nstructio	10; ons
•	i ait ii,	11110 1	74 01				10 12.	1 10110	ic driy	Othici	additio	mai iiii	Officialion	1. 000 1		<i>.</i>
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization							Employer identifica	ation number	
ADVANCEMENT FOR RESEARCH	FOR MYOPA	THIES					95-483794	6	
Part I Fundraising Activities. Comp	lete if the orgai	nization ar	nswered 'Y	es'	to Form 990, Part I	V, line 1	7		
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owi	ng activities Check	all that	apply		
Mail solicitations		,		\Box	Solicitation of non-				
Internet and email solicitations				Н	Solicitation of gove	-	-		
Phone solicitations	•			Special fundraising events					
 .				Ш	opecial fullulationing	events			
In-person solicitations 2a Did the organization have written of	or oral agreeme	ant with an	w individu	al /	including officers di	ractors	trustage or kay	,	
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofe	essional fundraising	services	?	. Yes No	
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or entile organization.	tities (func	lraisers) p	ursi	uant to agreements	under w	hich the fundra	iser is to be	
		1				(v) Ar	nount paid to		
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or i	etained by) aiser listed in	(vi) Amount paid to (or retained by)	
or entity (fundraiser)		of contr	dy or control ibutions?		from activity	luliur	col.(i)	organization	
		ļ <u>-</u>	· · · · · ·		-				
		Yes	No						
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	L	<u></u>							
Total			►						
3 List all states in which the organize	ation is registei	red or lice	nsed to so	licit	funds or has been	notified	it is exempt fro	m registration	
or licensing									
	-								
							_ .	 	
				_					

		G (Form 990 or 990-EZ) 2009 ADVANCE					P	age 2	
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii aross receipts area	ne 18, or ater than :	\$5.00	0.	
æ	,	roportod more man y rejecte em	(a) Event #1 FUND RAISING P (event type)	(b) Event #2 FUND RASING PA (event type)	(c) Other Events 2 (total number)	(d) Tota (Add col	l Even	its	
mczm <m2< td=""><th>1</th><td>Gross receipts</td><td>307,997.</td><td>93,822.</td><td>62,200.</td><td>4</td><td>64,0</td><td>19.</td></m2<>	1	Gross receipts	307,997.	93,822.	62,200.	4	64,0	19.	
E	2	Less. Charitable contributions							
	3_	Gross income (line 1 minus line 2)	307,997.	93,822.	62,200.	4	64,0	19.	
	4	Cash prizes							
D	5	Noncash prizes .					· · · · · ·		
D-RECT	6	Rent/facility costs							
	7	Food and beverages							
χP	8	Entertainment					_		
MXPMZNM	9	Other direct expenses	58,864.	19,396.	45,109.	1	23,3	<u>69.</u>	
3	10	Direct expense summary Add lines 4- th	•		23,3 40,6				
11 Net income summary Combine lines 3, column (d) and line 10 ► Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or repo									
		\$15,000 on Form 990-EZ, line 6a	·						
#CZ#<	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo						(d) Total gaming (Add col (a) through col (c))		
Ē	1	Gross revenue							
D X	2	Cash prizes							
D-RECT	3	Non-cash prizes							
S	4	Rent/facility costs .							
	5	Other direct expenses							
	6	Volunteer labor .	Yes% No	Yes%	Yes% No				
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•				
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•				
		er the state(s) in which the organization or					YES	NO	
		ne organization licensed to operate gamino lo,' explain:	g activities in each of th	ese states? .		9a	-		
	- -						_	ŀ	
		e any of the organization's gaming license es,' explain:	es revoked, suspended o	or terminated during the	e tax year?	10a			
11		c the organization energies arrives	es with posmombars?			 			
	Is th	s the organization operate gaming activition ne organization a grantor, beneficiary or tri		mber of a partnership of	or other entity formed to	,			
	adn	inister charitable gaming?		- pa areses (# 1		12			

Schedule G (Form 990 or 990-EZ) 2009 ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-483/94	16	Pa	ge 3
		/ES	NO
13 Indicate the percentage of gaming activity operated in		1	
a The organization's facility	_		
b An outside facility	1		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name. •			
Address: -			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name: •			
Address -	,		
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;		
organization's own exempt activities during the tax year: ► \$	$\bot \bot$		
BAA TEEA3703L 02/05/10 Schedule G (Form 99	0 or 990)-EZ) 2	2009

2	a	^	O
Z	u	u	3

FEDERAL STATEMENTS

PAGE 1

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: DONEE'S ADDRESS: H.I.B.M. RESEARCH GROUP 16661 VENTIRA BLVD #311

ENCINO, CA 91436

CASH AMOUNT GIVEN:

\$ 140,000.

DONEE'S NAME: DONEE'S ADDRESS:

CASH AMOUNT GIVEN:

BRENTWOOD BIOMEDICAL RESEARCH 11301 WILSHIRE BLVD # 114

LOS ANGELES, CA 90073

\$ 26,644.

DONEE'S NAME: DONEE'S ADDRESS:

UCLA NEUROLOGY GROUP 300 MEDICAL PLAZA # B200 LOS ANGELES, CA 90095

CASH AMOUNT GIVEN:

\$ 16,250.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CREDIT CARD FEES	\$	3,116.
DUUES AND SUBSCRIPTION .		40.
LICENSES AND PERMIT		85.
OFFICE EXPENSES		2,616.
PROGRAM AWARENESS		16,631.
SUPPLIES		496.
TELEPHONE		3,108.
TRAVEL		4,455.
	TOTAL \$	30,547.

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

	<u>BEGINNING</u>		<u> </u>	NDING
	\$	4,315.	\$	0.
TOTAL	\$	4,315.	\$	0.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LONG TERM OBJECTIVES OF THIS PROGRAM IS TO MAKE AVAILABLE BIOMEDICAL RESEARCH RESOURCES, SUCH AS REAGENTS AND SAMPLES, TO ALL LABORATORIES WORKING ON IBM2 (MIM:600737). THIS PROGRAM WILL HELP TOWARDS SPEEDING UP RESEARCH, AND PRODUCE IBM2 SPECIFIC RESOURCES, FOR OFFERING GENETIC COUNSELING AND TESTING FOR THE IRANIAN-JEWISH POPULATION IN LOS ANGELES. WE ESTIMATE THAT THERE ARE BETWEEN 30,000-40,000 PEOPLE OF IRANIAN JEWISH DECENT IN LOS ANGELES.

2009

FEDERAL STATEMENTS

PAGE 2

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

STATEMENT 5		
FORM 990-EZ, PART V		
REGARDING TRANSFERS AS	SOCIATED WITH PERSONAL	L BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

NO