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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

	alendar year 2011, or tax year beginning	, 2011	, and ending	T		
Dys	foundation immune Neuromuscular Disease	s Foundation		A	Employer identification nui	mber
118	and street (or PO box number if mail is not delivered to str 18 Rosecrans Avenue Suite A		Room/suite	В	Telephone number (see the (781) 647-77	
City or to	own √alk	State CA	ZIP code 90650	С	If exemption application is	pending, check here
G CI	neck all that apply X Initial return	Initial Return of a for	mer public charity	Ь	1 Foreign organizations, chec	ck here
	Final return Address change	Amended return Name change			2 Foreign organizations meet	ting the 85% test, check
Н		1(c)(3) exempt private f]	here and attach computation	
	Section 4947(a)(1) nonexempt charitable t Fair market value of all assets at end of year	counting method X C	orivate foundation ash Accrual	E	If private foundation status under section 507(b)(1)(A)	
•	(from Part II, column (c), line 16) \$ 2,101. (Part I	Other (specify) , column (d) must be on	cash basis)	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part						
	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investme	ını	(c) Adjusted net	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	J CARPOLICOS POL BOOKS	i i i come		moonic	purposes
	sarily equal the amounts in column (a) (see instructions))				•	(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	160,000.	<u> </u>			
	2 Ck If the foundn is not reg to att Sch B	100,000.			-	
	3 Interest on savings and temporary					
	cash investments					
7	4 Dividends and interest from securities					
7.07	5a Gross rents					
\ 3	D Net rental income or (loss)					
R	6a Net gain/(loss) from sale of assets not on line 10					
₹ E	b Gross sales price for all assets on line 6a				· · · · · ·	
ž Ě	7 Capital gain net income (from Part IV, line 2)					
N	8 Net short-term capital gain				· · · · · · · · · · · · · · · · · · ·	
. U	9 Income modifications					
਼ੋ E	10a Gross sales less returns and					
٠,	allowances	···				
) .; .;	b Less Cost of goods sold					
3	c Gross profit/(loss) (att sch)					
5	11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11	160,000.				
	13 Compensation of officers, directors, trustees, etc	18,000.				
	14 Other employee salaries and wages				KECEIVED	
	15 Pension plans, employee benefits			Ţ~		ပ္
A	16a Legal fees (attach schedule)	13,094.		0	B 2 C 3 4	ğ
A D M				2		9
N	c Other prof fees (attach sch)	167.				22
	17 Interest				/	A0
O I S T R A T	18 Taxes (attach schedule)(see instrs)				OGDEN, UT	
ÂÂ	19 Depreciation (attach					_
- J i	sch) and depletion					
N V G E	20 Occupancy 21 Travel, conferences, and meetings	<u> </u>	<u>. </u>	\dashv		
A F	22 Printing and publications			-		
A E X P E N	23 Other expenses (attach schedule)					
Ē	(attach solicatio)					
N S	24 Total operating and administrative					
E S	expenses. Add lines 13 through 23	31,261.			İ	
	25 Contributions, gifts, grants paid	126,638.				126,638.
	26 Total expenses and disbursements.					
	Add lines 24 and 25	157,899.				126,638.
	27 Subtract line 26 from line 12:			ł		i 1
	a Excess of revenue over expenses and disbursements	2,101.		[
	b Net investment income (if negative, enter -0-)			\dashv		
	C Adjusted net income (if negative, enter -0-)					·····
	- Adjusted not income (it negative, enter -0-)	<u> </u>				

Part III Balance Sheets Allected schedules and anyones in the decreasions (a) Book Value (c) Floor Value (c) Floor Market Value (c)	Form	Form 990-PF (2011) Dysimmune Neuromuscular Diseases Foundation			45-147	7924 Page 2
Cash - non-interest bearing Committee	Part II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only		Beginning of year	End o	f year	
2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts = 4 Piledges receivable Less allowance for doubtful accounts = 5 Grants receivable Less allowance for doubtful accounts = 5 Grants receivable 6 Reveable dust from facing, trustees, and other shopathird persons (starts should) (see instructions) 7 Other ness adiass reveable (starbs should) 8 Inventments - U.S. and state government biligations (states of receivable) 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government biligations (states checite) 1 Investments - organiza binds (states should) c Investments - organiza binds (states should) c Investments - organiza binds (states should) c Investments - organiza binds (states should) 11 Investments - and state government biligations (states organiza binds (states should) 12 Investments - and state government biligations (states organiza binds (states should) 13 Investments - and state government display to the states of the catalogs of the states or states			(a) Book Value	(b) Book Value	(c) Fair Market Value	
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E U 25 Temporarily restricted 26 Permanently restricted 4 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 5 N 28 Paid-in or capital surplus, or land, building, and equipment fund 0 E R S 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 0. 2, 101. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 2, 101. 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 2, 101. 5 Decreases not included in line 2 (itemize) 5			and complete lines 24 through 26 and lines 30 and 31.			1
D 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, building, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) Data III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5		24	Unrestricted	0.	2,101.	
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, building, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) Deart III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	TN	25	Temporarily restricted			
S N C 28 Paid-in or capital surplus, or land, building, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 0. 2, 101. Total liabilities and net assets/fund balances (see instructions) 0. 2, 101. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 2, 101. 3 Other increases not included in line 2 (itemize)		26				
S N C 28 Paid-in or capital surplus, or land, building, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 0. 2, 101. Total liabilities and net assets/fund balances (see instructions) 0. 2, 101. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 2, 101. 3 Other increases not included in line 2 (itemize)	S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			1
S N C 28 Paid-in or capital surplus, or land, building, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 0. 2, 101. Total liabilities and net assets/fund balances (see instructions) 0. 2, 101. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2 2, 101. 3 Other increases not included in line 2 (itemize)	ΕL	27	Capital stock, trust principal, or current funds			
Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize) Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with a column (a) agree w	SŅ	28	· · · · · · · · · · · · · · · · · · ·			
R S 30 Total net assets or fund balances (see instructions) 0. 2,101. Total liabilities and net assets/fund balances (see instructions) 0. 2,101. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0. 2 Enter amount from Part I, line 27a 2,101. 3 Other increases not included in line 2 (itemize)		29	Retained earnings, accumulated income, endowment, or other funds			·
(see instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5		30	Total net assets or fund balances (see instructions)	0.	2,101.	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5		31		0	2 101	:
1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	Par	: 111			2,101.	
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5						
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5	1	ota end-	l net assets or fund balances at beginning of year – Part II, colum of-vear figure reported on prior vear's return)	in (a), line 30 (must agr		0.
3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 5	2					
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5						, , , , , , , , , , , , , , , , , , ,
5 Decreases not included in line 2 (itemize)	4		`		4	2,101.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 6 2, 101.	5	Decre	ases not included in line 2 (itemize)		5	
	6_	Tota	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), lin	e 30 6	2,101.

Form **990-PF** (2011)

	Calendar year (or tax year beginning in)	/ ajastea qualifying distributions	noncharitable-use assets	(coli	umn (b) divided by column (c))
	2010				
	2009				
	2008				
	2007				
	2006				
2	Total of line 1, column (d)			2	
3		the 5-year base period – divide the tot on has been in existence if less than 5		3	
4	4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5				
5	5 Multiply line 4 by line 3				
6	Enter 1% of net investment in	scome (1% of Part I, line 27b)		6	
7	Add lines 5 and 6			7_	

Form 990-PF (2011)

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

		14//				aye 4
Par		nstruc	:tions)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.					'
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1				
	check here ► ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		.			
	foundations only Others enter -0-)	2				
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>0.</u>
6	Credits/Payments					
а	2011 estimated tax pmts and 2010 overpayment credited to 2011 6a					
b	Exempt foreign organizations — tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					-
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
_11	Enter the amount of line 10 to be Credited to 2012 estimated tax	11				
Par	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		\vdash	4	Yes	No
	participate or intervene in any political campaign?		1	l a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?						х
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?						X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation \$ (2) On foundation managers \$					i i
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or foundation managers	1				
2	foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u> </u>	2		X
2	If 'Yes,' attach a detailed description of the activities			_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		_	_	_	
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		تــا	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			1a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		<u> </u>	1 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u></u> :	5		<u>X</u>
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that cor	flict	-			'
	with the state law remain in the governing instrument?		<u>_</u> -	5	<u>X</u>	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		<u> </u>	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) CA - California		_			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			ВЬ	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4	1942(1)	(5)			
•	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete	Part X	<i>N</i>	9	X	-
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses	mes	10	0	х	
BAA			Form	990	-PF	(2011)

b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

X 4a

X

3b

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Port VII P Statements Department Activity			43-14	11324	Fage (
Part VII-B Statements Regarding Activit		14/20 May Be Req	uirea (continuea)		 	
5 a During the year did the foundation pay or incur.(1) Carry on propaganda, or otherwise attempt	-	n (section 4945(e))?	☐ Yes [X]	No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry						
on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
(4) Provide a grant to an organization other th	•	•				
in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	ctions) .	Yes X	No		
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children o	or animals?		No		
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons			
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ 🗌			
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response	sibility for the grant?		Yes	No		
If 'Yes,' attach the statement required by Regu	lations section 53 4945	-5(d)				
6a Did the foundation, during the year, receive an on a personal benefit contract?				No		
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirect	ly, on a personal benefit	t contract?	<u>6b</u>	X	
7a At any time during the tax year, was the found	lation a party to a prohit	oited tax shelter transact	tion? Yes X	No		
b If 'Yes,' did the foundation receive any proceed				7 b		
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	Imployee	es,	
1 List all officers, directors, trustees, foundatio	n managers and their c	ompensation (see instru	uctions).			
(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		se account, lowances	
Sohail Masood						
7940 Front Beach Road PMB #159	President					
Panama City Beach FL 32407	4.00	0.	0.		0.	
Mona Masood						
7940 Front Beach Road PMB #159	Secretary					
Panama City Beach FL 32407	2.00	0.	0.		0.	
Aslam Masood	_					
2525 Westgate Street Houston TX 77019	Chief Financial Officer 2.00		0		0	
Houseon IX 77019	2.00	0.	0.		0.	
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1 – see ins	tructions). If none, ente	er 'NONE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred		se account, lowances	
None			compensation			
0						
0						
0						
-]				
0						
2	<u> </u>	L				
Total number of other employees paid over \$50,000			<u> </u>		None	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	id Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Support medical and clinical research at leading medical research institutions around the country.	
	126,638.
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	-
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	•
BAA	Form 990-PF (2011)

Form 990-PF (2011) Dysimmune Neuromuscular Diseases Foundation	45-1477924	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this see instructions.)	part. Foreign found	lations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	5,000.
c Fair market value of all other assets (see instructions)	. 1c	0.
d Total (add lines 1a, b, and c)	1 d	5,000.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	. 2	
3 Subtract line 2 from line 1d	3	5,000.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	<u>75.</u>
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,925.
6 Minimum investment return. Enter 5% of line 5	6	246.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► X and do not complete this		ations
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2011 from Part VI, line 5		
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)	<u> </u>	
Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:	<u> </u>	
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	126,638.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpose	es 2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)		
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	e 4 4	126,638.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	126,638.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	whether the foundation	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007	4			
c From 2008	_			
d From 2009 e From 2010	-			
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 126, 638.				
a Applied to 2010, but not more than line 2a				
h Applied to undistributed income of prior veger				
b Applied to undistributed income of prior years (Election required – see instructions)				
 Treated as distributions out of corpus (Election required — see instructions) 				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus	126,638.			
5 Excess distributions carryover applied to 2011			<u>.</u>	
(If an amount appears in column (d), the same amount must be shown in column (a))				
· · ·				
6 Enter the net total of each column as				
indicated below:	106 630			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	126,638.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		<u> </u>		
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011. Subtract lines				
4d and 5 from line 1. This amount must be				•
distributed in 2012 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	126,638.			
Analysis of line 9				
a Excess from 2007 0	<u>. </u>			
b Excess from 2008 0	⊣		ļ	
c Excess from 2009 0	∸			
d Excess from 2010 0	≒			
e Excess from 2011 126, 638				Form 990-PF (2011)

Form 990-PF (2011) Dysimmune Neuromu				45-1477924	Page 10
Part XIV Private Operating Foundate					
1 a If the foundation has received a ruling or d is effective for 2011, enter the date of the r	uling		••		
b Check box to indicate whether the foundati	on is a private opera	ting foundation des	cribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
each year listed	0.				N/A
b 85% of line 2a	0.				N/A
c Qualifying distributions from Part XII, line 4 for each year listed	126 <u>,</u> 638.				126,638.
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 	126,638.	0.	0.	0.	126,638.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the	e year — see in	part only if the ostructions.)	organization ha	ad \$5,000 or mor	e in
1 Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have	ave contributed mor	e than 2% of the tot an \$5,000). (See se	tal contributions rec ection 507(d)(2))	eived by the foundat	on before the
Sohail Masood					
Mona Masood					
b List any managers of the foundation who ca partnership or other entity) of which the	own 10% or more of foundation has a 10°	the stock of a corpo % or greater interest	ration (or an equali t	y large portion of the	ownersnip of
2 Information Regarding Contribution, Gran	t. Gift. Loan. Schola	rship, etc. Program	s:		
Check here X if the foundation only n requests for funds If the foundation makes complete items 2a, b, c, and d	nakes contributions t	o preselected charit	table organizations	and does not accept uzations under other	unsolicited conditions,
a The name, address, and telephone numbe	r of the person to wh	nom annlications she	ould be addressed:		
a me name, address, and telephone name	or the person to the	iom applications on			
b The form in which applications should be s	submitted and inform	ation and materials	they should include	 9:	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	such as by geograph	ical areas, charitable	e fields, kinds of in	stitutions, or other fa	ctors
	· 				orm 990-PF (2011)
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Form 990-PF (2011) Dysimmune Neuromuscular Diseases Foundation 45-1477924 Part XVI Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year medical and Good Samaritan Hospital tax-1225 Wilshire Blvd clinical research exempt Los Angeles 501(c)(3) for diseases 100,000. CA 90017-19d1 Massachusetts Down Syndrome Congress provide support 20 Burlington Mall Road # 261 exempt for down syndrome MA 01803 501(c)(3) research & services Burlington 26,638. Total 126,638. **b** Approved for future payment

3b

Total

Part XVI-A Analysis of Income-Producing Activities

	Unrelate	ed business income	Excluded	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated. 1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
a					
b	i				
с					
d					-
e					
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property			ŀ		
b Not debt-financed property		-			
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
с					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculation	ons.)				
Part XVI-B Relationship of Activities to the	Λccompl	ishment of Evenn	t Durno	ene	
Tart XVI B Relationship of Activities to the					
		rted in column (e) of P	art XVI-A	contributed importantly	to the
Line No. Explain below how each activity for which in	ncome is repo				
Line No. Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is repo purposes (ot		unas for s	uch purposes) (See in	structions)
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Line No. Explain below how each activity for which is accomplishment of the foundation's exempt	purposes (ot	ner than by providing to	unds for s	ucn purposes) (See in	structions)
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Line No. ▼ Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is repo purposes (ot	ner train by providing it	unas for s	ucn purposes) (See in	structions)
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Line No. Explain below how each activity for which is accomplishment of the foundation's exempted and the foundation of	ncome is repo purposes (ot	ner train by providing it.	unas for s	ucn purposes) (See In	structions)

Form 990-PF (2011) Dysimmune Neuromuscular Diseases Foundation 45-1477924 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Yes	No
1 Did	the organization directly	or indirectly engage	e in any of the follo	wing with a	ny other organization	2.7			
rel	scribed in section 501(c) o ating to political organizati	ons?	ian section sorte)(o) organiza	mons) or in section 5	27,			
a Tra	nsfers from the reporting	foundation to a nor	charitable exempt	organizatio	n of				
	Cash		•	3			1a (1)		х
(2)	Other assets						1a (2)		Х
	er transactions					·			
	Sales of assets to a none	charitable exempt o	roanization				_ 1b(1)		X
	Purchases of assets from	•	-				1b (2)		X
	Rental of facilities, equip		· -				1b (3)		X
	Reimbursement arranger	•	513				1b (3)		X
	Loans or loan guarantees						1b (5)		X
	Performance of services		fundraicina colleitat	lone			1b (5)		X
	aring of facilities, equipme		=				10 (6)		X
COI	aring or racinacis, equipme	ant, mailing lists, of	ner assets, or paid	employees			16		
d If t	ne answer to any of the ab	ove is 'Yes,' comp	lete the following so	chedule. Co	lumn (b) should alwa	vs show the fair mar	ket value	of	
the	goods, other assets, or se	ervices given by the	e reporting foundati	on If the fo	oundation received les	ss than fair market v	alue ın		
	transaction or sharing ar						h		
(a) Line r	o (b) Amount involved	(C) Name of non	charitable exempt organi	zation	(a) Description of tra	nsfers, transactions, and s	naring arran	gement	<u>s</u>
					 .				
					 -				
									
									
									
									
	_								
						 .			
	- 								
									
									
2a ls t	ne foundation directly or in	ndirectly affiliated v	uth or related to o	ne or more	tax-exempt organiza	tions			
des	cribed in section 501(c) of	f the Code (other th	ian section 501(c)(3	3)) or in sec	ction 527?	(10113	Yes	X	No
b If '	es, complete the followin	g schedule							
	(a) Name of organization	on_	(b) Type of orga	anization	(0) Description of rela	tionship		
ار	nder penalties of perjury, I declare	that I have examined th	is return, including accon	npanying sched	dules and statements, and t	o the best of my knowledge	and belief,	t is true	
1	orrect, and complete Declaration	or preparer colner than to	ixpayer) is based on all ir	normation of w	vnich preparer has any knov	vieage	May the I	DC disco	
Sign			laces	0.44.0	N		this return	with th	e i
Here			04/1	9/12	President -		(see <u>inst</u> r	uctions)	Pelow
	Signature of officer or trustee Print/Type preparer's name		Date		Title		PTIN	Yes	No
			Preparer's signature	Dar	Date 5/4/12	Check [A]	L I IIN		
Paid	Habib Rahman			<u> xam</u>	VWV /	seir-employed			
Prepare	·		Attorney a	t Law,	CPA	Firm's EIN ►			
Jse On	· , —	O Westland F	Road				•		
	We	eston	-	MA	02493-1335	Phone no (781)			
BAA							Form 99	0-PF (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number				
Dysimmune Neuromuscular Disea	45-1477924					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a p 527 political organization	orivate foundation				
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a privation 501(c)(3) taxable private foundation	ite foundation				
Check if your organization is covered by the Ger Note. Only a section 501(c)(7), (8), or (10) organization	neral Rule or a Special Rule nization can check boxes for both the General Rule and a Sp	pecial Rule See instructions				
General Rule						
X For an organization filing Form 990, 990-EZ, contributor (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one				
Special Rules						
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test of the reform any one contributor, during the year, a contribution of table, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	the greater of (1) \$5,000 or				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5,	000 or more during the year	▶ \$				
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990, or check the box on line H of its Form 990 filing requirements of Schedule B (Form 990, 990-EZ, or 990	0-EZ or on Part I. line 2. of its				
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	e the Instructions for Form 990, Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)				

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
-	nune Neuromuscular Diseases Foundation	1	177924
	Contributors (see instructions) Use duplicate copies of Part I if additional spa	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Sohail Masood 7940 Front Beach Road PMB # 159 Panama City Beach FL 32407	\$80,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Mona Masood 7940 Front Beach Road PMB # 159 Panama City Beach FL 32407	\$80,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
RAA	TEFA0702 08/30/11	Schedule B (Form 990), 990-EZ, or 990-PF) (2011)

Supporting Statement of:

Form 990-PF, p1/Line 1(a)

Description	Amount
4/8/2011	10,000.
6/3/2011	100,000.
11/8/2011	50,000.
Total	160,000.

Supporting Statement of:

Form 990-PF, p1/Line 13(a)

Description	Amount
Medical Director Executive Director	16,000. 2,000.
Total	18,000.

Supporting Statement of:

Form 990-PF, p1/Line 25(d)

Description	Amount
Good Samaritan Hospital - 7/8/2011	50,000.
Good Samaritan Hospital - 11/16/2011	50,000.
Mass Down Syndrome Congress - 6/27/2011	26,638.
Total	126,638.

Supporting Statement of:

Form 990-PF, p2/Line 1(b)

Description	Amount
Bank of America A/C *** 9648	2,101.
Total	2,101.