

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

Name and title of officer

GERALD C. WEINBERG

PRESIDENT & CEO

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>179,394,809.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b	_____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	_____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MDA to enter my PIN 00001 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Gerald C. Weinberg* Date ▶ 8-13-10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 86197000002
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

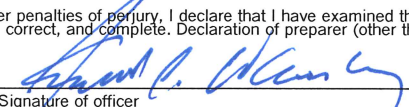
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C MUSCULAR DYSTROPHY ASSOCIATION, INC. 3300 EAST SUNRISE DRIVE TUCSON, AZ 85718-3299	D Employer Identification Number 13-1665552 E Telephone number (520) 529-2000 G Gross receipts \$ 339,447,573.
F Name and address of principal officer: GERALD C. WEINBERG SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.MDA.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1950 M State of legal domicile: NY	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>MDA IS THE NONPROFIT HEALTH AGENCY DEDICATED TO CURING MUSCULAR DYSTROPHY, ALS AND RELATED DISEASES BY FUNDING WORLDWIDE RESEARCH. THE ASSOCIATION ALSO PROVIDES COMPREHENSIVE HEALTH CARE AND SUPPORT SERVICES, ADVOCACY AND EDUCATION.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	19
	5 Total number of employees (Part V, line 2a).....	5	1,663
	6 Total number of volunteers (estimate if necessary).....	6	1,500,000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a	249,448.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	182,064,928.	175,435,559.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	-18,851,684.	2,930,115.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	1,238,603.	1,029,135.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	164,451,847.	179,394,809.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	61,608,239.	53,499,249.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	80,503,891.	75,818,898.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,295,533.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	65,305,467.	60,703,412.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	207,417,597.	190,021,559.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-42,965,750.	-10,626,750.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26).....	133,570,275.	129,092,180.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	64,581,531.	54,591,188.
		68,988,744.	74,500,992.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: 	Date	8-13-10
	GERALD C. WEINBERG		PRESIDENT & CEO
	Type or print name and title.		

Paid Preparer's Use Only	Preparer's signature ▶ SELF-PREPARED	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶	

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

MDA IS THE NONPROFIT HEALTH AGENCY DEDICATED TO CURING MUSCULAR DYSTROPHY, ALS AND RELATED DISEASES BY FUNDING WORLDWIDE RESEARCH. THE ASSOCIATION ALSO PROVIDES COMPREHENSIVE HEALTH CARE AND SUPPORT SERVICES, ADVOCACY AND EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 84,074,013. including grants of \$ 6,893,867.) (Revenue \$)

HEALTH CARE AND COMMUNITY SERVICES - SEE FEDERAL SUPPLEMENTAL INFORMATION PAGE - 3

4b (Code:) (Expenses \$ 39,147,352. including grants of \$ 34,753,940.) (Revenue \$)

RESEARCH - SEE FEDERAL SUPPLEMENTAL INFORMATION PAGE - 1

4c (Code:) (Expenses \$ 23,469,432. including grants of \$) (Revenue \$)

PROFESSIONAL AND PUBLIC HEALTH EDUCATION - SEE FEDERAL SUPPLEMENTAL INFORMATION PAGE 7

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 146,690,797.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	X	
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1 a 1,131		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1 b 44		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2 a 1,663		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7 d 11		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	X	
10 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers of key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► STEPHEN P EVANS VP - FINANCE 3300 E. SUNRISE DR. TUCSON AZ 85718-3299 (520) 529-2000

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY H. APPEL, M.D. DIRECTOR	0	X					0.	0.	0.	
ROBERT M. BENNETT DIRECTOR	0	X					0.	0.	0.	
LEON I. CHARASH, M.D. DIRECTOR	0	X					0.	0.	0.	
BART CONNER DIRECTOR	0	X					0.	0.	0.	
HAROLD C. CRUMP DIRECTOR	0	X					0.	0.	0.	
BENJAMIN F. CUMBO, III DIRECTOR	0	X					0.	0.	0.	
JOSEPH S. DIMARTINO DIRECTOR	0	X					0.	0.	0.	
DANIEL G. FRIES DIRECTOR	0	X					0.	0.	0.	
R. RODNEY HOWELL, M.D. CHAIRMAN	0	X					0.	0.	0.	
THE HONORABLE BRAD HENRY DIRECTOR	0	X					0.	0.	0.	
LOUIS M. KUNKLE, PHD DIRECTOR	0	X					0.	0.	0.	
SUZANNE LOWDEN TREASURER	0	X					0.	0.	0.	
TIMMI MASTERS SECRETARY	0	X					0.	0.	0.	
MAUREEN MCGOVERN DIRECTOR	0	X					0.	0.	0.	
DAVE HUTTON DIRECTOR	0	X					0.	0.	0.	
OLIN F. MORRIS DIRECTOR	0	X					0.	0.	0.	
CHRISTOPHER J. ROSA, PHD DIRECTOR	0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES D. SCHOOR, ESQ DIRECTOR	0	X					0.	0.	0.	
LOIS R. WEST DIRECTOR	0	X					0.	0.	0.	
GERALD C. WEINBERG PRESIDENT & CEO	60	X		X	X		373,647.	0.	6,063.	
VALERIE CWIK M.D. EVP RESEARCH	50			X	X		170,904.	0.	9,524.	
STEPHEN P. EVANS CPA ASST TREASURER	50			X			101,107.	0.	15,316.	
JODI WALTERS ASST TREASURER	50			X			56,293.	0.	6,725.	
CHRISTINA C. KENNEDY ASST SECRETARY	50			X			61,383.	0.	8,196.	
GAIL SCHMERTZ KERNER, ESQ EVP LEGAL	50			X	X		189,491.	0.	18,256.	
KEVIN MORAN EVP BUS DEV	50			X			135,548.	0.	16,415.	
PETE MORGAN EVP FIELD ORG	50			X	X		164,135.	0.	17,389.	
JOHN WALSH SR VP FIELD EAST	50					X	145,154.	0.	5,456.	
1 b Total							1,397,662.	0.	103,340.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 34

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
ROBERT HALF INTERNATIONAL PO BOX 60000 SAN FRANCISCO, CA 94160	TEMPORARY AGENCY	1,398,187.
MOORE WALLACE PO BOX 730165 DALLAS, TX 75373	PRINTER	1,308,588.
EXPRESS PERSONNEL SERVICES P.O. BOX 841634 DALLAS, TX 75284	TEMPORARY AGENCY	1,279,663.
METROGROUP MARKETING SERVICES, INC. P O BOX 87618 CHICAGO, IL 60680	LETTERSHP SERVICES	1,139,306.
EXPERIAN P O BOX 73774 CHICAGO, IL 60673	PRINTER	1,048,781.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 88

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 906,847.					
	b Membership dues	1 b					
	c Fundraising events	1 c 144401631.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 30,127,081.					
	g Noncash contribns included in lns 1a-1f: ... \$	508,709.					
	h Total. Add lines 1a-1f		175435559.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
g Total. Add lines 2a-2f							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,735,571.	2,735,571.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		59,173.	59,173.			
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		126291178.	974.				
		b Less: cost or other basis and sales expenses					
		125562382.	535,226.				
	c Gain or (loss)	728,796.	-534,252.				
	d Net gain or (loss)			194,544.	-534,252.	728,796.	
	8 a Gross income from fundraising events (not including. \$ 144,401,631. of contributions reported on line 1c). See Part IV, line 18	a 33642304.					
		b Less: direct expenses	b 33642304.				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a 777,506.					
		b Less: direct expenses	b 312,852.				
		c Net income or (loss) from gaming activities		464,654.			
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a LIST RENTALS	900002		255,860.		255,860.		
b QUEST-ADVERTISING	541800		249,448.	249,448.			
c -----							
d All other revenue							
e Total. Add lines 11a-11d			505,308.				
12 Total revenue. See instructions			179394809.	2,260,492.	249,448.	984,656.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,359,742.	30,359,742.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,745,309.	18,745,309.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,394,198.	4,394,198.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,350,392.	486,235.	846,482.	17,675.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	58,996,337.	50,908,142.	4,852,046.	3,236,149.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,315,053.	9,015,013.	802,852.	497,188.
10 Payroll taxes	5,157,116.	4,459,705.	419,779.	277,632.
11 Fees for services (non-employees)				
a Management				
b Legal	363,320.		363,320.	
c Accounting	310,218.		310,218.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	282,811.		282,811.	
g Other	14,611,476.	2,125,664.	794,443.	11,691,369.
12 Advertising and promotion				
13 Office expenses	2,161,493.	1,428,191.	401,132.	332,170.
14 Information technology	229,177.	210,385.	6,875.	11,917.
15 Royalties				
16 Occupancy	11,107,941.	9,704,461.	628,403.	775,077.
17 Travel	6,304,535.	5,420,106.	396,123.	488,306.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,850.	63,331.	25,936.	17,583.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,577,558.	863,526.	659,102.	54,930.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>POSTAGE AND SHIPPING</u>	7,546,381.	2,800,051.	510,580.	4,235,750.
b <u>PRINTING AND PUBLICATIONS</u>	7,176,060.	2,422,461.	428,274.	4,325,325.
c <u>TELEPHONE</u>	4,548,865.	2,837,699.	118,643.	1,592,523.
d <u>MISCELLANEOUS</u>	4,376,727.	446,578.	3,188,210.	741,939.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	190,021,559.	146,690,797.	15,035,229.	28,295,533.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	6,762,257.	2,890,865.	490,264.	3,381,128.

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1 Cash — non-interest-bearing.....	21,301,042.	1	19,448,656.	
	2 Savings and temporary cash investments.....		2		
	3 Pledges and grants receivable, net.....	4,352,131.	3	3,866,327.	
	4 Accounts receivable, net.....		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		6		
	7 Notes and loans receivable, net.....		7		
	8 Inventories for sale or use.....		8		
	9 Prepaid expenses and deferred charges.....	2,948,286.	9	3,022,368.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,607,489.			
	b Less: accumulated depreciation.....	10b 6,801,906.	10,235,131.	10c	9,805,583.
	11 Investments — publicly-traded securities.....	94,733,685.	11	92,949,246.	
	12 Investments — other securities. See Part IV, line 11.....		12		
	13 Investments — program-related. See Part IV, line 11.....		13		
	14 Intangible assets.....		14		
	15 Other assets. See Part IV, line 11.....		15		
16 Total assets. Add lines 1 through 15 (must equal line 34).....	133,570,275.	16	129,092,180.		
LIABILITIES	17 Accounts payable and accrued expenses.....	10,593,215.	17	9,660,127.	
	18 Grants payable.....	28,929,945.	18	23,885,138.	
	19 Deferred revenue.....		19		
	20 Tax-exempt bond liabilities.....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23 Secured mortgages and notes payable to unrelated third parties.....		23		
	24 Unsecured notes and loans payable to unrelated third parties.....		24		
	25 Other liabilities. Complete Part X of Schedule D.....	25,058,371.	25	21,045,923.	
	26 Total liabilities. Add lines 17 through 25.....	64,581,531.	26	54,591,188.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets.....	68,988,744.	27	74,500,992.	
	28 Temporarily restricted net assets.....		28		
	29 Permanently restricted net assets.....		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds.....		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31		
	32 Retained earnings, endowment, accumulated income, or other funds.....		32		
33 Total net assets or fund balances.....	68,988,744.	33	74,500,992.		
34 Total liabilities and net assets/fund balances.....	133,570,275.	34	129,092,180.		

BAA

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...	176176518.	183532791.	137586210.	182595766.	175900213.	855791498.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3. ...	176176518.	183532791.	137586210.	182595766.	175900213.	855791498.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						0.
6 Public support. Subtract line 5 from line 4.						855791498.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	176176518.	183532791.	137586210.	182595766.	175900213.	855791498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,346,040.	5,032,842.	4,246,332.	3,946,932.	2,794,744.	22,366,890.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						878158388.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	96.3 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying).....		11,500.													
b Total lobbying expenditures to influence a legislative body (direct lobbying).....		243,054.													
c Total lobbying expenditures (add lines 1a and 1b).....		254,554.	0.												
d Other exempt purpose expenditures.....															
e Total exempt purpose expenditures (add lines 1c and 1d).....		254,554.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		50,911.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f).....		12,728.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-.....		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-.....		203,643.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount.....			79,159.	50,911.	130,070.
b Lobbying ceiling amount (150% of line 2a, column (e)).....					195,105.
c Total lobbying expenditures.....			395,794.	254,554.	650,348.
d Grassroots nontaxable amount.....			19,790.	12,728.	32,518.
e Grassroots ceiling amount (150% of line 2d, column (e)).....					48,777.
f Grassroots lobbying expenditures.....			10,393.	11,500.	21,893.

BAA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV. . . . SEE PART IV			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1I- OTHER ACTIVITIES DESCRIPTION

DEDICATED TO THE ADVANCEMENT OF MDA'S MISSION, THE ASSOCIATION'S ADVOCACY EFFORTS ARE COMMITTED TO MAKING LIFE BETTER FOR PEOPLE WITH NEUROMUSCULAR DISEASES. THROUGH REPRESENTATION IN MATTERS OF PUBLIC POLICY AND RESEARCH ADVANCEMENT, NATIONALLY AND INTERNATIONALLY, WE STRIVE TO BE AN EFFECTIVE VOICE FOR THE HUNDREDS OF THOUSANDS OF AMERICANS SERVED BY MDA. WE AIM TO ENCOURAGE AND FACILITATE ACTIVE INVOLVEMENT OF

Part IV Supplemental Information (continued)

PART II-B, LINE 11 - OTHER ACTIVITIES DESCRIPTION (CONTINUED)

PEOPLE WITH NEUROMUSCULAR DISEASES IN THE COMMUNITY AT LARGE AS WELL AS IN MATTERS OF PUBLIC POLICY THAT ARE OF SPECIFIC CONCERN TO THOSE WITH DISABILITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		1,955,436.		1,955,436.
b Buildings		8,365,127.	3,550,339.	4,814,788.
c Leasehold improvements		25,255.	4,630.	20,625.
d Equipment				
e Other		6,261,671.	3,246,937.	3,014,734.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 9,805,583.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		179,394,809.
2	Total expenses (Form 990, Part IX, column (A), line 25)		190,021,559.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-10,626,750.
4	Net unrealized gains (losses) on investments		11,442,472.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV). SEE PART XIV		4,696,526.
9	Total adjustments (net). Add lines 4 through 8		16,138,998.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		5,512,248.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	179,394,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	179,394,809.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	179,394,809.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	190,021,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	190,021,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	190,021,559.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

 IN JUNE 2006, THE FASB ISSUED AN INTERPRETATION OF EXISTING TAX ACCOUNTING STANDARDS

 TO CREATE A SINGLE MODEL TO ADDRESS ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS. THE

 NEW STANDARD CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM

 RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING

 RECOGNIZED IN FINANCIAL STATEMENTS. THE STANDARD ALSO PROVIDES GUIDANCE ON

 DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

 INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE ASSOCIATION ADOPTED THE ACCOUNTING

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF
UNCERTAIN TAX POSITIONS EFFECTIVE JANUARY 1, 2009. THE ADOPTION DID NOT HAVE A
MATERIAL IMPACT ON THE ASSOCIATION'S FINANCIAL POSITION. AS OF DECEMBER 31, 2009, THE
ASSOCIATION HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGES IN UNRECOGNIZED BENEFIT PLAN COST.....	\$ 4,696,526.
TOTAL	<u>\$ 4,696,526.</u>

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000...
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	RESEARCH	105,355.	CASH			
			EUROPE	RESEARCH	115,234.	CASH			
			EUROPE	RESEARCH	116,700.	CASH			
			EUROPE	RESEARCH	130,571.	CASH			
			EUROPE	RESEARCH	191,836.	CASH			
			EUROPE	RESEARCH	233,930.	CASH			
			EUROPE	RESEARCH	593,878.	CASH			
			EUROPE	RESEARCH	783,193.	CASH			
			EUROPE	RESEARCH	95,000.	CASH			
			NORTH AMERICA	RESEARCH	1,427,559.	CASH			
			SOUTH AMERICA	RESEARCH	122,146.	CASH			
			SOUTHEAST	RESEARCH	102,640.	CASH			
			ASIA						
			WESTERN ASIA	RESEARCH	316,069.	CASH			
			WESTERN ASIA	RESEARCH	60,087.	CASH			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **39**

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US

UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF ALL GRANTEES: RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF CURRENT REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH (INSTITUTIONAL REVIEW BOARD (IRB) APPROVALS, ANIMAL CARE APPROVALS, FDA OR OTHER REGULATORY AGENCY APPROVALS, AND THE LIKE). CONTINUED FUNDING FOR THE PERIOD OF THE GRANT IS CONTINGENT UPON SUBMISSION TO AND APPROVAL BY MDA OF ANNUAL PROGRESS REPORTS AND REPORTS OF EXPENDITURES FROM ALL GRANTEES. IF SUCH REPORTS ARE NOT RECEIVED, OR ARE DEEMED UNSATISFACTORY, MDA MAY OPT TO SUSPEND OR CANCEL FUNDING FOR THE GRANT. FOR SOME MDA TRANSLATIONAL RESEARCH GRANTS, PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING DEFINED MILESTONES. IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE PROGRESS OF THE GRANTEE AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	SPECIAL EVENTS (event type)	TELETHON (event type)	2 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts.....	96,760,635.	45,615,139.	35,668,161.	178,043,935.
2	Less: Charitable contributions.....	89,544,725.	26,308,674.	28,548,232.	144,401,631.
3	Gross income (line 1 minus line 2).....	7,215,910.	19,306,465.	7,119,929.	33,642,304.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	7,215,910.	19,306,465.	7,119,929.
10	Direct expense summary. Add lines 4- through 9 in column (d).....				33,642,304.
11	Net income summary. Combine lines 3, column (d) and line 10.....				

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
				(Add col. (a) through col. (c))	
1	Gross revenue.....		777,506.	777,506.	
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....	146,907.	146,907.	
	4	Rent/facility costs.....			
	5	Other direct expenses.....		165,945.	165,945.
6	Volunteer labor.....	<input type="checkbox"/> Yes _____ 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ 0 % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ 80 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d).....				312,852.
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....				464,654.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: <u>SEE SUPPLEMENTAL</u>		
a Is the organization licensed to operate gaming activities in each of these states?.....	9a X	
b If 'No,' explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10a	X
b If 'Yes,' explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ STEPHEN P. EVANS, CPA

Address: ▶ 3300 E SUNRISE DRIVE, TUCSON, AZ 85718

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

YES NO
X

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

YES NO
X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

PART III, LINE 9

STATES IN WHICH GAMING ACTIVITIES OPERATED

AK AZ CA CO FL HI IL IN KS LA MI MN NE NY OH OK PA SD TX UT WA WI

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCE CARDIOLOGY CNTR COPR P.O. BOX 1838 MAYAGUEZ, PR 00681	66-0542952		14,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALASKA REGIONAL HOSPITAL 2801 DEBARR ROAD ANCHORAGE, AK 99508	61-1000033		9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310		18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALBERT EINSTEIN COLLEGE OF MED 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225		175,500.	0.			RESEARCH
ALFRED DUPONT HOSPITAL FOR CHILD 1600 ROCKLAND ROAD WILMINGTON, DE 19899	59-0634433		49,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALL GRANTS UNDER \$5K -----			64,990.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALS THERAPY DEVELOPMENT INST 215 FIRST STREET CAMBRIDGE, MA 02142	04-3462719		4,100,000.	0.			RESEARCH
ARIZONA STATE UNIVERSITY P.O. BOX 873503 TEMPE, AZ 85287	86-0196696	115	117,152.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations ▶ 55

3 Enter total number of other organizations ▶ 241

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF ALL GRANTEEES: RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF CURRENT REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH (INSTITUTIONAL REVIEW BOARD (IRB) APPROVALS, ANIMAL CARE APPROVALS, FDA OR OTHER REGULATORY AGENCY APPROVALS, AND THE LIKE). CONTINUED FUNDING FOR THE PERIOD OF THE GRANT IS CONTINGENT UPON SUBMISSION TO AND APPROVAL BY MDA OF ANNUAL PROGRESS REPORTS AND REPORTS OF EXPENDITURES FROM ALL GRANTEEES. IF SUCH REPORTS ARE NOT RECEIVED, OR ARE DEEMED UNSATISFACTORY, MDA MAY OPT TO SUSPEND OR CANCEL FUNDING FOR THE GRANT. FOR SOME MDA TRANSLATIONAL RESEARCH GRANTS, PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING DEFINED MILESTONES. IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE PROGRESS

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

OF THE GRANTEE AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASKLEPIOS BIOPHARMACEUTICAL 45 NORTH CHATHAM PARKWAY CHAPEL HILL, NC 27517	20-0267834		225,825.				RESEARCH
BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707		11,700.				MEDICAL DIAGNOSIS & FOLLOW-UP
BAPTIST MEMORIAL HOSPITAL 350 N. HUMPHREYS MEMPHIS, TN 38120	58-1544781		97,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878		364,497.				RESEARCH
BAYSTATE MEDICAL CENTER 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2888373		6,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
BETH ISRAEL DEACONESS MEDICAL 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881		45,000.				RESEARCH
BILLINGS CLINIC 2800 10TH AVE. NORTH BILLINGS, MT 59107	81-0407289		11,700.				MEDICAL DIAGNOSIS & FOLLOW-UP
BOSTON BIOMEDIC RESEARCH 64 GROVE STREET WATERTOWN, MA 02472	04-2451939		98,411.				RESEARCH
BRIGHAM & WOMEN'S HOSPITAL INC 75 FRANCIS STREET BOSTON, MA 02115	04-2312909		436,249.				RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909		32,580.				MEDICAL DIAGNOSIS & FOLLOW-UP

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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BROWARD GENERAL MEDICAL CENTER 1600 S ANDREWS AVE FT LAUDERDALE, FL 33316	59-6012065		6,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
BURNHAM INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108		115,178.				RESEARCH
CAL INST OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307		60,000.				RESEARCH
CAL PACIFIC MEDICAL CTR 2324 SACRAMENTO ST STE 15 SAN FRANCISCO, CA 94115	94-0562680		90,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CAL PACIFIC MEDICAL CTR 475 BRANNAN STREET STE #220 SAN FRANCISCO, CA 94107	94-0562680		454,160.				RESEARCH
CARLE CLINIC ASSOCIATION 602 WEST UNIVERSITY AVENUE URBANA, IL 61801	37-1188284		10,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
CAROLINAS MEDICAL CENTER 1010 EDGEHILL ROAD NORTH CHARLOTTE, NC 28203	56-6060481		90,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CASTLE MEDICAL CENTER 640 ULUKAHIKI STREET KAILUA, HI 96734	99-0107330		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
CATABASIS PHARMACEUTICALS INC 161 FIRST STREET SUITE 1 CAMBRIDGE, MA 02142	26-3687168		50,000.				RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	94-1644600		311,579.				RESEARCH

**SCHEDULE I-1
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CHILDRENS CLINICS FOR REHAB SVS 2600 NORTH WYATT DRIVE TUCSON, AZ 85712	86-0667510		24,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HEALTHCARE ATLANTA 5455 MERIDIAN MARK RD STE 200 ATLANTA, GA 30342	58-1947689		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSP OF PHILADELPHIA 3615 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166		269,628.				RESEARCH
CHILDREN'S HOSP. OF PHILADELPHIA 34TH STREET & CIVIC CENTER PHILADELPHIA, PA 19104	23-1352166		90,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HOSPITAL ORANGE CNTY 455 S. MAIN STREET ORANGE, CA 92868	95-2321788		5,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441		212,856.				RESEARCH
CHILDRENS HOSPITAL CENTRAL CA 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93638	94-1294954		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL MEDICAL CNTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833963		40,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HOSPITAL NAT'L MED CTR 111 MICHIGAN N.W. WASHINGTON, DC 20010	53-0196580		32,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL NEUROLOGY 300 LONGWOOD AVENUE BOSTON, MA 02115	22-2678594		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP

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(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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CHILDREN'S HOSPITAL OF PITTSBURG 3705 FIFTH AVE PITTSBURGH, PA 15213	25-0402510		18,900.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HOSPITAL 2924 BROOK ROAD RICHMOND, VA 23220	54-0506309		15,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HOSPITAL 3020 CHILDRENS WAY SAN DIEGO, CA 92123	95-1691313		45,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDRENS HOSPITAL/MEDICAL CNTR 4800 SAND POINT WAY SEATTLE, WA 98105	91-0564748		49,050.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S MED CENTER OF DALLAS 1935 MOTOR STREET DALLAS, TX 75235	75-0800628		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1654453		417,140.				RESEARCH
CHRISTIANA CARE HEALTH SVS 774 CHRISTIANA RD STE 201 WILMINGTON, DE 19713	51-0103684		5,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
CHRISTUS SPOHN HOSPITAL 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404	74-1109836		12,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
CLARIAN HEALTH PARTNERS 550 N. UNIVERSITY BLVD INDIANAPOLIS, IN 46202	35-1955872		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP

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CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585		192,844.				RESEARCH
CLINICAL NEUROLOGY, PC 4221 S. WESTERN, SUITE 5010 OKLAHOMA CITY, OK 73109	41-2141136		107,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
COLD SPRING HARBOR LAB 1 BUNGTOWN RD BOX 100 COLD SPRINGS HARBOR, NY 11724	11-2013303		241,300.				RESEARCH
COLORADO STATE UNIVERSITY BOX 2002 FORT COLLINS, CO 80523	84-6000545		93,128.				RESEARCH
COLUMBIA UNIV MEDICAL CENTER 630 W. 168TH ST BOX 49 NEW YORK, NY 10032	13-5598093		1,541,743.				RESEARCH
COLUMBIA UNIVERSITY MEDICAL CNTR 710 WEST 168TH STREET NEW YORK, NY 10032	13-3908657		176,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
COLUMBUS CHILDREN'S HOSPITAL 700 CHILDREN'S DR COLUMBUS, OH 43205	31-4379441		28,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
COOK CHILDREN'S MEDICAL CENTER 901 SEVENTH AVENUE, STE. 120 FORT WORTH, TX 76104	75-2051646		8,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
COOPER CLINIC 6801 ROGERS AVENUE FORT SMITH, AR 72903	71-0445686		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
DENT NEUROLOGIC GROUP, LLP 3980 SHERIDAN DRIVE, 6TH FLOOR AMHERST, NY 14226	16-1582336		9,450.				MEDICAL DIAGNOSIS & FOLLOW-UP

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Continuation Sheet for Schedule I (Form 990)

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DREXEL NEUROLOGICAL ASSOCIATES 245 NORTH 15TH ST PHILADELPHIA, PA 19102	75-4022380		33,750.				MEDICAL DIAGNOSIS & FOLLOW-UP
DREXEL UNIV COLLEGE OF MEDICINE 3201 ARCH STREET, STE 100 PHILADELPHIA, PA 19104	23-2979433		40,000.				RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 705 BROAD STREET DURHAM, NC 27706	56-1029437		81,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
DUKE UNIVERSITY 2200 W. MAIN STREET STE 820 DURHAM, NC 27708	56-0532129		245,911.				RESEARCH
EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 04401	01-0211501		10,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 46514	35-1911857		14,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
EMORY CLINIC 1365 CLIFTON RD NE ATLANTA, GA 30322	58-2030692		81,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLR ATLANTA, GA 30322	58-0566256		919,304.				RESEARCH
FLETCHER ALLEN NEUROLOGY ONE SOUTH PROSPECT STREET BURLINGTON, VT 05401	03-0219303		6,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
FOOD AND DRUG ADMINISTRATION 5600 FISHER'S LANE ROCKVILLE, MD 20857	53-0196965		87,504.				RESEARCH

**SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

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FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	23-7156071		242,384.				RESEARCH
FRIEDREICH'S ATAXIA RESEARCH P.O. BOX 1537 SPRINGFIELD, VA 22151	52-2122720		34,672.				RESEARCH
GEISINGER CLINIC NEUROLOGY NORTH ACADEMY AVENUE DANVILLE, PA 17822	24-0795959		10,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
GEORGETOWN UNIVERSITY 3800 RESERVOIR RD, NW WASHINGTON, DC 20007	53-0196603		20,700.				MEDICAL DIAGNOSIS & FOLLOW-UP
GLENDALE NEUROLOGICAL ASSOC 28595 ORCHARD LAKE RD., # 200 FARMINGTON HILLS, MI 48334	38-1889896		63,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
GOOD SHEPHERD REHABILITATION HOS 501 ST. JOHN STREET ALLENTOWN, PA 18103	23-1371947		61,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	05-0300482		8,000.				RESEARCH
GREENVILLE HOSPITAL SYSTEM 200 PATEWOOD DRIVE, A-200 GREENVILLE, SC 29615	57-6007863		5,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
HAMOT 2ND CENTURY FUND 302 FRENCH STREET ERIE, PA 16507	25-1400909		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
HARPER UNIVERSITY HOSPITAL 3990 JOHN R DETROIT, MI 48201	38-6028429		13,500.				MEDICAL DIAGNOSIS & FOLLOW-UP

**SCHEDULE I-1
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HARVARD UNIVERSITY 25 SHATTUCK STREET STE 509A BOSTON, MA 02115	04-2103580		363,462.				RESEARCH
HELEN HAYES HOSPITAL ROUTE 9W WEST HAVERSTRAW, NY 10993	14-6013200		6,750.				MEDICAL DIAGNOSIS & FOLLOW-UP
HERSHEY MEDICAL CENTER 500 UNIVERSITY DRIVE HERSHEY, PA 17033	25-1854772		63,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
HOSP.ESPANOL DE AUXILIO MUTUO AVE. PONCE DE LEON PDA. 36 1/2 HATO REY, PR 00919	66-0486907		49,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
HOSP.OF THE UNIV.OF PENNSYLVANIA 3400 SPRUCE STREET PHILADELPHIA, PA 19104	23-1352685		70,110.				MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766		44,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL OF THE GOOD SAMARITAN 616 S. WITMER STREET LOS ANGELES, CA 90017	95-1656366		15,188.				MEDICAL DIAGNOSIS & FOLLOW-UP
IDAHO ELKS REHABILITATION HOSP 600 ROBBINS RD BOISE, ID 83702	82-0302317		19,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
INDIANA UNIVERSITY 620 UNION DRIVE, RM 618 INDIANAPOLIS, IN 46202	35-6001673		128,693.				RESEARCH MEDICAL
INST.OF REHAB.MED/NY UNIV.MED.SC 400 EAST 34TH STREET NEW YORK, NY 10016	13-3971298		72,900.				DIAGNOSIS & FOLLOW-UP

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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IOWA METHODIST MEDICAL CENTER 1200 PLEASANT ST DES MOINES, IA 50309	42-0680452		10,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
IZUMI BIO, INC. 855 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	26-0440235		60,000.				RESEARCH
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513		60,000.				RESEARCH
JOHN HOPKINS UNIVERSITY 733 NORTH BRAODWAY BALTIMORE, MD 21205	52-0595110		1,392,820.				RESEARCH
JOHNS HOPKINS UNIVERSITY 600 N.WOLFE STREET BALTIMORE, MD 21287	32-0061260		195,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
JOHNSON CITY MED CENTER HOSPITAL 400 NORTH STATE OF FRANKLIN ROAD JOHNSON CITY, TN 37604	62-0476282		5,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
KENNEDY HOSPITAL 500 MARLBORO RD CHERRY HILL, NJ 08034	22-1773439		15,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
KUMC RESEARCH INSTITUTE 39TH AND RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830		70,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
LAHEY CLINIC FOUNDATION INC 41 MALL ROAD BURLINGTON, MA 01805	04-2704683		14,850.				MEDICAL DIAGNOSIS & FOLLOW-UP
LOMA LINDA UNIV PEDIATRIC NUERO 2195 CLUB CENTER DRIVE STE A LOMA LINDA, CA 92408	33-0364239		26,100.				MEDICAL DIAGNOSIS & FOLLOW-UP

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Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA VETERNS ASSOCIATION PO BOX 1280 REDLANDS, CA 92373	33-0305099		100,111.				RESEARCH
LONG ISLAND JEWISH MEDICAL CNTR 270-05 76TH AVENUE NEW HYDE PARK, NY 11040	11-2241326		8,438.				MEDICAL DIAGNOSIS & FOLLOW-UP
LOS AMIGOS RESEARCH & EDUC INST 12841 DAHLIA ST DOWNEY, CA 90242	95-1911180		28,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
LOUISIANA STATE UNIV.HEALTH SCIE 1501 KINGS HIGHWAY SHREVEPORT, LA 71130	72-0702002		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
LOUISIANA STATE UNIV.SCHL OF MED 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-1304948		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
LUCILE SALTER PACKARD CHILD. HOS 725 WELCH ROAD PALO ALTO, CA 94304	77-0003859		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
LUDWIG INSTITUTE P O BOX 12385 LA JOLLA, CA 92093	23-7121131		178,750.				RESEARCH
LUTHERAN HOSPITAL OF INDIANA 7950 W. JEFFERSON BLVD FORT WAYNE, IN 46804	35-1963748		14,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552		14,850.				MEDICAL DIAGNOSIS & FOLLOW-UP
MARSHFIELD CLINIC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54440	39-0452970		10,800.				MEDICAL DIAGNOSIS& FOLLOW-UP

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MARY FREE BED HOSPITAL 235 WEALTHY SE GRAND RAPIDS, MI 49503	38-1359265		45,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR LEBANON, NH 03756	02-0222140		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE STE 300 BOSTON, MA 02199	04-2697983		493,016.				RESEARCH
MAYO CLINIC - ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702		355,593.				RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLE ROAD JACKSONVILLE, FL 32224	59-3337028		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
MCLAREN REGIONAL MEDICAL CENTER 401 S. BALLENGER HIGHWAY FLINT, MI 48532	38-2383119		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
MED COLLEGE OF GEORGIA HEALTH 1120 15TH STREET AUGUSTA, GA 30912	58-2144788		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET AUGUSTA, GA 30912	58-1418202		170,939.				RESEARCH
MEDICAL COLLEGE OF WISCONSIN 9000 W. WISCONSIN AVE STE. C-540 MILWAUKEE, WI 53226	39-0806261		30,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
MEMORIAL MEDICAL CENTER 800 N. RUTLEDGE SPRINGFIELD, IL 62781	37-0661220		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP

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MEMORIAL SLOAN-KETTERING CANCER 1275 YORK AVE NEW YORK, NY 10065	13-1924236		102,195.				RESEARCH
MERITCARE HOSPITAL 720 4TH STREET NORTH FARGO, ND 58122	45-0226909		17,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
METHODIST HOSPITAL OF INDIANA 1800 NORTH CAPITOL AVE INDIANAPOLIS, IN 46202	35-1955872		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
METHODIST HOSPITAL PHYSICIAN ORG 6565 FANNIN HOUSTON, TX 77030	87-0721923		132,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
METHODIST NEURO INSTITUTE 6560 FANNIN STREET HOUSTON, TX 77030	87-0721923		893,715.				RESEARCH
METROHEALTH MEDICAL CENTER 2500 METRO HEALTH DRIVE CLEVELAND, OH 44109	34-6004382		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
MICHIGAN STATE UNIVERSITY 138 SERVICE ROAD EAST LANSING, MI 48824	38-6005984		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
MONTEFIORE MEDICAL CENTER 1515 BLONDELL AVE BRONX, NY 10461	13-3908657		62,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
MOUNT SINAI HOSP. & MEDICAL CNTR ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197		28,125.				MEDICAL DIAGNOSIS & FOLLOW-UP
NATIONAL INST OF CHILD HEALTH 31 CENTER DRIVE BLDG 31 RM 2A31 BETHESDA, MD 20892	52-0858115		14,750.				RESEARCH

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NEMOURS CHILDRENS CLINICS 807 CHILDRENS WAY JACKSONVILLE, FL 32207	59-0634433		21,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGICAL CLINIC OF TEXAS 7777 FOREST LANE/SUITE B-116 DALLAS, TX 75230	75-1932938		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOC OF ARLINGTON 1001 WALDROP-STE 816 ARLINGTON, TX 76011	75-2405825		24,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOC OF LEE COUNTY 12600 CREEKSIDE LANE STE 7 FT MYERS, FL 33919	59-2521857		12,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOCIATES 1100 EAST 21ST ST. STE. 506 SIOUX FALLS, SD 57105	46-0364889		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY MEDICAL SERVICE GROUP 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-6066240		51,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY SPECIALISTS OF JUPITER 601 UNIVERSITY BLVD STE 102 JUPITER, FL 33458	65-0925187		7,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROSURGICAL ASSOCIATES, PA 342 RICHLAND WEST CIRCLE WACO, TX 76712	74-1756638		8,773.				MEDICAL DIAGNOSIS & FOLLOW-UP
NEW YORK UNIV SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309		106,871.				RESEARCH MEDICAL
NORTHWESTERN MEDICAL FACULTY 710 N. LAKESHORE DRIVE, RM. 1123 CHICAGO, IL 60611	39-3097297		72,000.				DIAGNOSIS & FOLLOW-UP

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OHIO STATE UNIVERSITY HOSPITALS 1581 DODD DRIVE COLUMBUS, OH 43210	31-6025986		61,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599		294,244.				RESEARCH
OREGON HEALTH & SCIENCE UNIV 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97201	93-1176109		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
OSF MEDICAL GROUP NEUROLOGY 100 NE RANDOLPH ST PEORIA, IL 61606	37-0662569		13,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
OUR LADY OF LOURDES R.M.C. 611 ST. LANDRY STREET LAFAYETTE, LA 70506	72-0423635		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
PALO ALTO INSTITUTE 3801 MIRANDA AVE 151P BOX V-38 PALO ALTO, CA 94304	77-0207331		118,750.				RESEARCH
PONCE SCHOOL OF MEDICINE PARRA BUILDING SUITE 302-303 PONCE, PR 00732	66-0379122		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
PREVEA CLINIC P.O. BOX 19070 GREEN BAY, WI 54307	39-1839349		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
PURDUE UNIVERSITY 155 S. GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041		112,301.				RESEARCH
RAPID CITY REGIONAL HOSPITAL P.O. BOX 6000 RAPID CITY, SD 57709	46-0319070		7,200.				MEDICAL DIAGNOSIS & FOLLOW-UP

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RAPIDES SPECIALTY CLINIC 211 FOURTH STREET ALEXANDRIA, LA 71301	61-1267229		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
REHAB HOSPITAL OF TINTON FALLS 2 CENTRE PLAZA TINTON FALLS, NJ 07724	63-1254173		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
RENOWN MED CNTR-SOUTH MEADOW 10085 DOUBLE R BOULEVARD, SUITE RENO, NV 89521	88-0401399		8,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
REPLIGEN CORPORATION 41 SEYON STREET WALTHAM, MA 02453	04-2729386		634,724.				RESEARCH
RESEARCH FOUNDATION OF SUNY 1400 WASHINGTON AVE. ALBANY, NY 12222	14-1368361		238,061.				RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230		577,957.				RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
ROANOKE NEUROLOGICAL ASSOCIATES 2601 FRANKLIN RD., SW ROANOKE, VA 24014	54-0972018		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE ROUND ROCK, TX 78681	74-2781812		13,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STE 1106 CHICAGO, IL 60612	36-2174823		58,500.				MEDICAL DIAGNOSIS & FOLLOW-UP

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RUSH UNIVERSITY 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823		95,000.				RESEARCH
S.I.S.S.O. P.O. BOX 1838 MAYAGUEZ, PR 00681	66-0715098		7,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
SACRED HEART MEDICAL CENTER FOUN 1255 HILYARD ST EUGENE, OR 97440	93-1084906		13,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST. LOUIS, MO 63103	43-0654872		116,740.				RESEARCH
SALK INSTITUTE 10010 N. TORREY PINES ROAD LA JOLLA, CA 92037	95-2160097		45,000.				RESEARCH
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721		145,406.				RESEARCH
SARASOTA MEMORIAL HOSPITAL 7214 38TH COURT EAST SARASOTA, FL 34243	59-6012500		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
SCHNEIDER CHILDREN'S HOSPITAL 410 LAKEVILLE RD NEW HYDE PARK, NY 11042	11-2241326		8,438.				MEDICAL DIAGNOSIS & FOLLOW-UP
SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954		120,000.				RESEARCH
SENTARA NORFOLK GENERAL HOSPITAL 130 COLLEY AVE NORFOLK, VA 23507	54-1547408		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP

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SHRINERS HOSPITAL FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	36-2193608		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
SHRINERS HOSPITAL FOR CHILDREN 911 W. 5TH STREET SPOKANE, WA 99204	36-2193608		7,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
SIU SCHOOL OF MEDICINE 751 NORTH RUTLEDGE SPRINGFIELD, IL 62794	37-6005961		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
SOCIETY FOR MUSCLE BIOLOGY 9650 ROCKVILLE PIKE BALTIMORE, MD 20814	75-3027179		15,000.				RESEARCH
SPARTANBURG NEUROLOGICAL SERVICE 362 N PINE STREET SPARTANBURG, SC 29302	57-0902952		8,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
SPECIALLY FOR CHILDREN 1301 BARBARA JORDAN BLVD, #200 AUSTIN, TX 78723	74-2800601		13,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST CHARLES HOSPITAL & REHAB CNTR 200 BELLE TERRE RD PORT JEFFERSON, NY 11777	41-2076312		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST JOSEPHS CHILDRENS HOSPITAL 3001 W DR MLK JR BLVD TAMPA, FL 33607	59-1100828		31,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST JOSEPH'S HOSP & MEDICAL CNTR 500 WEST THOMAS RD PHOENIX, AZ 85013	86-0096787		72,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST PETERSBERG NEUROLOGY CLINIC 1099 5TH AVENUE NORTH ST PETERSBURG, FL 33705	59-3661648		5,625.				MEDICAL DIAGNOSIS & FOLLOW-UP

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ST. ANTHONY'S SPECIALIST 300 S. PARK PLACE BLVD STE 170 CLEARWATER, FL 33759	74-3168197		16,875.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. ELIZABETH HEALTH CENTER 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501	34-0505560		13,500.				MEDICAL DIAGNOSIS& FOLLOW-UP
ST. FRANCIS MEDICAL CENTER 309 JACKSON STREET MONROE, LA 71201	72-0408970		11,250.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOSEPH'S HOSPITAL & MEDICAL 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0096787		150,000.				RESEARCH
ST. PETER'S HOSPITAL FOUNDATION 319 S MANNING BLVD STE 309 ALBANY, NY 12206	22-2262982		75,000.				RESEARCH
ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD., STE. 309 ALBANY, NY 12205	22-2262982		35,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. PETER'S HOSPITAL 413 LILLY ROAD NE OLYMPIA, WA 98506	91-0567732		45,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOHN'S REGIONAL HEALTH CENTER 1235 EAST CHEROKEE SPRINGFIELD, MO 65804	44-0552485		18,900.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOHN'S REGIONAL MEDICAL CNTR 2727 MCCLELLAND BLVD JOPLIN, MO 64804	44-0545809		7,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
ST. LUKE'S REHABILITATION INST S. 711 COWLEY SPOKANE, WA 99202	91-1307555		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP

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STANFORD UNIVERSITY 301 RAVENSWOOD AVE MENLO PARK, CA 94025	94-1156365		362,107.				RESEARCH
STMARY'S MEDICAL CNTR FOUNDATION 3700 WASHINGTON AVE EVANSVILLE, IN 47750	23-7045370		13,950.				MEDICAL DIAGNOSIS & FOLLOW-UP
TALLAHASSEE NEUROLOGICAL CLINIC 1401 CENTERVILLE RD STE 300 TALLAHASSEE, FL 32308	59-1286000		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
TEXAS NEUROLOGY, P.A. 6301 GASTON AVE., STE. 200W DALLAS, TX 75214	75-2654757		9,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
TEXOMA NEUROLOGY ASSOCIATES 321 N. HIGHLAND, SUITE 210 SHERMAN, TX 75092	75-1739707		7,650.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE BATON ROUGE CLINIC, AMC 7373 PERKINS ROAD BATON ROUGE, LA 70808	72-1111417		10,800.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE CHILDRENS HOSPITAL 13123 E 16TH AVE AURORA, CO 80045	84-0166760		52,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE DULUTH CLINIC, LTD 400 E. 3RD ST DULUTH, MN 55805	41-0883623		6,750.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE GENERAL HOSPITAL CORPORATION 149 13TH STREET CHARLESTOWN, MA 02114	04-2697983		123,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE NEUROMEDICAL CENTER 10101 PARK ROWE AVE BATON ROUGE, LA 70810	72-0827144		20,700.				MEDICAL DIAGNOSIS & FOLLOW-UP

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THE TOLEDO HOSPITAL 2142 NORTH COVE BLVD TOLEDO, OH 43606	34-4428256		40,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
THE UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796		315,638.				RESEARCH
THOMAS JEFFERSON UNIVERSITY 201 S 11TH STREET PHILADELPHIA, PA 19107	23-1352651		108,720.				RESEARCH
TTUHSC-DEPT OF NEUROPSYCHIATRY 4800 ALBERTA AVENUE EL PASO, TX 79905	75-2668014		16,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
UC DAVIS MEDICAL CENTER 4860 Y STREET STE 1700 SACRAMENTO, CA 95817	94-6036494		45,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UCLA EDUC & RESEARCH INSTITUTE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-2249539		22,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
UF CLINIC HEALTH SCIENCE CNTR 2000 ARCHER RD MEDICAL PLAZA GAINESVILLE, FL 32611	59-6002052		7,650.				MEDICAL DIAGNOSIS & FOLLOW-UP
UMASS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352		21,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
UMDNJ-NJ MED SCHOOL 150 BERGEN STREET NEWARK, NJ 07103	22-2095812		78,300.				MEDICAL DIAGNOSIS & FOLLOW-UP
UMDNJ-R.W.JOHNSON MEDICAL 675 HOES LANE WEST PISCATAWAY, NJ 08854	22-1980408		197,517.				RESEARCH

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Internal Revenue Service

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Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UMPHYSICIANS-DEPT OF NEUROLOGY 420 DELAWARE ST. S.E. MINNEAPOLIS, MN 55455	41-1843943		157,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNC HOSPITALS 211 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27514	57-0935917		64,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV IOWA HOSPITALS & CLINICS 500 NEWTON RD IOWA CITY, IA 52240	42-6004813		46,566.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF ALABAMA HEALTH SERVICES 625 SOUTH 19TH STREET BIRMINGHAM, AL 35294	63-0649108		22,050.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF ALABAMA PEDIATRIC NEURO 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-0307306		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF ARKANSAS MEDICAL SCIENCE 4301 W. MARKHAM LITTLE ROCK, AR 72205	71-6046242		54,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF CALIFORNIA DAVIS 1850 RESEARCH PARK DR STE 300 DAVIS, CA 95618	94-6036494		431,115.				RESEARCH
UNIV OF CALIFORNIA MERCED 5200 NORTH LAKE ROAD MERCED, CA 95343	27-0093858		109,784.				RESEARCH
UNIV OF CALIFORNIA REGENTS 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-6036493		108,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DR DEPT 0934 LA JOLLA, CA 92093	95-6006144		235,772.				RESEARCH

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UNIV OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA ST STE 315 SAN FRANCISCO, CA 94118	94-6036493		294,056.				RESEARCH
UNIV OF CALIFORNIA, SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563		100,000.				RESEARCH
UNIV OF KENTUCKY RESEARCH FOUND 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693		129,828.				RESEARCH
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	115	134,856.				RESEARCH
UNIV OF MIAMI SCHOOL OF MEDICINE 1150 N.W. 14TH STREET MIAMI, FL 33136	59-2579826		37,050.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF MIAMI SCHOOL OF MEDICINE 1400 NW 10TH AVE MIAMI, FL 33136	59-0624458		669,524.				RESEARCH
UNIV OF NEW MEXICO HOSPITAL 915 CAMINO DE SALUD NE ALBUQUERQUE, NM 87131	85-6000642		41,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF PITTS.MED.CTR/FALK CLINI 200 LOTHROP ST-7TH FLOOR PITTSBURGH, PA 15213	25-0965591		54,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF SOUTHERN CALIFORNIA 837 W. DOWNEY WAY STO 330 LOS ANGELES, CA 90089	95-1642394		329,349.				RESEARCH
UNIV OF TEXAS ANDERSON CANCER 1515 HOLCUMBE BLVD HOUSTON, TX 77030	74-6001118		231,924.				RESEARCH

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UNIV OF TEXAS HEALTH SCIENCE 7703 FLOYD CURI DRIVE SAN ANTONIO, TX 78229	74-1586031	115	118,750.				RESEARCH
UNIV OF TEXAS HLTH SCIENCE CTR 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78284	74-1586031		74,700.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949		118,750.				RESEARCH
UNIV OF WASHINGTON MEDICAL CNTR 155 NE 100TH STREET, STE 506 SEATTLE, WA 98125	91-6001537		63,900.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF CAL.- IRVINE 300 UNIVERSITY TOWER IRVINE, CA 92697	95-2226406		60,000.				RESEARCH
UNIV. OF NORTH CAROLINA 104 AIRPORT DRIVE STE 2200 CHAPEL HILL, NC 27599	56-6001393		330,432.				RESEARCH
UNIV. OF ROCHESTER MEDICAL CNTR 601 ELMWOOD AVENUE-BOX 673 ROCHESTER, NY 14642	16-0743209		94,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868		189,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF UTAH SCHOOL OF MEDICINE 50 N.MEDICAL DR SALT LAKE CITY, UT 84132	87-0480520		67,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV.OF MISSISSIPPI MEDICAL CNTR 2500 N. STATE STREET JACKSON, MS 39216	64-6008520		31,680.				MEDICAL DIAGNOSIS & FOLLOW-UP

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Continuation Sheet for Schedule I (Form 990)

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Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC. **Employer identification number** 13-1665552

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNIV.OF NEVADA SCHL OF MEDICINE 2040 W. CHARLESTON BLVD STE 300 LAS VEGAS, NV 89102	88-0330858		46,105.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV.OF PUERTO RICO SCHL OF MED MEDICAL SCI. CAMPUS,GPO BOX 5067 SAN JUAN, PR 00936	66-0433762		45,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV.OF TEXAS HLTH CTR AT TYLER 11937 US HIGHWAY 271 TYLER, TX 75708	75-6001354		10,125.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY HOSPITAL OF BROOKLYN 450 CLARKSON AVENUE BROOKLYN, NY 11203	14-1368361		40,500.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY MEDICAL ASSOCIATES 1 POSTON ROAD, STE. 350 CHARLESTON, SC 29407	57-1098556		22,275.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY NEUROLOGY 100 HIGH STREET BUFFALO, NY 14203	16-1359213		9,450.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY NEUROLOGY, INC. 231 BETHESDA AVE CINCINNATI, OH 45267	31-1000664		70,200.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF ARIZONA P.O. BOX 44390 TUCSON, AZ 85733	86-6004791	115	132,025.				RESEARCH
UNIVERSITY OF CALIFORNIA 300 UCLA MEDICAL PLAZA STE B200 LOS ANGELES, CA 90095	95-6006143		108,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF CALIFORNIA, IRVINE 200 S. MANCHESTER AVE. STE 110 ORANGE, CA 92868	95-2226406		40,500.				MEDICAL DIAGNOSIS & FOLLOW-UP

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Continuation Sheet for Schedule I (Form 990)

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UNIVERSITY OF CALIFORNIA, LA 11000 KINROSS AVE STE 102 LOS ANGELES, CA 90095	95-6006143		405,747.				RESEARCH
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139		345,886.				RESEARCH
UNIVERSITY OF CINCINNATI P.O. BOX 210222 CINCINNATI, OH 45221	31-6000989		190,805.				RESEARCH
UNIVERSITY OF COLORADO P.O. BOX 6508 AURORA, CO 80045	84-6000555		602,080.				RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052		469,487.				RESEARCH
UNIVERSITY OF ILLINOIS - CHICAGO 1801 WEST TAYLOR STREET CHICAGO, IL 60612	37-6000511		82,602.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF ILLINOIS 809 S. MARSHALL AVE CHICAGO, IL 60612	37-6000511		375,212.				RESEARCH
UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813		263,623.				RESEARCH
UNIVERSITY OF MARYLAND 620 W. LEXINGTON ST, 4TH FL BALTIMORE, MD 21201	52-6002033		105,000.				RESEARCH
UNIVERSITY OF MARYLAND 660 W. REDWOOD STREET RM 021 BALTIMORE, MD 21201	52-6002036		271,971.				RESEARCH

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UNIVERSITY OF MICHIGAN 3003 S. STATE STREET RM 1054 ANN ARBOR, MI 48109	38-6006309		291,892.				RESEARCH
UNIVERSITY OF MICHIGAN 3033 SOUTH STATE STREET, RM 1054 ANN ARBOR, MI 48109	38-6006809		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF MINNESOTA 200 OAK STREET S.E. MINNEAPOLIS, MN 55455	41-6007513		701,744.				RESEARCH
UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859		395,777.				RESEARCH
UNIVERSITY OF NEBRASKA MED CNTR 600 S. 42ND STREET OMAHA, NE 68198	47-0049123		36,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	48-1278531		121,802.				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685		687,761.				RESEARCH
UNIVERSITY OF ROCHESTER 1325 MT. HOPE AVE, STE 260 ROCHESTER, NY 14620	16-0743209		222,849.				RESEARCH
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM, STE 160 TAMPA, FL 33612	59-3102112		104,500.				RESEARCH
UNIVERSITY OF TENNESSEE MEDICAL 1928 ALCOA HWY STE B-102 KNOXVILLE, TN 37920	31-1626179		12,600.				MEDICAL DIAGNOSIS & FOLLOW-UP

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UNIVERSITY OF TENNESSEE 62 S DUNLAP STE 300 MEMPHIS, TN 38163	62-6001636		14,000.				RESEARCH
UNIVERSITY OF TEXAS, HOUSTON P.O. BOX 20036 HOUSTON, TX 77225	74-1761309		115,988.				RESEARCH
UNIVERSITY OF UTAH 75 S 2000 E RM 11 SALT LAKE CITY, UT 84112	87-6000525	115	466,477.				RESEARCH
UNIVERSITY OF VIRGINIA HEALTH P.O. BOX 9007 CHARLOTTESVILLE, VA 22906	54-1124769		57,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	115	811,916.				RESEARCH
UNIVERSITY OF WISCONSIN 21 NORTH PARK ST., STE 6401 MADISON, WI 53715	39-6006492	115	118,750.				RESEARCH
UNIVERSITY PHYSICIANS UNIV OF MO ONE HOSPITAL DRIVE COLUMBIA, MO 65212	43-6003859		12,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY PHYSICIANS 1501 N. CAMPBELL TUCSON, AZ 85724	94-2958258		63,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY PHYSICIANS, INC P.O. BOX 725 AURORA, CO 80040 USC NEUROMUSCULAR CENTER 637 SOUTH LUCAS AVE LOS ANGELES, CA 90017	74-2161737 95-3947855		135,000. 15,188.				MEDICAL DIAGNOSIS & FOLLOW-UP MEDICAL DIAGNOSIS & FOLLOW-UP

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UT SOUTH WEST MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868		664,833.				RESEARCH
VALLEY BAPTIST MEDICAL CENTER 2101 PEASE STREET HARLINGEN, TX 78550	74-1385476		12,240.				MEDICAL DIAGNOSIS & FOLLOW-UP
VANDERBILT DEPARTMENT OF NEURO 2100 PIERCE AVE RM 322 NASHVILLE, TN 37212	62-0476822		149,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
VANDERBILT UNIV MEDICAL CENTER 3319 WEST END AVE STE 100 NASHVILLE, TN 37203	62-0476822		65,000.				RESEARCH
VANDERBILT UNIV MEDICAL CNTR NEUROLOGY DEPT AT 40303 ATLANTA, GA 31192	62-0476822		95,000.				RESEARCH
VIA CHRISTI MED.CTR.-ST.FRANCES 929 NORTH ST. FRANCIS WICHITA, KS 67214	48-1172106		29,250.				MEDICAL DIAGNOSIS & FOLLOW-UP
W.VIRGINIA UNIV RESEARCH CNTR 1 MEDICAL CENTER DR STE 7500 MORGANTOWN, WV 26508	55-0665758		32,400.				MEDICAL DIAGNOSIS & FOLLOW-UP
WAKE FOREST UNIV.SCHOOL OF MED MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199		18,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199		95,000.				RESEARCH
WASHINGTON UNIV.SCHOOL OF MED 600 S. EUCLID AVE ST LOUIS, MO 63110	43-0653611		126,000.				MEDICAL DIAGNOSIS & FOLLOW-UP

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WASHINGTON UNIV-ST LOUIS 660 S. EUCLID AVE ST. LOUIS, MO 63110	43-0653611		962,960.				RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD STE. 6402 DETROIT, MI 48202	38-6028429		224,271.				RESEARCH
WEILL MED COLLEGE OF CORNELL 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10063	13-1623978		53,333.				MEDICAL DIAGNOSIS & FOLLOW-UP
WEILL MEDICAL COLLEGE OF CORNELL 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10063	13-1623978		289,846.				RESEARCH
WHITE PLAINS HOSPITAL MED CNTR DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601	13-1740130		12,600.				MEDICAL DIAGNOSIS & FOLLOW-UP
WICHITA FALLS NEUROLOGY CENTER 1600 7TH STREET, STE B WICHITA FALLS, TX 76301	75-2151000		8,100.				MEDICAL DIAGNOSIS & FOLLOW-UP
YALE UNIVERSITY 40 TEMPLE STREET 6C NEW HAVEN, CT 06519	06-0646973		27,000.				MEDICAL DIAGNOSIS & FOLLOW-UP
YALE UNIVERSITY P.O. BOX 208047 NEW HAVEN, CT 06520	06-0646973		220,304.				RESEARCH
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1 b X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5 a	X
b Any related organization?	5 b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6 a	X
b Any related organization?	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8	X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
GERALD C. WEINBERG	(i)	373,647.	0.	0.	0.	6,063.	379,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE CWIK M.D.	(i)	170,904.	0.	0.	3,418.	6,106.	180,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GAIL SCHMERTZ KERNER,	(i)	189,491.	0.	0.	6,490.	11,766.	207,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN MORAN	(i)	135,548.	0.	0.	4,649.	11,766.	151,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETE MORGAN	(i)	164,135.	0.	0.	5,623.	11,766.	181,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN WALSH	(i)	145,154.	0.	0.	4,952.	504.	150,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$ _____						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DANIEL G. FRIES	ACTUARY		PENSION ACTUARIES SERV.		X
STANLEY H. APPEL, M.D.	MDA BOARD MEMBER		RESEARCH GRANTS TO INSTIT		X
R. RODNEY HOWELL, M.D.	MDA BOARD CHAIRMAN		RESEARCH GRANTS TO INSTIT		X
LOUIS M. KUNKEL, PHD	MDA BOARD MEMBER		RESEARCH GRANTS TO INSTIT		X

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	13	0.	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles		1	17,856.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded		11	73,678.	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEDICAL EQUIP</u>)		59	490,853.	APPRAISAL
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **60**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

EACH BOARD MEMBER IS PROVIDED WITH A PAPER VERSION OF THE FEDERAL FORM 990 BEFORE FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE HUMAN RESOURCE DEPARTMENT IN CONJUNCTION WITH THE MDA LEGAL DEPARTMENT

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

COMPENSATION IS COMPARATIVE TO OTHER NATIONAL AGENCIES AND IS APPROVED BY THE BOARD OF DIRECTORS

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AL AZ AR CA CT FL GA IL IN KS KY MD MA MI MN MS NH NJ NM NY NC OH OK OR PA SC TN
UT WA WV WI

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE INTERNAL DOCUMENTS.
COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-166552

RESEARCH

GENERAL

THE MUSCULAR DYSTROPHY ASSOCIATION, INC., (MDA) IS A NOT-FOR-PROFIT CORPORATION INCORPORATED ON JUNE 6, 1950, UNDER THE LAWS OF THE STATE OF NEW YORK. MDA SUPPORTS WORLDWIDE RESEARCH TO FIND THE CAUSES OF AND CURES FOR MUSCULAR DYSTROPHY AND RELATED NEUROMUSCULAR DISORDERS. THE PROGRAMS OF MDA ARE SUPPORTED ALMOST ENTIRELY BY INDIVIDUAL PRIVATE CONTRIBUTIONS FROM THE GENERAL PUBLIC. MDA NEITHER RECEIVES FEES FROM THOSE IT SERVES NOR APPLIES ANY MEANS TEST FOR SERVICES, AND BY CHOICE IS NOT A UNITED WAY-SUPPORTED AGENCY.

THE DISEASES SUPPORTED BY MDA ARE THE MUSCULAR DYSTROPHIES (AMONG WHICH ARE DUCHENNE AND BECKER); MOTOR NEURON DISEASES, INCLUDING AMYOTROPHIC LATERAL SCLEROSIS (ALS, LOU GEHRIG'S DISEASE) AND SPINAL MUSCULAR ATROPHY; THE PERIPHERAL NERVE DISORDERS CHARCOT-MARIE-TOOTH DISEASE AND FRIEDREICH'S ATAXIA; INFLAMMATORY MYOPATHIES; DISORDERS OF THE NEUROMUSCULAR JUNCTION; METABOLIC DISEASES OF MUSCLE AS WELL AS OTHER MYOPATHIES. SOME OF THE OVER 40 NEUROMUSCULAR DISEASES COVERED BY MDA ARE FATAL, WHILE OTHERS RESULT IN CHRONIC MOBILITY IMPAIRMENT.

AS REPORTED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL INSTITUTES OF HEALTH (NIH), IN THE UNITED STATES ALONE, MUSCULAR DYSTROPHY AND OTHER NEUROMUSCULAR DISORDERS ARE ESTIMATED TO AFFECT SOME 1 MILLION PEOPLE.

RESEARCH

MDA CONTINUES TO SUPPORT SOME 350 RESEARCH TEAMS WORLDWIDE THROUGH ITS INVESTIGATOR INITIATED RESEARCH GRANTS PROGRAM PRIMARILY AT ACADEMIC INSTITUTIONS. IT IS THE BASIC SCIENCE SUPPORTED BY MDA AT THESE INSTITUTIONS THAT HAS LED TO THE DISCOVERIES NOW BEING APPLIED TO THE DEVELOPMENT OF EFFECTIVE THERAPIES. THE ASSOCIATION IS FUNDING STUDIES IN GENE THERAPY, STEM CELL THERAPY, DRUG DEVELOPMENT, MUSCLE AND NERVE BIOLOGY, PROTEOMICS, MUSCLE AND NERVE REGENERATION AND DIFFERENTIATION, ETC.

MDA SPONSORS RESEARCH GRANTS IN THE UNITED STATES AND 16 FOREIGN COUNTRIES. THE ASSOCIATION'S RESEARCH PROGRAM ACCOUNTED FOR SOME \$39.1 MILLION OF ITS EXPENDITURES FOR THE CALENDAR YEAR. MDA'S SCIENTIFIC AND MEDICAL ADVISORY COMMITTEES, WHOSE MEMBERS ARE AMONG THE NATION'S FOREMOST SCIENTISTS AND PHYSICIANS IN THE FIELD OF NEUROMUSCULAR DISEASE, CAREFULLY REVIEW ALL RESEARCH SUPPORTED BY THE ASSOCIATION. MDA MAINTAINS A DIVERSE PROGRAM OF BASIC RESEARCH WHICH ADVANCES INVESTIGATIONS OF POSSIBLE TREATMENTS FOR NEUROMUSCULAR DISEASES, MUSCLE FUNCTION, REGULATION AND REGENERATION; BIOCHEMICAL CHANGES INVOLVED IN MUSCLE DISEASE; THE GENETICS OF NEUROMUSCULAR DISEASE; AND THE INTERACTION OF NERVE AND MUSCLE. THIS WORK IS NECESSARY IN ORDER TO PROVIDE A SOUND SCIENTIFIC FOUNDATION FROM WHICH PRACTICAL ADVANCES AGAINST DISEASE CAN ARISE. ADDITIONALLY, THE ASSOCIATION'S TRANSLATIONAL RESEARCH PROGRAM IS FOCUSED ON MILESTONE DRIVEN CONTRACTS WITH THE BIOTECH INDUSTRY, PHARMACEUTICAL COMPANIES AND ACADEMIC INVESTIGATORS FOR RESEARCH THAT IS DIRECTLY RELEVANT TO BRINGING NEW THERAPIES TO MARKET. ADVISORS TO MDA'S TRANSLATIONAL RESEARCH PROGRAM INCLUDE A NUMBER OF TOP NEUROMUSCULAR DISEASE RESEARCHERS, AS WELL AS REPRESENTATIVES OF NIH AND INDUSTRY.

SEARCHING FOR THE CAUSES OF NEUROMUSCULAR DISEASE

THE MAJORITY OF THE NEUROMUSCULAR DISEASES COVERED BY MDA'S PROGRAMS, INCLUDING ALL OF THE MUSCULAR DYSTROPHIES, ARE GENETIC DISORDERS. IN 1986, MDA RESEARCHERS USHERED IN A NEW ERA IN NEUROMUSCULAR DISEASE RESEARCH WITH THE IDENTIFICATION OF THE GENE THAT WHEN DEFECTIVE CAUSES DUCHENNE AND BECKER MUSCULAR DYSTROPHIES. THIS GENE, THE LARGEST HUMAN GENE EVER DISCOVERED, WAS THE FIRST MAJOR HUMAN DISEASE GENE ISOLATED WITHOUT PRIOR KNOWLEDGE OF ITS PROTEIN PRODUCT. MDA HAS BEEN IN THE FOREFRONT OF RESEARCH ON INHERITED DISEASES WITH AN EVER-EXPANDING LIST OF NEW GENETIC RESEARCH PROJECTS AND AN EXTENSIVE LIST OF GENES THAT HAVE BEEN FOUND DEFECTIVE IN INHERITED NEUROMUSCULAR DISORDERS. MDA-FUNDED SCIENTISTS CONTINUE TO INVESTIGATE THE CAUSES OF NEUROMUSCULAR DISEASE.

SEARCH FOR TREATMENT

FINDINGS FROM EARLY RESEARCH SUPPORTED BY MDA SERVED AS THE SCIENTIFIC BASIS FOR APPROVAL BY THE FDA OF THE FIRST DRUG AVAILABLE FOR PRESCRIPTION USE FOR ALS. THIS DRUG, CALLED RILUZOLE, WORKS BY PARTIALLY BLOCKING THE NATURAL SUBSTANCE GLUTAMATE. MDA RESEARCHERS WORKED ON THE GLUTAMATE THEORY THAT LED TO RILUZOLE'S DEVELOPMENT.

OVER THE YEARS A NUMBER OF MEASURES HAVE BEEN ADOPTED TO TREAT NEUROMUSCULAR DISEASES INCLUDING, NUTRITION, BRACING, PHYSICAL THERAPY AND DRUGS SUCH AS PREDNISONE. SEVERAL MEASURES ARE USED TO SUCCESSFULLY MANAGE THESE DISORDERS. PLASMA EXCHANGE IS A LIFE SAVING MEASURE FOR MYASTHENIA GRAVIS, PREDNISONE SLOWS THE PROGRESSION OF MUSCLE WEAKNESS IN DUCHENNE MUSCULAR DYSTROPHY (DMD) AND L-CARNITINE IS USED IN THE TREATMENT OF CARNITINE DEFICIENCY.

IN APRIL 2006, MYOZYME, THE FIRST DEFINITIVE TREATMENT FOR A GENETIC NEUROMUSCULAR DISEASE IN MDA'S PROGRAM, WAS APPROVED BY THE FOOD AND DRUG ADMINISTRATION. THE TREATMENT IS FOR PEOPLE WITH POMPE DISEASE, A RARE GENETIC DISORDER ALSO KNOWN AS ACID MALTASE ENZYME DEFICIENCY.

MDA SPONSORED EARLY RESEARCH IN POMPE'S DISEASE AND ALSO HELPED SUPPORT CLINICAL TESTING OF MYOZYME, WHICH WAS DEVELOPED BY GENZYME CORP. OF CAMBRIDGE, MASS.

RECENT RESEARCH ACCOMPLISHMENTS

THE FIRST U.S. HUMAN GENE THERAPY TRIAL OF BIOSTROPHIN TARGETING DUCHENNE MUSCULAR DYSTROPHY (DMD), LAUNCHED IN MARCH 2006 AT COLUMBUS CHILDREN'S HOSPITAL (NOW NATIONWIDE CHILDREN'S HOSPITAL IN OHIO) IN BOYS WITH DMD, HAVE SHOWN THAT THE PROCEDURE, IN A SINGLE MUSCLE, IS SAFE AND WELL TOLERATED.

GENE THERAPY STUDIES FOR DMD HAVE ADVANCED TO A SECOND PHASE - LARGE ANIMAL STUDIES IN CANINE AND NON-HUMAN PRIMATE DMD MODELS TO TEST THE SAFETY AND EFFECTIVENESS OF DELIVERING BIOSTROPHIN, TO REPLACE THE FAULTY GENE IN DMD, TO AN ENTIRE LIMB.

GENE THERAPY IS ALSO UNDER DEVELOPMENT FOR LIMB-GIRDLE MUSCULAR DYSTROPHY (LGMD). A CLINICAL TRIAL OF GENE THERAPY FOR TYPE 2D LGMD, CAUSED BY A DEFICIENCY OF THE PROTEIN ALPHA-SARCOGLYCAN, PROVED THE THERAPY TO BE SAFE AND WELL-TOLERATED WHEN INJECTED INTO A SINGLE FOOT MUSCLE. THE TREATMENT ALSO RESULTED IN A SIGNIFICANT INCREASE IN THE AMOUNT OF ALPHA-SARCOGLYCAN PROTEIN IN THE GENE-INJECTED MUSCLE. IN DECEMBER 2009, MDA AWARDED \$458,814 FOR DEVELOPMENT OF GENE TRANSFER VIA THE BLOODSTREAM AIMED AT DELIVERING THE TREATMENT TO MULTIPLE MUSCLES SIMULTANEOUSLY, WHICH WILL BE NECESSARY FOR CLINICAL BENEFIT.

IN ANOTHER APPROACH TO TREAT DMD, THE SOUTH PLAINFIELD, N.J.-BASED FIRM PTC THERAPEUTICS COMPLETED A PHASE 2B CLINICAL TRIAL OF ITS PROMISING EXPERIMENTAL COMPOUND PTC124. THE DRUG IS DESIGNED TO COAX MUSCLE CELLS TO READ THROUGH A PREMATURE STOP CODON, A GENETIC MUTATION RESPONSIBLE FOR AN ESTIMATED 15% OF CASES OF DMD. PTC124 ALLOWS MUSCLE CELLS TO PARTIALLY RESTORE PRODUCTION OF FUNCTIONAL DYSTROPHIN, THE VITAL MUSCLE PROTEIN MISSING IN THIS DISEASE. THE COMPANY CONDUCTED THE EARLIER PHASE 2A STUDY WITH THE HELP OF A \$1.5 MILLION RESEARCH GRANT FROM MDA'S TRANSLATIONAL RESEARCH PROGRAM.

EXON SKIPPING COAXES MUSCLE CELLS TO IGNORE, OR "SKIP OVER," A FLAWED SECTION OF GENETIC INSTRUCTIONS FOR THE DYSTROPHIN PROTEIN, WHICH IS MISSING IN PEOPLE WITH DMD. DATA FROM SEVERAL STUDIES DEMONSTRATED IT GREAT THERAPEUTIC POTENTIAL. MDA FUNDED MUCH OF THE EARLY WORK THAT LED TO EXON SKIPPING AND CONTINUES TO DEVELOP THE STRATEGY FOR DMD. THE FIRST U.S. HUMAN CLINICAL TRIAL FOR EXON SKIPPING IN DMD BEGINS IN 2010.

RESEARCHERS FOUND A CRITICAL KEY TO BLOCKING THE CAUSE OF MYOTONIC MUSCULAR DYSTROPHY, THE MOST COMMON FORM OF MUSCULAR DYSTROPHY, BY FOOLING DEFECTIVE GENETIC MATERIAL IN A DISCOVERY THAT COULD HAVE MAJOR IMPLICATIONS FOR FINDING A TREATMENT FOR THE DISEASE. THEY USED A SYNTHETIC MOLECULE, CALLED A MORPHOLINO ANTISENSE OLIGONUCLEOTIDE, CAG25, TO BLOCK DISEASE-CAUSING GENETIC INSTRUCTIONS IN CELLS.

THE CAG25 RELEASED PROTEINS HELD HOSTAGE IN MUSCLE AND OTHER CELLS BY DEFECTIVE RNA, A BYPRODUCT OF THE FLAWED GENETIC INSTRUCTIONS. THE BLOCKED PROTEINS RESUMED THEIR NORMAL FUNCTIONS AND THE MUSCLES SHOWED IMPROVEMENT IN MOLECULAR STRUCTURE AND FUNCTION.

IN ALS, THERAPIES ARE UNDER DEVELOPMENT TO TARGET THE UNDERLYING CAUSE IN AN INHERITED FORM OF THE DISORDER. SOME FAMILIAL CASES OF ALS ARE CAUSED BY MUTATIONS IN THE SUPEROXIDE DISMUTASE 1 (SOD1) GENE, RESULTING IN THE PRODUCTION OF SOD1 PROTEIN THAT IS TOXIC TO MOTOR NEURONS. INVESTIGATORS AT WASHINGTON UNIVERSITY (ST. LOUIS, MO) AND MASSACHUSETTS GENERAL HOSPITAL (BOSTON, MA) ARE TESTING WHETHER ANTISENSE OLIGONUCLEOTIDES, DEVELOPED BY ISIS PHARMACEUTICALS OF CARLSBAD, CA, CAN INHIBIT THE TOXIC SOD1 PROTEIN. HUMAN TRIALS WILL BEGIN IN 2010.

MDA AND THE ALS THERAPY DEVELOPMENT INSTITUTE (ALS TDI) CONTINUED TO WORK TOGETHER IN 2009, AS PART OF THE THREE-YEAR, \$36 MILLION DRUG DISCOVERY PARTNERSHIP BEGUN IN 2007. IN 2009, ALS TDI ANNOUNCED THE DEVELOPMENT OF ALSTDI-00846, A MOLECULE THAT BLOCKS A KEY IMMUNE PATHWAY IDENTIFIED AS BEING OVERACTIVE IN SOME CASES OF ALS.

MDA-SUPPORTED RESEARCHERS ALSO DEVELOPED A NEW TOOL FOR ALS RESEARCH - THE TDP43 ALS MOUSE MODEL. THE NEWLY ENGINEERED RESEARCH MOUSE HAS A MUTATION IN THE GENE THAT CARRIES INSTRUCTIONS FOR THE TDP43 PROTEIN, KNOWN TO BE RESPONSIBLE FOR SOME CASES OF FAMILIAL ALS.

MDA'S CLINICAL RESEARCH NETWORK, WHICH INCLUDES 5 SITES FOCUSED ON DMD AND FIVE ON ALS LAUNCHED SEVERAL CLINICAL STUDIES IN 2009. THE DMD NETWORK IS DEVELOPING CLINICAL TRIAL OUTCOME MEASURES FOR VERY YOUNG CHILDREN AS WELL AS THOSE NO LONGER WALKING WITH DMD. IN THE FUTURE, THESE POPULATIONS, TYPICALLY EXCLUDED FROM CLINICAL TRIALS, WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN TRIALS OF PROMISING THERAPIES. CLINICAL STUDIES THROUGH THE ALS CLINICAL RESEARCH NETWORK ARE FOCUSED ON DEVELOPING CLINICALLY MEANINGFUL OUTCOME MEASURES AS WELL AS THE EFFECT OF DIET IN THE PROGRESSION OF THE DISORDER.

MDA REMAINS COMMITTED TO SUPPORTING CUTTING-EDGE RESEARCH BEING CONDUCTED BY TOP SCIENTISTS AND CLINICIANS THROUGHOUT THE WORLD-RESEARCH THAT IS ONGOING AROUND-THE-CLOCK.

THE FOCUS OF MDA'S RESEARCH EFFORT IN THE FUTURE REMAINS THE ADVANCEMENT OF STRATEGIES TO APPLY THE TECHNOLOGIES RESULTING FROM YEARS OF BASIC RESEARCH TOWARD THE DEVELOPMENT OF EFFECTIVE THERAPIES. THIS IS HOW MDA CAN BEST SERVE THOSE WITH NEUROMUSCULAR DISEASES AND THEIR FAMILIES. MDA IS ENHANCING ITS PARTNERSHIPS WITH INDUSTRY, THE NATIONAL INSTITUTES OF HEALTH AND ACADEMIA TO ACCELERATE NEUROMUSCULAR DISEASE RESEARCH DESIGNED TO TRANSLATE BASIC RESEARCH KNOWLEDGE INTO CLINICAL STRATEGIES.

HEALTH CARE AND COMMUNITY SERVICES

THROUGHOUT THE UNITED STATES AND PUERTO RICO, THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) PROVIDES A WIDE VARIETY OF SERVICES TO THOSE AFFECTED BY ANY OF THE DISORDERS IN ITS PROGRAM, IRRESPECTIVE OF AGE, RACE, CREED, COLOR OR SEX. MDA'S SERVICES PROGRAM IS DESIGNED TO ASSIST THOSE AFFECTED BY MUSCULAR DYSTROPHY AND RELATED DISEASES OF THE NEUROMUSCULAR SYSTEM, WHICH AFFECT CHILDREN AS WELL AS ADULTS. A COMPLETE LIST OF DISEASES COVERED BY MDA IS CONTAINED IN THE ASSOCIATION'S SERVICES BROCHURE, COPIES OF WHICH ARE AVAILABLE UPON REQUEST THROUGH MDA'S NATIONAL HEADQUARTERS AT 3300 EAST SUNRISE DRIVE, TUCSON, ARIZONA 85718, FROM ANY OF ITS 200 FIELD OFFICES IN THE UNITED STATES AND PUERTO RICO, OR ITS WEB SITE AT WWW.MDA.ORG.

MDA MAINTAINS THE MOST COMPREHENSIVE SERVICES PROGRAM OF ANY VOLUNTARY HEALTH AGENCY IN THE COUNTRY, HELPING INDIVIDUALS AND THEIR FAMILIES MEET THE PROBLEMS IMPOSED BY

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-166552

CHRONIC, PROGRESSIVE NEUROMUSCULAR DISEASES. THIS ASPECT OF THE ASSOCIATION'S PROGRAM ACCOUNTED FOR OVER \$84.1 MILLION OF ITS 2009 EXPENDITURES. THE ASSOCIATION MAKES AVAILABLE A BROAD PROGRAM OF SERVICES RANGING FROM A NATIONWIDE NETWORK OF CLINICS PROVIDING ACCESS TO TOP HEALTH PROFESSIONALS SKILLED IN THE DIAGNOSIS AND MEDICAL MANAGEMENT OF NEUROMUSCULAR DISEASES TO ASSISTANCE WITH ESSENTIAL SUPPORT SERVICES, INCLUDING THE FOLLOWING:

- > DIAGNOSTIC CONSULTATIONS AND FOLLOW-UP EXAMINATIONS BY NEUROMUSCULAR SPECIALISTS THROUGH A NATIONWIDE NETWORK OF 200 MDA CLINICS
- > A NATIONAL EQUIPMENT PROGRAM PROVIDING GENTLY-USED MEDICAL EQUIPMENT, SUCH AS WHEELCHAIRS, COMMUNICATION DEVICES, WALKERS, HOSPITAL BEDS, BATH AIDS AND OTHER ITEMS TO ENHANCE INDEPENDENCE
- > ASSISTANCE WITH REPAIRS TO PRESCRIBED MEDICAL EQUIPMENT
- > 80 WEEK-LONG SUMMER CAMP PROGRAMS ACROSS THE COUNTRY PROVIDING FUN AND FRIENDSHIP FOR CHILDREN AFFECTED BY NEUROMUSCULAR DISEASE
- > ANNUAL PHYSICAL, OCCUPATIONAL, RESPIRATORY AND SPEECH THERAPY CONSULTATIONS
- > FREE FLU SHOTS
- > TRANSITIONAL SERVICES DESIGNED TO PROVIDE RESOURCES FOR YOUTH WITH NEUROMUSCULAR DISEASE WHO ARE ENTERING ADULTHOOD
- > REFERRALS TO FEDERAL, STATE AND COMMUNITY-BASED RESOURCES THAT OFFER ASSISTANCE TO THOSE LIVING WITH DISABILITIES
- > SUPPORT GROUPS TO ASSIST FAMILIES AND INDIVIDUALS IN COPING WITH THE SPECIAL PROBLEMS IMPOSED BY NEUROMUSCULAR DISEASES
- > ONLINE SUPPORT NETWORK AND E-COMMUNITY, WWW.MDA.ORG/MYMDA
- > MYMUSCLETEAM CARE COORDINATION TOOL FOR FAMILIES SERVED BY MDA, WWW.MDA.ORG/MYMUSCLETEAM/
- > EDUCATIONAL SEMINARS THAT PROVIDE INFORMATION ABOUT NEUROMUSCULAR DISEASES AND OFFER A FORUM TO DISCUSS SUBJECTS OF IMPORTANCE TO FAMILIES LIVING WITH THESE DISORDERS

MDA CLINICS

MDA MAINTAINS A NETWORK OF 200 HOSPITAL-AFFILIATED NEUROMUSCULAR CLINICS LOCATED AT MEDICAL INSTITUTIONS AND UNIVERSITY-BASED FACILITIES ACROSS THE UNITED STATES AND PUERTO RICO. AT MDA CLINICS PEOPLE WITH NEUROMUSCULAR DISEASES HAVE ACCESS TO THE NATION'S TOP SPECIALISTS IN THIS GROUP OF DISEASES. THESE CLINICS ARE ESSENTIAL TO THE MEDICAL MANAGEMENT OF NEUROMUSCULAR DISEASES BUT ARE ALSO KEY TO THE DEVELOPMENT OF NEW THERAPIES.

EACH YEAR MDA PROVIDES TENS OF THOUSANDS OF MEDICAL VISITS THROUGH ITS CLINIC PROGRAM. INDIVIDUALS AFFECTED BY ANY OF THE DISORDERS IN MDA'S PURVIEW HAVE ACCESS TO THESE CLINICS STAFFED BY TOP HEALTH PROFESSIONALS USING A MULTIDISCIPLINARY TEAM APPROACH. THESE EXPERTS ADVISE ABOUT ALL ASPECTS OF MEDICAL MANAGEMENT OF NEUROMUSCULAR DISEASE, INCLUDING RESPIRATORY CARE AND PHYSICAL THERAPY. ANYONE WHOSE PHYSICIAN SUSPECTS A NEUROMUSCULAR DISORDER, UPON REFERRAL BY THE PERSON'S PHYSICIAN, IS ELIGIBLE FOR A DIAGNOSTIC EVALUATION AT AN MDA CLINIC. SHOULD THE DIAGNOSIS INDICATE A DISEASE OTHER THAN ONE INCLUDED IN MDA'S PROGRAM, THE ASSOCIATION WILL THEN REFER THE INDIVIDUAL TO AN APPROPRIATE COMMUNITY RESOURCE.

ALSO, MDA CLINICS ARE ESSENTIAL TO THE ADVANCEMENT OF NEUROMUSCULAR DISEASE RESEARCH. THEY SERVE AS THE KEY CENTERS FOR ONGOING CLINICAL TRIALS FOR THE DEVELOPMENT OF A WIDE RANGE OF POTENTIAL THERAPIES. THE ASSOCIATION'S RESEARCH

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PRIORITY IS THE SUPPORT OF PROJECTS THAT FOCUS ON THE DEVELOPMENT OF THERAPIES. MDA CLINICS ARE THE FOCAL POINTS FOR THE CLINICAL APPLICATION OF SCIENTIFIC ADVANCES DESIGNED TO TREAT NEUROMUSCULAR DISEASES.

THE ASSOCIATION HAS ESTABLISHED OVER 35 AMYOTROPHIC LATERAL SCLEROSIS (ALS) RESEARCH AND CLINICAL CENTERS ACROSS THE COUNTRY TO FOCUS ATTENTION ON A VERY RAPIDLY PROGRESSIVE DEBILITATING NEUROMUSCULAR DISORDER THAT STRIKES ADULTS IN THE PRIME OF LIFE.

THEY ARE:

- * THE ELEANOR AND LOU GEHRIG MDA/ALS CENTER AT COLUMBIA UNIVERSITY MEDICAL CENTER IN NEW YORK, NY;
- * FORBES NORRIS MDA/ALS CENTER AT CALIFORNIA PACIFIC MEDICAL CENTER IN SAN FRANCISCO, CA;
- * JERRY LEWIS MDA/ALS CLINICAL AND RESEARCH CENTER IN LOS ANGELES, CA;
- * MDA/ALS CENTER AT THE UNIVERSITY OF WISCONSIN IN MADISON, WI;
- * MDA/ALS CENTER AT METHODIST NEUROLOGICAL INSTITUTE IN HOUSTON, TX;
- * MDA/ALS CENTER AT MASSACHUSETTS GENERAL HOSPITAL IN BOSTON, MA;
- * MDA/ALS CENTER AT THE UNIVERSITY OF ILLINOIS AT CHICAGO IN CHICAGO, IL;
- * MDA/ALS CENTER AT UCLA IN LOS ANGELES, CA;
- * MDA/ALS CENTER AT THE UNIVERSITY OF COLORADO IN DENVER, CO;
- * MDA/ALS CENTER AT YALE UNIVERSITY IN NEW HAVEN, CT;
- * MDA/ALS CENTER AT EMORY UNIVERSITY SCHOOL OF MEDICINE IN ATLANTA, GA;
- * MDA/ALS CENTER AT JOHNS HOPKINS UNIVERSITY IN BALTIMORE, MD;
- * MDA/ALS CENTER AT WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS, MO;
- * MDA/ALS CENTER AT THE UNIVERSITY OF TEXAS IN DALLAS, TX;
- * KESSENICH FAMILY MDA/ALS CENTER AT THE UNIVERSITY OF MIAMI, FL;
- * MDA/ALS CENTER AT THE UNIVERSITY OF UTAH IN SALT LAKE CITY, UT;
- * MDA/ALS CENTER AT CAROLINAS MEDICAL CENTER IN CHARLOTTE, NC;
- * MDA/ALS CENTER AT SUNY UPSTATE MEDICAL UNIVERSITY IN SYRACUSE, NY;
- * MDA/ALS CENTER AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IN KANSAS CITY, KS;
- * THE MDA/ALS CENTER AT THE MICHIGAN INSTITUTE FOR NEUROLOGICAL DISORDERS IN FARMINGTON, MI.
- * MDA/ALS CENTER OF HOPE AT DREXEL UNIVERSITY COLLEGE OF MEDICINE IN PHILADELPHIA, PA;
- * MDA/ALS CENTER AT ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER IN PHOENIX, AZ;
- * MDA/ALS CENTER AT UPH HOSPITAL IN TUCSON, AZ;
- * MDA/ALS CENTER AT THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER IN ALBUQUERQUE, NM;

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- * MDA/ALS CENTER AT THE UNIVERSITY OF CALIFORNIA, IRVINE, CA;
- * MDA/ALS CENTER THROUGH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO, TX;
- * MDA/ALS CENTER AT THE UNIVERSITY OF WASHINGTON MEDICAL CENTER IN SEATTLE, WA;
- * MDA/ALS CENTER AT VANDERBILT UNIVERSITY MEDICAL CENTER IN NASHVILLE, TN;
- * MDA/ALS CENTER AT OHIO STATE UNIVERSITY IN COLUMBUS, OH;
- * MDA/ALS CENTER AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER IN ROCHESTER, NY;
- * MDA/ALS CENTER AT THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES IN LITTLE ROCK, AR;
- * MDA/ALS CENTER AT THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER IN PITTSBURGH, PA;
- * MDA/ALS CENTER AT THE UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER IN WORCESTER, MA;
- * MDA/ALS CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY, OK;
- * MDA/ALS CENTER AT OREGON HEALTH & SCIENCE UNIVERSITY IN PORTLAND, OR;
- * MDA/ALS CENTER OF MEMPHIS MID-SOUTH IN CORDOVA, TN.
- * THE MICHIGAN STATE UNIVERSITY MDA/ALS CENTER WITH TWO CLINICAL SITES AT MICHIGAN STATE UNIVERSITY IN EAST LANSING AND MARY FREE BED REHABILITATION HOSPITAL IN GRAND RAPIDS, MI

MDA'S SERVICES PROGRAM IS ADMINISTERED THROUGH ITS NETWORK OF 200 FIELD OFFICES LOCATED IN THE UNITED STATES AND PUERTO RICO. MDA HEALTH CARE SERVICE COORDINATORS KNOWLEDGEABLE ABOUT FEDERAL, STATE AND LOCAL COMMUNITY RESOURCES ALSO ASSIST FAMILIES SERVED BY MDA BY ADVISING THEM ABOUT OTHER SERVICES FOR WHICH THEY MAY BE ELIGIBLE.

MDA PROVIDES ASSISTANCE TO THOSE IT SERVES IN NEED OF PRESCRIBED MEDICAL EQUIPMENT. FOR EXAMPLE, IN 2009 THOUSANDS OF ADAPTIVE DEVICES WERE PROVIDED TO INDIVIDUALS THROUGH MDA'S LOANED EQUIPMENT PROGRAM -- INCLUDING, BUT NOT LIMITED TO, WALKERS, CANES, BATH EQUIPMENT, WHEELCHAIRS, HYDRAULIC LIFTS, COMMUNICATION DEVICES AND HOSPITAL BEDS. MDA ALSO ASSISTED WITH REPAIRS TO WHEELCHAIRS, LEG BRACES AND COMMUNICATION DEVICES.

IN 2009, SOME 4,300 CHILDREN AGES 6-17 WERE SIGNED UP AND READY TO GO TO BARRIER-FREE/NO-COST MDA SUMMER CAMPS ACROSS THE UNITED STATES, BUT ONLY 1,500 ULTIMATELY WERE ABLE TO ATTEND. MDA, WITH SUPPORT FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, MADE THE UNPRECEDENTED DECISION TO CANCEL 47 CAMP SESSIONS IN JUNE 2009 IN ORDER TO PROTECT CAMPER FROM THE H1N1 FLU SWEEPING THE NATION AT THE TIME (33 CAMP SESSIONS ALREADY HAD BEEN COMPLETED OR NEARLY COMPLETED). BECAUSE MANY NEUROMUSCULAR DISEASES WEAKEN RESPIRATORY MUSCLES, ANY FORM OF THE FLU (AND ESPECIALLY THE VIRULENT H1N1 STRAIN) POSES A SERIOUS RISK. MANY MDA LOCAL OFFICES TRIED TO MAKE UP FOR THE MISSED "BEST WEEK OF THE YEAR" BY OFFERING "A TASTE OF CAMP" AT SMALLER, ONE-DAY HOMETOWN ACTIVITIES.

THOUSANDS OF INDIVIDUALS AND THEIR FAMILIES RECEIVED SUPPORT THROUGH MDA'S NATIONWIDE NETWORK OF OVER 200 SUPPORT GROUPS, AS WELL AS THROUGH MDA-SPONSORED EDUCATIONAL SEMINARS, REFERRAL SERVICES AND ONLINE CHAT SESSIONS AT WWW.MDA.ORG/CHAT/CALENDAR.HTML. SUPPORT WAS ALSO AVAILABLE THROUGH MDA'S E-COMMUNITY, WWW.MDA.ORG/MYMDA AND, IN DECEMBER 2009, MDA INTRODUCED ITS MYMUSCLETEAM CARE COORDINATION TOOL FOR FAMILIES, WWW.MDA.ORG/MYMUSCLETEAM/.

ADDITIONAL INFORMATION ABOUT MDA'S HEALTH CARE AND COMMUNITY SERVICES PROGRAM IS

AVAILABLE THROUGH MDA'S WEB SITE AT WWW.MDA.ORG/SERVICES.HTML.

PROFESSIONAL AND PUBLIC HEALTH EDUCATION

IN THE YEAR ENDED DECEMBER 31, 2009, THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) EXPENDED \$28,295,533 ON ITS PROFESSIONAL AND PUBLIC HEALTH EDUCATION PROGRAM. MDA'S PUBLIC INFORMATION AND HEALTH EDUCATION PROGRAM SEEKS TO MEET THE NEEDS OF THE MEDICAL PROFESSION, THE SCIENTIFIC COMMUNITY, THE GENERAL PUBLIC AND PEOPLE WITH NEUROMUSCULAR DISEASES BY PROVIDING TIMELY AND THOROUGH INFORMATION ABOUT MDA'S PROGRAMS AND THE DISEASES THEY COVER.

MDA PRODUCED, UPDATED AND DISTRIBUTED DOZENS OF PUBLICATIONS TO MILLIONS OF PEOPLE DESCRIBING THE ASSOCIATION'S COMPREHENSIVE SERVICES, ITS EXTENSIVE RESEARCH PROGRAM AND THE MORE THAN 40 DISORDERS THAT MDA COVERS, AND PROVIDING ADVICE TO FAMILIES AFFECTED BY THESE DISEASES. MDA PRODUCED FOUR ISSUES OF MDA'S AWARD-WINNING NATIONAL MAGAZINE, QUEST, OFFERING A READERSHIP OF MORE THAN 350,000 A STIMULATING MIX OF ARTICLES. THESE ARTICLES TOUCHED ON A RANGE OF DISEASES IN MDA'S PROGRAM, AND HIGHLIGHTED PROGRESS BEING MADE BY MDA-SUPPORTED RESEARCHERS, MDA SERVICES, HEALTH CARE INFORMATION, AND ASSISTANCE WITH DISABILITY-RELATED ISSUES AFFECTING INDIVIDUALS AND FAMILIES. IN ADDITION, MDA PRODUCED AND DISTRIBUTED EDUCATIONAL VIDEOS ON VARIOUS TOPICS FOR FAMILIES AFFECTED BY MUSCULAR DYSTROPHY AND RELATED DISEASES.

MDA ALSO PRODUCED ITS MONTHLY ALS NEWS MAGAZINE FOR THOSE AFFECTED BY LOU GEHRIG'S DISEASE. MDA REVISED SEVERAL BROCHURES IN ITS "FACTS ABOUT" SERIES PROVIDING BASIC INFORMATION ABOUT INDIVIDUAL DISEASES IN MDA'S PROGRAM, GEARED TOWARD PEOPLE NEWLY DIAGNOSED.

TENS OF THOUSANDS OF PRINT PUBLIC SERVICE ADVERTISEMENTS CARRIED THE MDA MESSAGE IN NEWSPAPERS AND OTHER PERIODICALS ACROSS THE COUNTRY, WITH COMBINED CIRCULATION IN THE TENS OF MILLIONS. MANY MILLIONS MORE SAW TELEVISION PUBLIC SERVICE ANNOUNCEMENTS ON LOCAL AND NATIONAL BROADCAST NETWORKS OF ALL TYPES, INCLUDING CABLE CHANNELS. NEWS ABOUT MDA ACTIVITIES, SERVICES AND RESEARCH ADVANCES WAS CARRIED BY MAJOR WIRE SERVICES, ON TELEVISION NEWS PROGRAMS AND IN THOUSANDS OF NEWSPAPERS, MAGAZINES AND ONLINE ARTICLES.

THE ASSOCIATION MADE ITS COMPLETE RANGE OF LITERATURE AVAILABLE ELECTRONICALLY ON ITS MAIN WEB SITES: WWW.MDA.ORG AND WWW.ALS-MDA.ORG. THE WEB SITES OFFERED A CONSTANT STREAM OF UPDATED INFORMATION ABOUT MDA'S PROGRAMS. INTERNATIONALLY RECOGNIZED AS A KEY SOURCE OF INFORMATION ABOUT MUSCLE AND NERVE DISEASES, THE MAIN SITE ATTRACTED VISITORS FROM DOZENS OF COUNTRIES AROUND THE WORLD. TOTAL VISITS TO THE SITE AMOUNTED TO MORE THAN 5 MILLION FOR THE YEAR.

THE ASSOCIATION CONDUCTED SCORES OF SESSIONS PER MONTH OF ITS POPULAR ONLINE CHATS. VISITORS TO THE MDA SITES ALSO HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT DISEASES, RESEARCH, SERVICES AND MANY OTHER TOPICS.

MDA'S E-MAIL NEWSLETTER, MDA E-UPDATE, DELIVERED NEWS ABOUT RESEARCH BREAKTHROUGHS AND OTHER PERTINENT INFORMATION TO NEARLY A MILLION FRIENDS OF THE ASSOCIATION. THE ONLINE NEWSLETTER KEEPS READERS CURRENT ON RAPID RESEARCH PROGRESS AND OTHER NEWS FROM THE ASSOCIATION. SEVERAL TIMES PER MONTH, EMAILS FOCUSED ON RESEARCH ADVANCES IN SPECIFIC NEUROMUSCULAR DISEASES ARE SENT TO INDIVIDUALS AFFECTED BY THOSE DISEASES.

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PART 1 LINE 1A

SPECIAL TRAVEL ARRANGEMENTS ARE AUTHORIZED FOR BOARD MEMBERS WHO REQUIRE ACCOMMODATIONS DUE TO THEIR PHYSICAL CONDITIONS.

STATEMENT 5
SCHEDULE L, PART IV

MDA BOARD MEMBER STANLEY H. APPEL, M.D., IS A PROFESSOR AND CHAIRMAN OF NEUROLOGY AT METHODIST HOSPITAL RESEARCH INSTITUTE IN HOUSTON. HE ALSO SERVES AS CHAIRMAN OF MDA'S MEDICAL ADVISORY COMMITTEE. FOR THE YEAR ENDED DECEMBER 31, 2009 METHODIST HOSPITAL RECEIVED RESEARCH GRANTS IN THE AGGREGATE OF \$112,488. DR. APPEL ALSO SERVES AS CLINIC DIRECTOR OF MDA'S NEUROMUSCULAR CLINIC AT METHODIST HOSPITAL. \$132,300 WAS PROVIDED TO THE HOSPITAL FOR FUNDING FOR CLINICAL CARE. LAST YEAR MDA PROVIDED A TRANSLATIONAL RESEARCH GRANT TO THE ALS TDI IN THE AMOUNT OF \$4,100,000. SUBSEQUENTLY, DR. APPEL WAS NAMED TO THE ALS TDI BOARD OF DIRECTORS TO PROVIDE MDA OVERSIGHT OF ITS GRANTS. BY POLICY DR. APPEL EXCUSES HIMSELF FROM DISCUSSIONS AND VOTING ON CONSIDERATION OF GRANTS TO HIS RELATED ORGANIZATIONS.

MDA CHAIRMAN OF THE BOARD, R.RODNEY HOWELL, M.D., IS CHAIRMAN EMERITUS AND A PROFESSOR IN THE DEPARTMENT OF PEDIATRICS AT THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE. FOR THE YEAR ENDED DECEMBER 31, 2009 UNIVERSITY OF MIAMI RECEIVED RESEARCH AND CLINIC GRANTS IN THE AGGREGATE OF \$555,172. BY POLICY DR. HOWELL EXCUSES HIMSELF FROM DISCUSSIONS AND VOTING ON CONSIDERATION OF GRANTS TO UNIVERSITY OF MIAMI.

MDA BOARD MEMBER, LOUIS M. KUNKEL, PH.D., IS DIRECTOR OF PROGRAM IN GENOMICS AND PROFESSOR OF PEDIATRICS AT THE CHILDREN'S HOSPITAL - BOSTON. FOR THE YEAR ENDED DECEMBER 31, 2009 CHILDREN'S HOSPITAL OF BOSTON RECEIVED CLINIC GRANTS IN THE AMOUNT OF \$27,000 BY POLICY PROFESSOR KUNKEL EXCUSES HIMSELF FROM DISCUSSIONS AND VOTING ON CONSIDERATION OF GRANTS TO THE CHILDREN'S HOSPITAL.

MDA BOARD MEMBER DAN FRIES IS EMPLOYED BY SIBSON CONSULTING AS SENIOR VICE PRESIDENT AND MARKETING DIRECTOR. SIBSON MDA'S PENSION ACTUARIES, RECEIVED FEES OF \$338,471.

