Return of Organization Exempt From Income Tax

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

OMB NO 1545 0047 2007

Open to Public Department of the Treasury Internal Revenue Service(77) Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2007 calendar year, or tax year beginning 10/01 2007, and ending 9/30 D Employer Identification Number Check if applicable Please us IRS label ADVANCEMENT FOR RESEARCH FOR MYOPATHIES Address change 95-4837946 or print or type. See 16661 VENTURA BLVD. #311 E Telephone number Name change ENCINO, CA 91436 specific Instruc-Initial return 818-789-1033 Accounting Termination X Cash Accrual Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to section 527 organizations Application pending H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included? (If 'No,' attach a list. See instructions Organization type 3 ◀ (insert no) (check only one) H (d) is this a separate return filed by an organization covered by a group ruling? Check here ► If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the Group Exemption Number organization chooses to file a return, be sure to file a complete return. Check If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **►** 737,366. Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds 424,028 1b **b** Direct public support (not included on line 1a). c Indirect public support (not included on line 1a) 1 c d Government contributions (grants) (not included on line 1a) 1 d Total (add lines 1a through 1d) (cash \$ 424,028. noncash \$ 424,028. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 4. 5 Dividends and interest from securities 5 6a Gross rents b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 6 <u>c</u> Other investment income (describe 7 (A) Securities (B) Other 8a Gross amount from sales of assets other than inventory 8a 8b b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) 8d 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1b) 313,334 **b** Less direct expenses other than fundraising expenses 9Ь 118,620 STATEMENT 1 c Net income or (loss) from special events. Subtract line 9b from line 9a 9с 194,714. 10a Gross sales of inventory, less returns and allowances 10 a b Less cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10 c Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 618,746. Program services (from line 44, column (B)) 13 255,738. ঐ 14 Management and general (from line 44, column (C)) 14 24,634. MAY 1 9 2009 15 Fundraising (from line 44, column (D)) 15 110,503. 16 Payments to affiliates (attach schedule) 16 Total expenses. Add lines 16 and 44, column (A) 17 390,875. OGDEN 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 227,871. 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 36,506. 19

20

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

264,377

Form 990 (2007

20

21

TEEA0109L 12/27/07



Form 990 (2007) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-4837946 Page 2 Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instruct) Part II Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I (B) Program (C) Management (A) Total (D) Fundraising services and general 22a Grants paid from donor advised funds (attach sch) Ś non-cash If this amount includes foreign grants, check here. 22 a 22 b Other grants and allocations (att sch) SEE STM 2 255,738. Ŝ (cash non-cash Ś If this amount includes 22 b 255,738. 255,738 foreign grants, check here. Specific assistance to individuals (attach schedule). 23 Benefits paid to or for members (attach schedule). 24 25 a Compensation of current officers. directors, key employees, etc listed in Part V-A 0. 0 0 25 a 0. **b** Compensation of former officers. directors, key employees, etc listed in Part V-B 25 b 18,000 0 0 18,000. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 25 c 0 0 0 0. Salaries and wages of employees not included on lines 25a, b, and c 26 35,050 35,050. Pension plan contributions not included on lines 25a, b, and c 27 Employee benefits not included on lines 25a - 27 28 29 5,539 29 Payroll taxes 5,539. 30 Professional fundraising fees. 30 31 Accounting fees 31 12,830 12,830 32 Legal fees 32 33 Supplies. 33 2,624. 2,624. Telephone 2,754. 34 34 1,377 1,377. 2,101. Postage and shipping 35 2,101. 10.542. 5,271. 5,271. Occupancy 36

37	Equipment rental and maintenance	37				
38	Printing and publications	38	20,860.			20,860.
39	Travel	39	7,367.		3,520.	3,847.
40	Conferences, conventions, and meetings	40			-	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	36.		36.	
43	Other expenses not covered above (itemize)					
	SEE STATEMENT 3	43a	17,434.		1,600.	15,834.
1)	43 b				
		43 c				
(d	43 d				
		43e				
1	·	43 f				
9	9	43 g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	390,875.	255,738.	24,634.	110,503.
Join	t Costs. Check If you are following	SOP 9	98-2.	 -		
Are	any joint costs from a combined education	al can	paign and fundraising	solicitation reported in (B) Program services?	► Yes X No
lf 'Y	es,' enter (i) the aggregate amount of these	e joint	costs \$, (ii) the ar	nount allocated to Prog	ram services
\$_	, (iii) the amount all	ocated	to Management and g	eneral \$, and (iv) the	e amount allocated
to F	undraising \$.					
BAA			TEEA0102L 0	08/02/07		Form 990 (2007)

Form 990 (2007)	ADVANCEMENT	FOR	RESEARCH	FOR	MYOPATHIES

<u>95-4</u>837946

Page 3

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of info		
organization. How the public perceives an organization in such cases may be determined by the information please make sure the return is complete and accurate and fully describes, in Part III, the organization's prog	presented of	n its return. Therefore.
What is the organization's primary exempt purpose? SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) or izations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to	e number of gan- others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 5		
(Grants and allocations \$ 255,738.) If this amount includes foreign grants, check here b		255,738.
(Grants and allocations \$) If this amount includes foreign grants, check here	• • <u>•</u>	

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

BAA

(Grants and allocations

(Grants and allocations \$

e Other program services (Grants and allocations

> 255,738. Form **990** (2007)

▶ □

Not	e: V	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only	n the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		42,763.	45	262,519.
	46	Savings and temporary cash investments	·	46	· · · · · · · · · · · · · · · · · · ·	
	l	Accounts receivable Less' allowance for doubtful accounts	47 a 47 b		47 c	
		Pledges receivable Less: allowance for doubtful accounts	48a 48b		48 c	
	49	Grants receivable	1.00		49	
	50 a	Receivables from current and former officers, director employees (attach schedule)	rs, trustees, and key		50 a	
A	b	Receivables from other disqualified persons (as definant persons described in section 4958(c)(3)(B) (attack	ed under section 4958(f)(1))		50 b	
A S S E T	51 a	Other notes and loans receivable (attach schedule)	51a 4,790.			
Š	b	Less: allowance for doubtful accounts .	51 b		51 c	4,790.
	52	Inventories for sale or use			52	
		Prepaid expenses and deferred charges		·	53	
		Investments - publicly-traded securities	► Cost FMV		54a	
		Investments — other securities (attach sch)	_ ►		54b	
		Investments – land, buildings, & equipment basis Less accumulated depreciation	55a			
		(attach schedule)	55 b		55 c	
	56	Investments – other (attach schedule)	. ,		56	·
	57 a	Land, buildings, and equipment basis	57a 401.		l	
		Less accumulated depreciation (attach schedule) STATEMENT 6	57b 401.	36.	57 c	
	58	Other assets, including program-related investments				
		(describe		58		
	59	Total assets (must equal line 74) Add lines 45 through	gh 58.	42,799.	59	267,309.
	60	Accounts payable and accrued expenses	·	6,293.	60	2,932.
	61	Grants payable	<u>}</u>	·-	61	
Ļ	62	Deferred revenue	}		62	
AB-L	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
ł		Tax-exempt bond liabilities (attach schedule)	}-		64a	
T L E S		Mortgages and other notes payable (attach schedule)	<u> </u>		64 b	
S	65	Other liabilities (describe	⁾		65	
	66	Total liabilities. Add lines 60 through 65		6,293.	66	2,932.
N	Orga		nd complete lines 67			
E		through 69 and lines 73 and 74				
Ą	67	Unrestricted	·	36,506.	67	264,377.
女のいましい	68	Temporarily restricted	<u> </u>		68	
	69	Permanently restricted			69	·····
Q R F	Orga	nizations that do not follow SFAS 117, check here > 70 through 74	and complete lines			
Ň	70	Capital stock, trust principal, or current funds			70	
0	71	Paid-in or capital surplus, or land, building, and equip		71		
Ř	72	Retained earnings, endowment, accumulated income,	or other funds		72	
HUZD BALAZOWN	73	Total net assets or fund balances. Add lines 67 throu 72 (Column (A) must equal line 19 and column (B) m	gh 69 or lines 70 through nust equal line 21)	36,506.	73	264,377.
لّـــ	74	Total liabilities and net assets/fund balances. Add lin	42,799.	74	267,309.	

Fo	orm 990 (2007) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES	95-4837946	Page !
P	art IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Instructions.)	r Return (See	
a b	Total revenue, gains, and other support per audited financial statements Amounts included on line a but not on Part I, line 12	. a	618,746.
	1 Net unrealized gains on investments b1		
	2Donated services and use of facilities b2		
	3Recoveries of prior year grants . b3		
	4Other (specify):		
	Add lines b1 through b4		
С	Subtract line b from line a	c	618,746.
d	Amounts included on Part I, line 12, but not on line a:		010,740.
-	1 Investment expenses not included on Part I, line 6b . d1		
	2Other (specify)		
	d2		
	Add lines d1 and d2		
e	Total revenue (Part I, line 12) Add lines c and d	▶ e	618,746.
	art IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses	per Return	020//201
Ŀ			
а	Total expenses and losses per audited financial statements	a	390,875.
b	Amounts included on line a but not on Part I, line 17		
	1 Donated services and use of facilities b1		
	2Prior year adjustments reported on Part I, line 20 b2		
	3Losses reported on Part I, line 20 b3		
	4Other (specify)		
	b4		
	Add lines b1 through b4	ь	
c	Subtract line b from line a	С	390,875.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b . d1		
	2Other (specify)		
	d2		
	Add lines d1 and d2 .	d	
е	Total expenses (Part I, line 17) Add lines c and d	► e	390,875.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
BABAK K DARVISH	PRESIDENT	0.	0.	0.
16661_VENTURA_BLVD#311	0			
ENCINO, CA 91436				
MINOO KOUTAL	SECRETARY	0.	0.	0.
16661 VENTURA BLVD. #311	Į 이			
ENCINO, CA 91436				
				
				· · · · · · · · · · · · · · · · · · ·
BAA	TEEA0105L 0	8/02/07		Form 990 (2007)

Form 990 (2007) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-4837946						age 6	
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)							
75 a Enter the total number of officers, directors, and trustees	permitted to vote on organizati	on business at board meeting	s <u>2</u>	_			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)							
c Do any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to the organization? See the instructions for t	nsated professional and n any other organization	d other independent cor ns, whether tax exempt	ntractors listed in Schedule	 ► 75 c		х	
If 'Yes,' attach a statement that includes the i		•		1.00			
d Does the organization have a written conflict	of interest policy?			75 d	x	_	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions)	or, trustee, or key emp	lovee received compens	sation or other benefits (de:	scribed	helow') e	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit a plans and deferred compensation plans	(E) Excount allow		ther	
NONE							
	ļ						
		·					
		· · · · · · · · · · · · · · · · · · ·					
Dort VI Other Information (Co. the root	rustians)						
Part VI Other Information (See the Inst					Yes	No	
76 Did the organization make a change in its act if 'Yes,' attach a detailed statement of each of	ivities or methods of col	nducting activities?		76	1 1	x I	
77 Were any changes made in the organizing or	•	ut not reported to the IF	RS?	77		X	
If 'Yes,' attach a conformed copy of the chang							
78a Did the organization have unrelated business	gross income of \$1,000	or more during the yea	ar covered by this return?	78 a		Х	
b If 'Yes,' has it filed a tax return on Form 990-	f for this year?			78 b	N	Ά	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the		79	-	х	
80 a is the organization related (other than by assomembership, governing bodies, trustees, offic	ociation with a statewide ers. etc. to any other ex	e or nationwide organiza	ation) through common	80 a			
b If 'Yes,' enter the name of the organization ►		pr or monompt on	J	300			
		eck whether it is ex	cempt or nonexempt.			ì	
81 a Enter direct and indirect political expenditures			81 a 0	1 1	_	ì	
b Did the organization file Form 1120-POL for the	ns year?			81 ь		Х	

Form **990** (2007)

BAA

Form 990 (2007) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 9	5-4837946	F	Page 7
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge of substantially less than fair rental value?	or at 82a		Х
b If 'Yes;' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	N/A		
83a Did the organization comply with the public inspection requirements for returns and exemption applications		X	1
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	L	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were . 84 b		/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a		/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N.	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization waiver for proxy tax owed for the prior year.	received a		
c Dues, assessments, and similar amounts from members	N/A		
d Section 162(e) lobbying and political expenditures 85d	N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A		,
f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	N.	
	85 g	IN,	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N.	A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A		
b Gross receipts, included on line 12, for public use of club facilities 86 b	N/A		'
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87 a	N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or por an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 if 'Yes,' complete Part IX	partnership, 7701-3?	-	Х
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the me section 512(b)(13)? If 'Yes,' complete Part XI	eaning of . ► 88b		х
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
section 4911 ►	0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transduring the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a explaining each transaction	action statement 89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶	0.		
d Enter Amount of tax on line 89c, above, reimbursed by the organization	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter tra	ansaction? 89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra	act? 89 f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the suppor organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time the year?	rting e during		X
90 a List the states with which a copy of this return is filed NONE			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b		0
91a The books are in care of ► Telephone number ►	[555]		
Located at ►ZIP +	.4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authori	tv over a	Yes	No
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	t)? 91 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a			
BAA	Form	990 (2007)

Part VI Other Information (continue	ed)					Ye	s No				
c At any time during the calendar year, did		ation ma	iintain an office	outside of the U	nited States?	91 c	X				
If 'Yes,' enter the name of the foreign country											
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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										
					▶ 92		N/A				
Part VII Analysis of Income-Producing Activities (See the Instructions.) Unrelated business income Excluded by section 512, 513, or 514											
Note: Enter grass amounts unless											
otherwise indicated	(A) Business code		(B) Amount	(C) Exclusion code	(D) Amount	Related or e function inc	xempt				
93 Program service revenue:		<u> </u>									
a		:									
b											
с											
d						_					
e											
f Medicare/Medicaid payments											
g Fees & contracts from government agencies											
94 Membership dues and assessments											
95 Interest on savings & temporary cash invmnts			4.								
96 Dividends & interest from securities											
97 Net rental income or (loss) from real estate.											
a debt-financed property											
b not debt-financed property					·						
98 Net rental income or (loss) from pers prop 99 Other investment income							·				
						-					
100 Gain or (loss) from sales of assets other than inventory				[
101 Net income or (loss) from special events	-					194	,714.				
102 Gross profit or (loss) from sales of inventory							,,,,,,,,				
103 Other revenue a											
b											
С											
d											
e											
104 Subtotal (add columns (B), (D), and (E))			4.				,714.				
105 Total (add line 104, columns (B), (D), a				,	-	194	<u>,718.</u>				
Note: Line 105 plus line 1e, Part I, should equi											
Part VIII Relationship of Activities to	the Accor	mplish	iment of Exe	empt Purpose	s (See the instruct	tions.)					
Line No. Explain how each activity for which of the organization's exempt purpo	n income is re	eported	in column (E) c	of Part VII contrib	outed importantly to the	accomplishme	ent				
N/A	ses (other th	all by p	Toviding funds i	or such purpose	5)						
N/A											
-											
											
Part IX Information Regarding Taxa	ble Subsi	diaries	and Disreg	arded Entitie	s (See the instructi	ions.)					
(A)	(B)		(C		(D)	(E)					
Name, address, and EIN of corporation,	Percentage	of	Noture of		Total	End-of-ye	ar				
partnership, or disregarded entity	ownership in		Nature of	activities	income	assets					
N/A		%									
	<u> </u>	8									
· · · · · · · · · · · · · · · · · · ·		8									
B 17 11 (= =		%									
Part X Information Regarding Tran							4				
a Did the organization, during the year, receive any fun	•	•		•			No				
b Did the organization, during the year, pay	•	-		a personal bene	erit contract?	∐ Yes ∑	No				
Note: If 'Yes' to (b), file Form 8870 and For	rm 4/20 (see	instruct	iions)				1000=				

Form 990 (2007) ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

Page 8

Par	rt XI	Information Regarding Transfers To ar organization is a controlling organizatio	nd From Controlled En on as defined in section	ntities. Com n 512(b)(13)	plete only if th	ne		
		,					Yes	No
106	Dıd 'Ye	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	a controlled entity as define d entity	ed in section 51	12(b)(13) of the C	ode? If		х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc tra	(C) ription of ansfer	Amount	(D) of tran	ısfer
a	 							
b								
С								
		Totals						
						.1	Yes	No
107	Dıd 'Ye	the reporting organization receive any transfers fr s,' complete the schedule below for each controlled	om a controlled entity as d	efined in section	on 512(b)(13) of t	he Code? It	F	х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci tra	(C) ription of ansfer	Amount	(D) of tran	sfer
a	 							
b								
С								
-	_	Totals						
108	Dıd anr	the organization have a binding written contract in juities described in question 107 above?	effect on August 17, 2006,	, covering the i	nterest, rents, roy	yalties, and	Yes	No.
Pleas Sign Here	1	Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than off Signature of officer BABAK K DARVISH, PRESIDENT Type or print name and title	rn, including accompanying schedule icer) is based on all information of w	es and statements, chich preparer has a	and to the best of my kiny knowledge	nowledge and t	elief, it is	;
Paid Pre- pare		Preparer's signature Firm's name (or DAVID GADOSHIAN CPA	Date 5,			Preparer's SSN General Instruct N/A	or PTIN ((See
Use Only		yours if self- employed), address, and ZIP + 4 ENCINO, CA 91436-4554	E 503		EIN ► N/A Phone no ► (81	8) 789-	4755	
BAA			,				n 990 (

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number 95-4837946 FOR RESEARCH FOR MYOPATHIES Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (d) Contributions (e) Expense account and other (c) Compensation employee paid more than \$50,000 hours per week devoted to position to employee benefit allowances compensation SEE STATEMENT 7 53,050 0 0. Total number of other employees paid over \$50,000 Part II -A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving

over \$50,000 for other services

Sche	dule A (Form 990 or 990-EZ) 2007 ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 95-483794	6	F	age 2
Par	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities N/A			
	or incurred in connection with the lobbying activities \$\ \N/A\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	,	••	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2 a		Х
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2 c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
е	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments).	3a		<u>X</u>
b	Did the organization have a section 403(b) annuity plan for its employees?	3ь		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		<u>X</u>
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g .	4a		<u>x</u>
b	Did the organization make any taxable distributions under section 4966?	4 b	N,	<u>/A</u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	N	<u>'A</u>
d	Enter the total number of donor advised funds owned at the end of the tax year .			N/A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			0
u	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.			n

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

Par	tIV	Reason tor	Non-Private I	Foundation Status (S	See instructions.)						
cert	ify that t	ne organization	ıs not a prıvate	foundation because it is:	(Please check only ONE ap	oplicable bo	x)				
5	A ch	ourch, convention	on of churches, c	or association of churches	Section 170(b)(1)(A)(i)						
6	A school Section 170(b)(1)(A)(ii). (Also complete Part V)										
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).										
8	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)										
9		edical research	organization op	erated in conjunction with	a hospital Section 170(b)	(1)(A)(III) E	nter the hospi	ital's name, city,			
10	☐ An o	organization op o complete the	erated for the be Support Schedu	nefit of a college or unive i le in Part IV-A)	ersity owned or operated by	a governm	ental unit Sec	ction 170(b)(1)(A)(iv)			
11 a	An o	organization tha ion 170(b)(1)(A	at normally receiv A)(vi) (Also comp	ves a substantial part of it plete the Support Sched u	ts support from a governme lie in Part IV-A)	ental unit or	from the gene	eral public			
11 b	П А со	mmunity trust	Section 170(b)(1)(A)(vı) (Also complete t	he Support Schedule in Pa	art IV-A)					
12	from	i activities relat i gross investm	ed to its charitable	ile, etc, functions – subje unrelated business taxabl	% of its support from contrict to certain exceptions, are income (less section 511 ocomplete the Support Sc	nd (2) no m o	ore than 33-1/3	8% of its support			
13	And	rganization tha	at is not controlle	d by any disqualified ners	ons (other than foundation	mananare)	and otherwise	meets the			
	requ	irements of sec	ction 509(a)(3) (Check the box that describ	es the type of supporting of	organization	► CHIEFWISE	e meets the			
		Гуре І	Type II Provide the		onally Integrated	Type III					
	Provide the following information about the supported organizations. (See Instructions.) (a) (b) (c) Type of organization (described in lines 5 through 12 above or IRC section) (d) Is the supported organization listed in the supporting organization's governing documents?										
	<u> </u>					Yes	No				
	_										
								,			
		-									
	·· · · · · · · · · · · · · · · · · · ·										
otal				<u> </u>			<u> </u>	0.			
14	☐ An o	rganization org	anized and oper	ated to test for public safe	ety. Section 509(a)(4) (Sec						
BAA						Sche	dule A (Form	990 or 990-EZ) 2007			

Schedule A (Form 990 or 990-EZ) 2007 ADVANCEMENT FOR RESEARCH FOR MYOPATHI Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year Total beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 292,905. 292,905. 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 0. Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975 0. Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended 0. 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 0. the public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets. 292,905 Total of lines 15 through 22 292,905. 292,905. 24 Line 23 minus line 17 292,905 2,929. Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test Enter line 24, column (e) 26 c d Add Amounts from column (e) for lines. 18 19 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year: (2006)_ _ _ _ _ <u>0</u> . (2005) _ _ _ _ _ <u>0</u> . (2004) _ _ _ _ <u>0</u> . (2003) _ _ _ _ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year 0. (2004) _ _ _ c Add Amounts from column (e) for lines 15

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

and line 27b total

20

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

f Total support for section 509(a)(2) test Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

d Add Line 27a total

e Public support (line 27c total minus line 27d total)

27 c

27 d

27 e

27 g

27 h

292,905.

292,905.

292,905.

100.00

0.

-	dec A (offi 330 of 330 L2) 2007 IDVINEDIBILITY OF REDBINGHT FOR MIGHT	10		age 3
Par	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
		-		
20		_		
	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially	1020		
	nondiscriminatory basis?	32 b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
				-
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)			
		-		
		-		
33	Does the organization discriminate by race in any way with respect to			
ā	Students' rights or privileges? .	33 a		
t	Admissions policies?	33 b		
C	Employment of faculty or administrative staff?	33 c		
c	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
ç	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			•
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34Ь		
-	If you answered 'Yes' to either 34a or b, please explain using an attached statement	<u> </u>		
35	Does the organization certify that it has complied with the applicable requirements of	_	-	-
	sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

	t VI-A Lobbying E		cting Public Charit				95-4	183/	946 Page 6
	(To be complet	xpenditures by Ele ed ONLY by an eligible							N/A
Chec	ck ► a If the organi	zation belongs to an aff	iliated group Check	▶ b If you	check			cont	rol' provisions apply
		.imits on Lobbying 'expenditures' means a	•	ed)		Affiliate	a) ed grou tals	р	(b) To be completed for all electing
36	Total lobbying expendit			•	36				organizations
37	Total lobbying expendit		· · · · · · · · · · · · · · · · · · ·		37				
38	Total lobbying expendit	-	= '	y g/	38				
39	Other exempt purpose				39		-		
40	Total exempt purpose e	•	38 and 39)		40				
41	Lobbying nontaxable ar		•	le –			-		
	If the amount on line 40) is — The	lobbying nontaxable a	mount is —					
	Not over \$500,000	20%	of the amount on line	40					
	Over \$500,000 but not over \$1	,000,000 \$100,	000 plus 15% of the excess o	ver \$500,000			-	_	
	Over \$1,000,000 but not over \$	\$1,500,000 \$175,0	000 plus 10% of the excess o	ver \$1,000,000 🗁	41				
	Over \$1,500,000 but not over \$		000 plus 5% of the excess over	er \$1,500,000					
	Over \$17,000,000		00,000						
	Grassroots nontaxable	•	•		42				
43	Subtract line 42 from lii Subtract line 41 from lii			•	43				
44				do Form 4700	44				
	Caution: If there is an i	amount on either line 4.			L				
	(Some organ	izations that made a se	Averaging Period I ction 501(h) election do e the instructions for lin	not have to cor	nplete	(h) all of the f	ive coli	umns	below
			Lobbying Expend	litures During 4	-Year A	Averaging	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005			d) 004		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))			<u> </u>					
	Grassroots lobbying expenditures								
	(For reporting o	ctivity by Nonelectionly by organizations the	at did not complete Par	t VI-A) (See inst			,		N/A
atten	ng the year, did the orgain npt to influence public op	nization attempt to influ pinion on a legislative m	ence national, state or natter or referendum, th	local legislation, rough the use of	includi :	ing any	Yes	No	Amount
b d d	Notinities Paid staff or management Media advertisements Mailings to members, le Publications, or publish	egislators, or the public ed or broadcast stateme	ents	d on lines c thro	ugh h.)				
	Grants to other organization of the Grants to other organization of the Grants of the	,		onslative body	•		\vdash		
_	i Rallies, demonstrations	=		-	15		\vdash		
	Total lobbying expenditi			any other meal					

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2007

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did th of the	e reporting organization Code (other than section	directly or in	ndirectly engage in any of the foorganizations) or in section 527.	owing with any other organization descr relating to political organizations?	ibed in sect	ion 50	1(c)
			to a noncharitable exempt organ			Yes	No
(i)C	· · · · · ·	5			51 a (i)		X
	ther assets				a (ii)		Х
	transactions						
(i)S	ales or exchanges of ass	ets with a n	oncharitable exempt organizatio	1	b (i)		Х
(ii)Pi	urchases of assets from	a noncharita	able exempt organization.		b (ii)		Х
• •	ental of facilities, equipm		, ,		b (iii)		X
	eimbursement arrangeme	•			b (iv)		X
	oans or loan guarantees				b (v)		X
` '	•	r membersh	nip or fundraising solicitations		b (vi)		X
` '			sts, other assets, or paid employ	ees	c c		X
d If the the go	answer to any of the abo oods, other assets, or ser	ove is 'Yes,' rvices given	complete the following schedule by the reporting organization if how in column (d) the value of t	Column (b) should always show the fair the organization received less than fair r e goods, other assets, or services receiv	market val narket value	ue of	
(a)	(b)						
Line no	Amount involved	Name of	(c) noncharitable exempt organizati	n Description of transfers, transactions, ar	id sharing arra	ngemen	ts
N/A			• • • • • • • • • • • • • • • • • • • •		·		
						-	
-			***************************************				
				·	···		
		· ·					
							
				· · · · · · · · · · · · · · · · · · ·	·		
				<u> </u>			

	<u> </u>						
اا							
	organization directly or in the section 501(c) of section 501(c) of section 501(c) and section in the section of section directly or in the section directly or in the section directly or in the section of section directly or in the section directly directly or in the section directly		filiated with, or related to, one or ther than section 501(c)(3)) or in	more tax-exempt organizations section 527?	► ☐ Ye	s X	No
Dil 103	(a)	Scriedule	(b)	(c)			
	Name of organization		Type of organization	(c) Description of relati	onship		
I/A							
,,							
_							
<u> </u>							
		-					
	 		 				
							
							
					.		
	· ·			 			
			·		 -		
····					<u> </u>		
				· · · · · · · · · · · · · · · · · · ·			

BAA

20	1	7
ZU	W	_

FEDERAL STATEMENTS

PAGE 1

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
FUND RAISING TELETHON FUND RAISING PARTY FUND RASING PARTY FUND RASING PARTY	176,421. 70,692. 48,183. 18,038. TOTAL \$\frac{\$313,334.}{}	0. 0. 0. 0. \$ 0.	176,421. 70,692. 48,183. 18,038. \$ 313,334.	32,767. 15,532. 45,812. 24,509. \$ 118,620.	143,654. 55,160. 2,371. -6,471. \$ 194,714.

STATEMENT 2 FORM 990, PART II, LINE 22B OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: DONEE'S ADDRESS:

H.I.B.M. RESEARCH GROUP 16661 VENTIRA BLVD #311

ENCINO, CA 91436

AMOUNT GIVEN:

218,046.

UC REGENT

DONEE'S NAME: DONEE'S ADDRESS:

9500 GLIMAN DR. LA JOLLA, CA 92093

AMOUNT GIVEN:

11,442.

DONEE'S NAME:

BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE 11301 WILSHIRE BLVD #114

DONEE'S ADDRESS:

DONEE'S ADDRESS:

LOS ANGELES, CA 90073

AMOUNT GIVEN:

15,000.

DONEE'S NAME:

INSTITUTO GULBENKIAN DE CIENCIA RUA DA QUINTA GRANDE 6

P-2780-156 OERIAS, ,

AMOUNT GIVEN:

11,250.

TOTAL GRANTS AND ALLOCATIONS \$ 255,738.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT <u>& GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING BANK CHARGES CREDIT CARD FEES LICENSES AND PERMIT MEALS & ENTERTAINMENT	1,580. 745. 3,732. 85. 373.			1,580. 745. 3,732. 85. 373.

\sim	^		
-	"	11	1
_	.,		

FEDERAL STATEMENTS

PAGE 2

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

STATEMENT 3 (CONTINUED) FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
OFFICE EXPENSES OUTSIDE SERVICES PATIENT CARE	4,333. 1,850. 1,600.		1,600.	4,333. 1,850.
SEMINAR WEBSITE DESIGN	$ \begin{array}{c} 136. \\ 3,000. \\ \hline 17,434. \end{array} $	\$ 0.	\$ 1,600.	136. 3,000. \$ 15,834.

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RESEARCH ANCILLARY PROGRAM AND LABORATORY

STATEMENT 5 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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. INCLUDES FOREIGN GRANTS: NO	255,738.	255,738.
	\$ 255,738.	\$ 255,738.

STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS		ACCUM. DEPREC.		BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL	\$ \$	401. 401.	\$ \$	401. 401.	\$ \$	0. 0.

2007

FEDERAL STATEMENTS

PAGE 3

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES

95-4837946

STATEMENT 7 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
SANAZ IMANI 7543 VASSAR AVE # 106 CANOGA PARK, CA 91303	ADMINISTRATOR 0	32,762.	0.	0.
SHIRIN D DAGHIGHTAN 19208 HAMLIN ST. #9 RESEDA, CA 91355	ADMINSTRATOR 0	2,288.	0.	0.
SHOKUH DARVISH 16661 VENTURA BLVD. # 311 ENCINO, CA 91436	ADMINISTRATOR 40.00	18,000.	0.	0.
	TOTAL 3	53,050.	<u>\$ 0.</u> <u>\$</u>	0.