

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

ADVANCEMENT FOR RESEARCH FOR MYOPATHIES 16661 VENTURA BLVD. #311 ENCINO, CA 91436

D Employer Identification Number 95-4837946
E Telephone number 818-789-1033
F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? [ ] Yes [X] No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? [ ] Yes [ ] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 415,014.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

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REVENUE

EXPENSES

NET ASSETS

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, membership dues, special events, and total revenue/expenses.

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**Part II 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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 2 (cash \$ 450,992. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 450,992.	22 450,992.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 18,000.	25 0.	25 0.	25 18,000.
26	Other salaries and wages	26 3,268.			26 3,268.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 2,021.			29 2,021.
30	Professional fundraising fees	30			
31	Accounting fees	31 1,150.		31 1,150.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 702.		34 351.	34 351.
35	Postage and shipping	35			
36	Occupancy	36 6,552.		36 3,276.	36 3,276.
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 744.			39 744.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 57.		42 57.	
43	Other expenses not covered above (itemize).				
a	SEE STATEMENT 3	43a 13,111.			43a 13,111.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 496,597.	44 450,992.	44 4,834.	44 40,771.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<b>a</b> <u>SEE STATEMENT 5</u> ----- ----- ----- ----- (Grants and allocations \$ <u>450,992.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	450,992.
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	450,992.

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