

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2012, or tax year beginning _____, 2012, and ending _____, 20____

2012Department of the Treasury
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-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 of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	152115051
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 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) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

ASST TREASURER

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	BDO USA, LLP			EIN 13-5381590
		7101 WISCONSIN AVE., SUITE 800			Phone no.
		BETHESDA, MD 20814-4827			(301) 654-4900

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

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

Form **8453-EO** (2012)

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning****and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3300 EAST SUNRISE DRIVE City, town, or post office, state, and ZIP code TUCSON, AZ 85718		D Employer identification number 13-1665552
	F Name and address of principal officer: STEVEN DERKS SAME AS C ABOVE		E Telephone number (520) 529-2000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 183,058,713.
	J Website: ▶ WWW.MDA.ORG		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 ▶
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net 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	18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1435
	6 Total number of volunteers (estimate if necessary)	6	1500000
		7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34		7b	14,876.
Revenue	8 Contributions and grants (Part VIII, line 1h)	157,086,290.	149,557,236.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,772,204.	1,348,594.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,274,531.	1,209,221.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,588,617.	152,115,051.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,352,169.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		70,159,258.	67,163,193.
16a Professional fundraising fees (Part IX, column (A), line 11e)		86,908.	497,284.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,577,129.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,995,870.	51,592,591.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		175,594,205.	166,824,047.
19 Revenue less expenses. Subtract line 18 from line 12		-19,005,588.	-14,708,996.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	98,307,873.	100,099,622.
	21 Total liabilities (Part X, line 26)	84,950,677.	98,635,094.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,357,196.	1,464,528.

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		
	STEPHEN P. EVANS, CPA, ASST. TREASURER		Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL SORRELLS, CPA				P00001737
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827		Phone no. (301) 654-4900		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
SEE SCHEDULE O

- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 70,503,567. including grants of \$ 12,946,043.) (Revenue \$)
HEALTH CARE AND COMMUNITY SERVICES (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 38,447,079. including grants of \$ 34,624,936.) (Revenue \$)
RESEARCH: SEE SCHEDULE O

4c (Code:) (Expenses \$ 19,664,141. including grants of \$) (Revenue \$)
PROFESSIONAL AND PUBLIC HEALTH EDUCATION: SEE SCHEDULE O

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

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

4e Total program service expenses  128,614,787.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6	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>	7	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>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	11a X	
b 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>	11b	X
c 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>	11c	X
d 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>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b 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, Parts II and IV</i>	15 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, Parts III and IV</i>	16	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>	17 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>	18 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>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form **990** (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1286	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	20	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	1435	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	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?		
6a	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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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	14	
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a 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		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form **990** (2012)

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.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19			
b Enter the number of voting members included in line 1a, above, who are independent		18		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, 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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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 - 520-529-2000**
3300 E SUNRISE DR, TUCSON, AZ 85718-3299

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** 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.

- 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, if any. See instructions for definition of "key employee."

- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) STANLEY H. APPEL, MD DIRECTOR	1.00	X						0.	0.	0.
(2) ROBERT M. BENNETT DIRECTOR	1.00	X						0.	0.	0.
(3) BART CONNER DIRECTOR	1.00	X						0.	0.	0.
(4) HAROLD C. CRUMP DIRECTOR	1.00	X						0.	0.	0.
(5) BENJAMIN F. CUMBO III DIRECTOR	1.00	X						0.	0.	0.
(6) STEVE FARELLA DIRECTOR	1.00	X						0.	0.	0.
(7) DANIEL G. FRIES DIRECTOR	1.00	X						0.	0.	0.
(8) HONORABLE BRAD HENRY DIRECTOR	1.00	X						0.	0.	0.
(9) R. RODNEY HOWELL, MD CHAIRMAN	5.00	X		X				0.	0.	0.
(10) DAVE HUTTON DIRECTOR	1.00	X						0.	0.	0.
(11) LOUIS M. KUNKEL, PHD DIRECTOR	1.00	X						0.	0.	0.
(12) TIMMI MASTERS SECRETARY	2.00	X		X				0.	0.	0.
(13) OLIN F. MORRIS DIRECTOR	1.00	X						0.	0.	0.
(14) CHRISTOPHER J. ROSA, PHD DIRECTOR	1.00	X						0.	0.	0.
(15) CHARLES SCHOOR, ESQ. TREASURER	5.00	X		X				0.	0.	0.
(16) LOIS R. WEST DIRECTOR	1.00	X						0.	0.	0.
(17) JOSEPH S DIMARTINO DIRECTOR EMERITUS	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) VICTOR WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(19) STEVEN DERKS PRESIDENT & CEO	60.00			X				17,115.	0.	10,820.
(20) GAIL SCHMERTZ KERNER, ESQ. ASST. SECRETARY, CHIEF LEGAL OFFICER	50.00			X				226,302.	0.	11,519.
(21) CHRISTINA C. KENNEDY ASST. SECRETARY	50.00			X				59,958.	0.	5,974.
(22) JUDITH LAUREL ASST. SECRETARY	50.00			X				49,995.	0.	476.
(23) STEPHEN P. EVANS, CPA ASST. TREASURER	50.00			X				116,637.	0.	11,519.
(24) JODI WALTERS ASST. TREASURER	50.00			X				68,105.	0.	5,980.
(25) VALERIE A. CUIK, MD EXEC VP - RESEARCH & MEDICAL	50.00				X			287,274.	0.	5,984.
(26) PETER MORGAN EXEC VP - FIELD ORGANIZATION	50.00				X			230,547.	0.	11,519.
1b Sub-total								1,055,933.	0.	63,791.
c Total from continuation sheets to Part VII, Section A								1,064,582.	0.	68,974.
d Total (add lines 1b and 1c)								2,120,515.	0.	132,765.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ALANIZ METRO GROUP, 1805 E. WASHINGTON STREET, MT. PLEASANT, IA 52641	PRINTING	1,945,898.
NEW EDGE NETWORK INC PO BOX 4800, PORTLAND, OR 97208	NETWORK PROVIDER	1,402,746.
EXPERIAN MARKETING SOLUTIONS, INC. 21221 NETWORK PLACE, CHICAGO, IL 60673	DATABASE MANAGEMENT	1,215,379.
MOORE WALLACE NORTH AMERICA, INC. PO BOX 730216, DALLAS, TX 75373	PRINTING	1,109,700.
ROBERT HALF INTERNATIONAL, INC. P.O. BOX 743295, LOS ANGELES, CA 90074	TEMPORARY AGENCY	792,819.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **52**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) KEVIN W. MORAN EXEC VP - BUSINESS DEVELOPMENT	50.00				X			211,623.	0.	11,519.
(28) JOHN WALSH SENIOR VP FIELD ORG	50.00					X		149,818.	0.	11,519.
(29) BRADLEY J. BARGHOLS SENIOR VP FIELD ORG	50.00					X		139,587.	0.	6,439.
(30) SANJAY I. BIDICHANDANI VP RESEARCH	50.00					X		158,944.	0.	11,498.
(31) ROBERT M. GRINSFELDER VP SOUTH CENTRAL DIVISION	50.00					X		131,263.	0.	11,029.
(32) JOHN D. MCCORMICK VP SOUTH EAST DIVISION	50.00					X		130,935.	0.	11,029.
(33) GERALD C. WEINBERG FORMER PRESIDENT & CEO	0.00						X	142,412.	0.	5,941.
Total to Part VII, Section A, line 1c								1,064,582.		68,974.

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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	1a 723,715.				
	b Membership dues	1b				
	c Fundraising events	1c 123,594,432.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 25,239,089.				
	g Noncash contributions included in lines 1a-1f: \$	720,811.				
	h Total. Add lines 1a-1f		149,557,236.			
	2 a	Business Code				
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)		1,260,472.			1,260,472.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		80,720.			80,720.
	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				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		88,122.			88,122.
	8 a Gross income from fundraising events (not including \$ 123,594,432. of contributions reported on line 1c). See Part IV, line 18	a 22,406,132.				
	b Less: direct expenses	b 22,406,132.				
	c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a 749,373.				
	b Less: direct expenses	b 142,259.				
	c Net income or (loss) from gaming activities		607,114.			607,114.
	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	261,572.			261,572.	
b QUEST ADVERTISING	541800	251,115.		251,115.		
c REGISTRATION FEES	900099	8,700.			8,700.	
d All other revenue						
e Total. Add lines 11a-11d		521,387.				
12 Total revenue. See instructions.		152,115,051.	0.	251,115.	2,306,700.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 United States. See Part IV, line 21	42,142,238.	42,142,238.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,428,741.	5,428,741.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,342,866.	565,849.	541,094.	235,923.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	50,098,327.	42,749,458.	4,201,975.	3,146,894.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,350,429.	9,923,428.	866,724.	560,277.
10 Payroll taxes	4,371,571.	3,738,021.	358,083.	275,467.
11 Fees for services (non-employees):				
a Management				
b Legal	641,917.	12,693.	629,224.	
c Accounting	257,970.		257,970.	
d Lobbying	315,915.		315,915.	
e Professional fundraising services. See Part IV, line 17	497,284.			497,284.
f Investment management fees	139,976.		139,976.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,033,858.	2,784,177.	449,324.	8,800,357.
12 Advertising and promotion				
13 Office expenses	15,321,851.	6,828,714.	1,137,791.	7,355,346.
14 Information technology	962,773.		962,773.	
15 Royalties				
16 Occupancy	9,753,827.	8,560,262.	548,973.	644,592.
17 Travel	5,793,492.	4,928,508.	281,234.	583,750.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,084.	47,738.	15,047.	38,299.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,118,363.	708,386.	1,342,349.	67,628.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	4,151,565.	196,574.	2,583,679.	1,371,312.
25 Total functional expenses. Add lines 1 through 24e	166,824,047.	128,614,787.	14,632,131.	23,577,129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	5,382,000.	2,408,000.	283,000.	2,691,000.

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,168,782.	1	6,347,489.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,255,370.	3	3,346,295.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,243,603.	9	3,302,799.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,675,851.		
	b Less: accumulated depreciation	10b 8,540,239.		
		16,102,772.	10c	14,135,612.
	11 Investments - publicly traded securities	64,537,346.	11	72,967,427.
	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)	98,307,873.	16	100,099,622.	
Liabilities	17 Accounts payable and accrued expenses	10,067,863.	17	9,576,961.
	18 Grants payable	24,878,925.	18	23,453,207.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	14,500,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,003,889.	25	51,104,926.
	26 Total liabilities. Add lines 17 through 25	84,950,677.	26	98,635,094.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,652,691.	27	-4,369,448.
	28 Temporarily restricted net assets	5,374,272.	28	5,427,860.
	29 Permanently restricted net assets	330,233.	29	406,116.
	Organizations that do not follow SFAS 117 (ASC 958), 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,357,196.	33	1,464,528.
34 Total liabilities and net assets/fund balances	98,307,873.	34	100,099,622.	

Form **990** (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,115,051.
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,824,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,708,996.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,357,196.
5	Net unrealized gains (losses) on investments	5	6,882,435.
6	Donated services and use of facilities	6	10,500.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,076,607.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,464,528.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b 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		

Form **990** (2012)

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

2012

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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, 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 a 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 to 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 - Non-functionally integrated

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 it 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	182,595,766.	175,900,213.	171,247,359.	157,086,289.	149,557,236.	836,386,863.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	182,595,766.	175,900,213.	171,247,359.	157,086,289.	149,557,236.	836,386,863.
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)						
6 Public support. Subtract line 5 from line 4.						836,386,863.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	182,595,766.	175,900,213.	171,247,359.	157,086,289.	149,557,236.	836,386,863.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,946,932.	2,794,744.	1,555,153.	1,887,167.	1,341,192.	11,525,188.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					270,273.	270,273.
11 Total support. Add lines 7 through 10						848,182,324.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2012 (line 6, column (f) divided by line 11, column (f))	14	98.61 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.28 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and 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 - 2011. 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 - 2012. 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 - 2011. 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"/>

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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 year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 lines 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (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 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

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 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 the filing organization made payments. 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-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

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01-07-13

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		13,285.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		328,608.													
c Total lobbying expenditures (add lines 1a and 1b)		341,893.													
d Other exempt purpose expenditures		165,961,092.													
e Total exempt purpose expenditures (add lines 1c and 1d)		166,302,985.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<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)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	254,554.	368,927.	428,715.	341,893.	1,394,089.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	11,500.	13,300.	12,650.	13,285.	50,735.

Schedule C (Form 990 or 990-EZ) 2012

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?			
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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 XIII.

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 the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the 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	175,428.	125,667.	115,000.		
b Contributions	50,000.	50,000.	11,313.		
c Net investment earnings, gains, and losses	25,847.	-239.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			646.		
g End of year balance	251,275.	175,428.	125,667.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 100.00 %
c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(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		13,321,921.	4,360,519.	8,961,402.
c Leasehold improvements		21,734.	12,908.	8,826.
d Equipment				
e Other		7,376,760.	4,166,812.	3,209,948.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,135,612.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PENSION POSTRETIREMENT PLAN OBLIGATIONS	51,104,926.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	51,104,926.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	159,007,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,882,435.
b	Donated services and use of facilities	2b	10,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,892,935.
3	Subtract line 2e from line 1	3	152,115,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	152,115,051.

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

1	Total expenses and losses per audited financial statements	1	166,824,047.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	166,824,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	166,824,047.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE MUSCULAR DYSTROPHY ASSOCIATION ART COLLECTION WAS

ESTABLISHED IN 1992 TO FOCUS ATTENTION ON THE ACHIEVEMENTS OF ARTISTS WITH

DISABILITIES AND TO EMPHASIZE THAT PHYSICAL DISABILITY IS NO BARRIER TO

CREATIVITY. THE COLLECTION, ON PERMANENT DISPLAY AT MDA NATIONAL

HEADQUARTERS IN TUCSON, ARIZ., COMPRISES NEARLY 400 ORIGINAL WORKS BY

ADULTS AND CHILDREN WHO HAVE ANY OF THE NEUROMUSCULAR DISORDERS IN MDA'S

PROGRAM. ARTISTS IN THE COLLECTION REPRESENT ALL 50 STATES, THE DISTRICT

OF COLUMBIA AND PUERTO RICO, AND RANGE IN AGE FROM 2 TO 82.

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

THE MDA ART COLLECTION IS ONE OF THE MOST VARIED COLLECTIONS IN THE
NATION. THE VERSATILITY ATTESTS TO THE IMAGINATION AND TALENT OF THE
ARTISTS. THE COLLECTION FEATURES UNUSUAL ARTISTIC MEDIA, FROM DIGITAL
DESIGNS TO COLLAGES WITH CORN, TO PAINT APPLIED WITH WHEELCHAIR WHEELS AND
HUMAN FEET. THERE ARE ALSO MANY WORKS IN MORE TRADITIONAL OILS,
WATERCOLORS, ACRYLICS, PEN AND INK, CRAYONS, PASTELS, BRONZE, CERAMICS AND
PHOTOGRAPHY.
SUBJECT MATTER RANGES FROM SELF-PORTRAITS TO LANDSCAPES, AND FROM STILL
LIFES TO OUTER SPACE FANTASIES.
IN ADDITION TO SHOWCASING THE WORK OF TALENTED ARTISTS WHO ARE AFFECTED BY
NEUROMUSCULAR DISEASES, THE COLLECTION ALLOWS THE ARTISTS TO ARTICULATE
THEIR DISTINCTIVE VISION OF LIVING WITH A DISABILITY.

PART X, LINE 2: THE ASSOCIATION IS A NONPROFIT ORGANIZATION AND IS
EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND NEW
YORK CODES, RULES AND REGULATIONS (NCRR20 SECTION 1-3.4(B)(6)).

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE
GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT
MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND
BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN THEIR
FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT
TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR THE YEARS
ENDED DECEMBER 31, 2012, 2011, AND 2010 ARE SUBJECT TO EXAMINATION BY
FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY
ARE FILED.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012**Open to Public
Inspection**

Name of the organization

Employer identification number

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	103,116.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	1,293,192.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	2,079,723.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	217,966.
NORTH AMERICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	1,662,244.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	72,500.
3 a Sub-total	0	0			5,428,741.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,428,741.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

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. Part II can be duplicated 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)
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	103,116.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	1,293,192.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	2,079,723.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	217,966.	CHECK	0.		
		NORTH AMERICA	RESEARCH	1,662,244.	CHECK	0.		
		SOUTH AMERICA	RESEARCH	72,500.	CHECK	0.		

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 6

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: UPON AWARDING A GRANT, BUT PRIOR TO

DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF RESEARCH

GRANTEES: RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF

CURRENT REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH

(INSTITUTIONAL REVIEW BOARD 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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CONVIO, INC. - PO BOX 671445, DALLAS, TX 75267	SHARED APPLICATION SERVICES		X	6,421,364.	497,284.	5,924,080.
Total				6,421,364.	497,284.	5,924,080.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI
WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPECIAL EVENTS (event type)	SIGNATURE EVENTS (event type)	9406 (total number)	
Revenue	1 Gross receipts	116,026,503.	15,819,394.	14,154,667.	146,000,564.
	2 Less: Contributions	100,434,904.	12,192,250.	10,967,278.	123,594,432.
	3 Gross income (line 1 minus line 2)	15,591,599.	3,627,144.	3,187,389.	22,406,132.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,591,599.	3,627,144.	3,187,389.	22,406,132.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(22,406,132)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			749,373.	749,373.
	2 Cash prizes			10,300.	10,300.
	3 Noncash prizes			90,591.	90,591.
	4 Rent/facility costs				
	5 Other direct expenses			41,368.	41,368.
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(142,259)
	8 Net gaming income summary. Combine line 1, column d, and line 7				607,114.

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization operates gaming activities: AK,AL,HI,IA,IL,LA,MI,MN,MO,NE,OK,PA

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 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 EAST SUNRISE DRIVE - TUCSON, AZ 85718

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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 ▶ N/A

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? ☐ Yes ☒ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CONVIO, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 671445, DALLAS, TX 75267

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

AK,AL,HI,IA,IL,LA,MI,MN,MO,NE,OK,PA,TX,WI

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

2012**Open to Public
Inspection**

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.

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. Part II can be duplicated 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
ALBANY MEDICAL COLLEGE-DEPT OF NEUROLOGY - 47 NEW SCOTLAND AVE. MC 70 - ALBANY, NY 12208	14-1338310	501(C)(3)	18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
AMERICAN FAMILY CHILDREN'S HOSPITAL - 1675 HIGHLAND AVENUE - MADISON, WI 53792	39-1835630	501(C)(3)	12,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO, BOX 205 - CHICAGO, IL 60611	36-2170833	501(C)(3)	12,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707	501(C)(3)	11,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	11,532.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BOARD OF REGENTS UNIV. OF WISCONSIN SYSTEM - PEDIATRICS - 21 NORTH PARK STREET, SUITE 6401 - MADISON, WI 53715	39-6006492	STATE OF WI	6,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** 161.**3** Enter total number of other organizations listed in the line 1 table **▶** 108.**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2012)**

Part II 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
BOARD OF TRUSTEES OF SIU P.O. BOX 19616 SPRINGFIELD, IL 62794	37-6005961	STATE OF IL	20,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST. BOSTON, MA 02115	04-2312909	501(C)(3)	32,580.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO STREET SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	294,103.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CARILION MEDICAL CENTER 3 RIVERSIDE CIRCLE ROANAKE, VA 24016	54-0506332	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CARLE PHYSICIAN GROUP 611 W. PARK ST. URBANA, IL 61801	37-1140016	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CAROLINAS MEDICAL CENTER P.O. BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CASTLE MEDICAL CENTER 640 ULUKAHIKI STREET KAILUA, HI 96734	99-0107330	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILD NEUROLOGY ASSOCIATES, PC 5505 PEACHTREE DUNWOODY RD. STE. 5 ATLANTA, GA 30342	58-1947689		18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES - 2800 E AJO WAY - TUCSON, AZ 85713	86-0667510	501(C)(3)	24,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II 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
CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE - 1687 TULLIE CIRCLE - ATLANTA, GA 30329	58-1947689	501(C)(3)	33,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSP. NATIONAL MED. CTR. - 111 MICHIGAN N.W. - WASHINGTON, DC 20010	53-0196580	501(C)(3)	32,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSP. OF PHILADELPHIA 34TH STREET & CIVIC CTR. PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL & MEDICAL CNTR. - 4800 SAND POINT WAY-P.O.BOX 5371 - SEATTLE, WA 98105	91-0564748	501(C)(3)	49,050.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL CENTRAL CA 9300 VALLEY CHILDREN'S PL. MS PCX1 MADERA, CA 93636	94-1294954	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE., ML 2015 CINCINNATI, OH 45229	31-0833963	501(C)(3)	54,450.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL NEUROLOGY FOUNDATION - FEGAN 11-300 LINGWOOD AVE - BOSTON, MA 02115	22-2678594	501(C)(3)	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD, MAIL STOP #97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 455 S. MAIN STREET - ORANGE, CA 92868	95-2321788	501(C)(3)	16,129.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II 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
CHILDREN'S HOSPITAL, NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL, RICHMOND 2924 BROOK ROAD RICHMOND, VA 23220	54-0506309	501(C)(3)	15,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL, SAN DIEGO 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	95-1691313	501(C)(3)	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S MEDICAL CENTER 1935 MEDICAL DISTRICT DR., AMBULATORY PAVILION STE F5400 - DALLAS, TX 75235	75-0800628	501(C)(3)	47,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHOP OF UPMC 4401 PENN AVE. FAC PAVILION 6TH FL PITTSBURGH, PA 15224	25-0402510	501(C)(3)	18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CLARIAN HEALTH PARTNERS P.O. BOX 1367 I-65 AT 21ST ST SOUTH CAMPUS - INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CLINICAL NEUROLOGY, PC 4221 S. WESTERN, SUITE 5010 OKLAHOMA CITY, OK 73109	41-2141136		107,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COLUMBUS CHILDREN'S HOSPITAL 700 CHILDREN'S DR. COLUMBUS, OH 43205	31-4379441	501(C)(3)	28,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COOK CHILDREN'S MEDICAL CENTER 901 SEVENTH AVENUE, STE. 120 FT. WORTH, TX 76104	75-2051646	501(C)(3)	8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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

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COVENANT HEALTH SYSTEM 3615 19TH ST. LUBBOCK, TX 79408	75-2765566	501(C)(3)	23,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DEAN CLINIC 1808 WEST BELTLINE HWY MADISON, WI 53713	39-1128616		25,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DENT NEUROLOGIC GROUP, LLP 3980 SHERIDAN DRIVE, SUITE B AMHERST, NY 14226	16-1582336		12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DREXEL NEUROLOGICAL ASSOCIATES 245 NORTH 15TH ST., MAIL STOP 423 PHILADELPHIA, PA 19102	75-4022380		33,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA STREET CORPUS CHRISTI, TX 78411	74-2577746	501(C)(3)	6,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DUKE UNIVERSITY MEDICAL CENTER BOX 3069 DURHAM, NC 27710	56-1029437	501(C)(3)	81,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 04401	01-0211501	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 07103	35-1911857		14,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
EMORY CLINIC INC. 101 WOODRUFF CIRCLE ATLANTA, GA 30322	58-2030692	501(C)(3)	81,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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FLETCHER ALLEN HEALTH CARE CENTER 1 SOUTH PROSPECT STREET BURLINGTON, VT 05401	03-0219303	STATE OF VT	6,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GEORGETOWN UNIVERSITY 4000 RESERVOIR RD, NW, BLDG D #207 WASHINGTON, DC 20057	53-0196603	501(C)(3)	20,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GEORGIA HEALTH SCIENCES MEDICAL CENTER - 1120 15TH STREET, RM FY127 - AUGUSTA, GA 30912	58-2144788	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GLENDALE NEUROLOGICAL ASSOC. DBA (M.I.N.D.) - 28595 ORCHARD LAKE RD., #200 - FARMINGTON HILLS, MI 48334	38-1889896		63,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GOOD SHEPHERD REHABILITATION HOSP. 501 ST. JOHN STREET ALLENTOWN, PA 18103	23-1371947	501(C)(3)	61,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GREENVILLE HOSP. SYSTEM UNIV. MEDICAL GROUP - 200 PATEWOOD DRIVE, A-200 - GREENVILLE, SC 29615	57-6007863	501(C)(3)	8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HAMOT 2ND CENTURY FUND 302 FRENCH STREET ERIE, PA 16507	25-1400909	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HERSHEY MEDICAL CENTER 500 UNIVERSITY DRIVE, MAIL CODE#EC HERSHEY, PA 17033	25-1854772	STATE OF PA	73,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSP.ESPANOL DE AUXILIO MUTUO, INC. - P.O. BOX 191227 - HATO REY, PR 00919	66-0486907		49,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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HOSPITAL DE LA CONCEPCION P.O. BOX 285 SAN GERMAN, PR 00681	66-0227304	501(C)(3)	28,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	62,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET, 3RD FL. NEW YORK, NY 10021	13-1624135	501(C)(3)	80,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE STREET - PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	70,110.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
IDAHO ELKS REHABILITATION HOSPITAL P.O. BOX 1100 BOISE, ID 83701	82-0302317	501(C)(3)	19,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
INST. OF REHAB. MED./NY UNIV. MED. SCHOOL - 400 EAST 34TH STREET, ROOM RG-29 - NEW YORK, NY 10016	13-3971298	501(C)(3)	72,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
IOWA HEALTH DES MOINES 1200 PLEASANT ST. DES MOINES, IA 50309	42-0680452	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
JOHN HOPKINS UNIV. SCHOOL OF MEDICINE - 600 N.WOLFE STREET, MEYER 5-119 - BALTIMORE, MD 21287	32-0061260	501(C)(3)	195,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
KENNEDY HOSPITAL CORPORATE OFFICE 500 MARLBORO RD. CHERRY HILL, NJ 08034	22-1773439	501(C)(3)	15,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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KUMC RESEARCH INSTITUTE MS-1039 3901 RAINBOW BLVD, 6003 WESCOE MS 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	70,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LAHEY CLINIC FOUNDATION, INC. 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)(3)	14,850.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LE BONHEUR CHILDREN'S HOSPITAL 50 PEABODY PLACE, SUITE 400 MEMPHIS, TN 38103	62-1872938	501(C)(3)	24,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LOMA LINDA UNIVERSITY HEALTH CARE 11175 CAMPUS ST, COLEMAN PAVILION LOMA LINDA, CA 92354	33-0364239	501(C)(3)	26,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LOUISIANA STATE UNIV. HEALTH SCI. CTR. - 1501 KINGS HIGHWAY - SHREVEPORT, LA 71130	72-0702002	STATE OG LA	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LSU SCHOOL OF MEDICINE 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-1304948	STATE OG LA	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LUCILE SALTER PACKARD CHILD. HOSP. 4100 BOHANNON DR, MAIL CODE 5894, MENLO PARK, CA 94304	77-0003859	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LUTHERAN HOSPITAL OF INDIANA, INC. 7950 W. JEFFERSON BLVD. FORT WAYNE, IN 46804	35-1963748	501(C)(3)	14,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MAINE MEDICAL CNTR-DEPT OF REHABIL. - 22 BRAMHALL STREET - PORTLAND, ME 04102	01-0238552	501(C)(3)	14,850.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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MARSHFIELD CLINIC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MARY FREE BED HOSPITAL - MD CLINIC 235 WEALTHY SE GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	63,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR. LEBANON, NH 03756	02-0222140	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MCLAREN REGIONAL MEDICAL CENTER 401 S. BALLENGER HIGHWAY FLINT, MI 48532	38-2383119	501(C)(3)	16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT THE UNIV. OF CA, IRVINE MEDICAL CENTER - 200 SOUTH MANCHESTER AVENUE, STE. 110 - ORANGE, CA 92868	95-2226406	STATE OF CA	66,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MEDICAL COLLEGE OF WISCONSIN 9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226	39-0806261	501(C)(3)	30,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MERCY HEALTH FOUNDATION JOPLIN 2817 SAINT JOHN'S BLVD JOPLIN, MO 64804	27-0906136	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN STREET, #802 HOUSTON, TX 77030	87-0721923	501(C)(3)	132,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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

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METROHEALTH MEDICAL CENTER P.O. BOX 73122 CLEVELAND, OH 44193	34-6004382	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MICHIGAN STATE UNIVERSITY B-301 EAST FEE HALL, A-217 CLINICAL CENTER - EAST LANSING, MI 48824	38-6005984	STATE OF MI	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-3908657	501(C)(3)	62,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEMOURS CHILDREN'S CLINIC AT JACKSONVILLE - 807 CHILDREN'S WAY - JACKSONVILLE, FL 32207	59-0634433	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOCIATES 1301 S. CLIFF AVE. #506 SIOUX FALLS, SD 57105	46-0364889		16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOCIATES OF ARLINGTON 811 INTERSTATE 20 W. STE. 212 ARLINGTON, TX 76017	75-2405825		24,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY MEDICAL SERVICE GROUP 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-6066240	501(C)(3)	45,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY SPECIALISTS OF JUPITER 601 UNIVERSITY BLVD, SUITE 102 JUPITER, FL 33458	65-0925187	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY SPECIALISTS OF MONMOUTH COUNTY - 107 MONMOUTH RD. - WEST LONG BRANCH, NJ 07764	22-2052895		27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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NORTHWESTERN MEDICAL FACULTY FOUND. - 710 N. LAKE SHORE DR. RM# 1119 - CHICAGO, IL 60611	39-3097297	501(C)(3)	67,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OHIO STATE UNIVERSITY HOSPITALS 1581 DODD DRIVE, MCCAMPBELL HALL COLUMBUS, OH 43210	31-6025986	STATE OF OH	61,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OLIVE VIEW - UCLA MEDICAL CENTER 14445 OLIVE VIEW DRIVE #2C136 SYLMAR, CA 91342	95-2249539	STATE OF CA	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97201	93-1176109	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OSF MEDICAL GROUP NEUROLOGY P.O. BOX 1712 PEORIA, IL 61656	37-0662569		13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OUR LADY OF LOURDES R.M.C. 611 ST. LANDRY ST. LAFAYETTE, LA 70506	72-0423635	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PHYSICIANS BILLING 1600 ROCKLAND ROAD-P.O. BOX 269 WILMINGTON, DE 19899	59-0634433	501(C)(3)	49,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PONCE SCHOOL OF MEDICINE P.O. BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PREVEA CLINIC P.O. BOX 19070 GREEN BAY, WI 54307	39-1839349	501(C)(3)	17,695.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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RAPID CITY REGIONAL HOSPITAL P.O. BOX 3450 RAPID CITY, SD 57709	46-0319070	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
RAPIDES SPECIALTY CLINIC DIVISION OF RPMC - BOX 30101, 211 FOURTH STREET - ALEXANDRIA, LA 71301	72-0702002	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
REGENTS OF THE UNIVERSITY OF CA 710 WESTWOOD PLAZA, 4-231 RNRC LOS ANGELES, CA 90095	95-6006143	STATE OF CA	108,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
REGENTS OF THE UNIVERSITY OF CALIFORNIA(SAN FRANCISCO) - 505 PARNASSUS AVE., M 798, BOX 0114 - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	133,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
REHAB. HOSP. TINTON FALLS AT HEALTHSOUTH - 2 CENTRE PLAZA - TINTON FALLS, NJ 07724	63-1254173	501(C)(3)	6,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE. ROUND ROCK, TX 78681	74-2781812	501(C)(3)	20,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SACRED HEART MEDICAL CENTER FOUND. 1255 HILYARD ST., P.O. BOX 10905 EUGENE, OR 97440	93-1084906	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SANFORD CLINIC FARGO REGION 720 4TH STREET NORTH FARGO, ND 58122	91-1770748	501(C)(3)	17,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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SARASOTA MEMORIAL HOSPITAL 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	24,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SENTARA NORFOLK GENERAL HOSPITAL 6015 POPLAR HALL DR STE 212 NORFOLK, VA 23502	54-1547408	501(C)(3)	22,349.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHANDS HOSPITAL 302 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	16,650.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHRINERS HOSP. FOR CHILDREN - PORTLAND - 3101 SW SAM JACKSON PARK R. - PORTLAND, OR 97239	36-2193608	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHRINERS HOSPITAL FOR CHILDREN CHICAGO - 2211 N. OAK PARK AVENUE - CHICAGO, IL 60707	36-2193608	501(C)(3)	32,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHRINERS HOSPITAL FOR CHILDREN IN SPOKANE - 911 W. 5TH AVENUE - SPOKANE, WA 99204	36-2193608	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SPARTANBURG NEUROLOGICAL SERVICES 362 N PINE STREET SPARTANBURG, SC 29302	57-0902952		8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SPECIALLY FOR CHILDREN 1301 BARBARA JORDAN BLVD., #200 AUSTIN, TX 78723	74-2800601	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. ANTHONY'S SPECIALIST, LLC 300 S. PARK PLACE BLVD STE 170 CLEARWATER, FL 33759	74-3168197	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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ST. CHARLES HOSPITAL AND REHABILITATION CENTER - 200 BELLE TERRE ROAD - PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. FRANCIS MEDICAL CTR. 309 JACKSON STREET MONROE, LA 71201	72-0408970	501(C)(3)	11,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOSEPH'S CHILDREN'S HOSPITAL OF TAMPA - 2700 W. DR. MARTIN LUTHER KING JR. BLVD, #310 - TAMPA, FL 33607	59-1100828	501(C)(3)	31,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOSEPH'S HOSP. & MEDICAL CENTER - 350 WEST THOMAS RD. - PHOENIX, AZ 85013	86-0096787	501(C)(3)	72,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. LUKE'S REHABILITATION INSTITUTE - S. 711 COWLEY - SPOKANE, WA 99202	91-1307555	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. PETER'S HOSPITAL 410 PROVIDENCE LANE NE, BLDG 2 OLYMPIA, WA 98506	91-0567732	501(C)(3)	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD., STE. 309 ROESSLEVILLE, NY 12205	22-2262982	501(C)(3)	70,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TEXAS CHILDREN'S HOSPITAL 6621 FANNIN HOUSTON, TX 77030	74-1100555	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TEXAS NEUROLOGY, P.A. 6301 GASTON AVE., STE. 200W DALLAS, TX 75214	75-2654757		9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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TEXOMA NEUROLOGY ASSOCIATES 321 N. HIGHLAND, SUITE 210 SHERMAN, TX 75092	75-1739707		7,650.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE CHILDREN'S HOSPITAL 13123 E. 16TH AVE. REHAB MEDICINE AURORA, CO 80045	84-0166760	501(C)(3)	52,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE GENERAL HOSPITAL CORPORATION PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	123,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE NEUROMEDICAL CENTER 10101 PARK ROWE AVE, 4TH FLR, #200 BATON ROUGE, LA 70809	72-0423635	501(C)(3)	5,175.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE REGENTS OF THE UNIV. OF MICHIGAN - DRDA 3003 SOUTH STATE STREET, RM 1054 - ANN ARBOR, MI 48109	38-6006809	STATE OF MI	30,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE UNIV. OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TX	168,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TOLEDO HOSPITAL 3949 SUNFOREST CT., SUITE 203 TOLEDO, OH 43623	34-4428256	501(C)(3)	40,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH ST, NEUROLOGY DEPT PH19-3161, NEW YORK, NY 10032	13-3908657	501(C)(3)	176,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TUFTS MEDICAL CENTER HOSPITAL 800 WASHINGTON ST, DEPT. OF PM&R, BOSTON, MA 02111	04-3148378	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II 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
U.C. REGENTS 4860 Y ST., STE 3850 SACRAMENTO, CA 95817	94-6036494	STATE OF CA	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UAB DIVISION OF PEDIATRIC NEUROLOGY - 1600 7TH AVE SOUTH STE 406 - BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UMDNJ - UNIVERSITY HOSPITAL 150 BERGEN ST. RM G246 NEWARK, NJ 07103	35-1911857	501(C)(3)	78,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UMPHYSICIANS-DEPT.OF NEUROLOGY BOX 295,420 DELAWARE ST. S.E. MINNEAPOLIS, MN 55455	41-1843943	501(C)(3)	164,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNC HOSPITALS/ADMIN.OFFICE BLDG 211 FRIDAY CENTER DR., SUITE 2033 CHAPEL HILL, NC 27514	57-0935917	STATE OF NC	34,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV OF MA MEDICAL SCHOOL DEPT. OF NEUR., 55 LAKE AVE N. WORCESTER, MA 01655	04-3167352	STATE OF MA	32,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. HOSP. BROOKLYN SUNY-DOWNSTATE MED. CTR. - 450 CLARKSON AVE. BOX 1213 - BROOKLYN, NY 11203	14-1368361	STATE OF NY	40,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF ARKANSAS FOR MEDICAL SCIENCES - 4301 W. MARKHAM - LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	54,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF MIAMI SPONSORED PROGRAMS P.O. BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)(3)	71,850.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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UNIV. OF NEVADA SCHOOL OF MED. SCHOOL MULTISPECIALTY GROUP PRACT. - 2040 W. CHARLESTON BLVD., #300 - LAS VEGAS, NV 89102	88-0330858	STATE OF NV	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF NEW MEXICO, HEALTH SCIENCES CTR. - 915 CAMINO DE SALUD NE - ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	41,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 14642	16-0743209	501(C)(3)	70,875.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF TX HLTH SCIENCE CTR. MSRDP - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78284	74-1586031	STATE OF TX	74,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF UTAH SCHOOL OF MEDICINE 175 NORTH MEDICAL DR. EAST 5TH FLR SALT LAKE CITY, UT 84132	87-0480520	STATE OF UT	108,350.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV.OF ALABAMA HEALTH SVCS.FOUND. 1720 7TH AVE. SOUTH STE #350 BIRMINGHAM, AL 35294	63-0649108	STATE OF AL	43,013.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV.OF MISSISSIPPI MEDICAL CENTER 2500 N. STATE STREET JACKSON, MS 39216	64-6008520	STATE OF MS	12,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY MEDICAL ASSOCIATES 1 POSTON ROAD, STE. 350 CHARLESTON, SC 29407	57-1098556	STATE OF SC	35,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY MEDICAL CENTER 1501 N. CAMPBELL PO BOX 245142 TUCSON, AZ 85724	94-2958258	STATE OF AZ	31,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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UNIVERSITY NEUROLOGY, INC. M.L.#525-231 BETHESDA AVE. CINCINNATI, OH 45267	31-1000664		70,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF IOWA HOSPITALS & CLINICS - B5 JESSUP HALL - IOWA CITY, IA 52242	42-6004813	STATE OF IA	46,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 600 S.42ND ST. - OMAHA, NE 68198	47-0049123	STATE OF NE	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF PITTSBURGH 200 LOTHROP STREET, SUITE F875 PITTSBURGH, PA 15213	25-0965591	STATE OF PA	54,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES - GPO 365067 1ST FL. UNIV HOSPITAL - SAN JUAN, PR 00936	66-0433762	501(C)(3)	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF TENNESSEE MEDICAL CENTER - 1928 ALCOA HIGHWAY, MED. BLDG B - STE 102 - KNOXVILLE, TN 37920	31-1626179	STATE OF TN	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF VIRGINIA HEALTH P.O. BOX 9007 CHARLOTTESVILLE, VA 22906	54-1124769	STATE OF VA	57,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF WASHINGTON MED.CENTER - 1959 NE PACIFIC STREET, P.O. BOX 256143 - SEATTLE, WA 98195	91-6001537	STATE OF WA	63,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY PHYSICIANS ONE HOSPITAL DRIVE, DC056.30 COLUMBIA, MO 65212	43-6003859	STATE OF MO	12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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UNIVERSITY PHYSICIANS, INC. P.O. BOX 725 AURORA, CO 80040	74-2161737	STATE OF CO	135,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVIVERSITY OF IL BOARD OF TRUSTEES - P.O. BOX 20787 - SPRINGFIELD, IL 62708	37-6000511	STATE OF IL	82,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UPH NEUROLOGY CLINIC 2800 E. AJO WAY TUCSON, AZ 85713	94-2958258	501(C)(3)	31,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
VANDERBILT DEPARTMENT OF NEUROLOGY DEPT. AT 40303-CENTER# 4-01-400-5632, ATLANTA, GA 31992	62-0476822	501(C)(3)	149,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
VIA CHRISTI MED. CTR. ST. FRANCIS CAMPUS - 707 N EMPORIA - WICHITA, KS 67147	48-1172106	501(C)(3)	29,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
W. VIRGINIA UNIVERSITY RESEARCH CORP. - 1 MEDICAL CTR. DR. STE 7500 - MORGANTOWN, WV 26508	55-0665758	STATE OF WV	32,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WAKE FOREST UNIV. SCHOOL OF MEDICINE - NEUROLOGY DEPT., MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WASHINGTON UNIV.SCHOOL OF MEDICINE BOX 8111, 600 S. EUCLID AVE. ST. LOUIS, MO 63110	43-0653611	501(C)(3)	126,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WESLEY NEUROLOGY CLINIC, P.C. 1211 UNION AVENUE, SUITE 400 MEMPHIS, TN 38104	58-1544781	501(C)(3)	80,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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

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WHITE PLAINS HOSPITAL & MEDICAL CENTER - DAVIS AVENUE AT EAST POST ROAD - WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WICHITA FALLS NEUROLOGY CENTER, PLLC - 1600 7TH STREET, STE B - WICHITA FALLS, TX 76301	75-2151000		10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
YALE UNIVERSITY 800 HOWARD AVE. PO BOX 208071 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALS THERAPY DEVELOPMENT FOUNDATION 215 FIRST STREET CAMBRIDGE, MA 02142	04-3462719	501 (C) (3)	4,392,512.	0.			RESEARCH
AMICUS THERAPEUTICS, INC. - LA JOLLA - 6 CEDAR BROOK DRIVE - CRANBURY, NJ 08512	71-0869350		75,116.	0.			RESEARCH
ANN AN ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO, BOX 205 - CHICAGO, IL 60611	36-2170833	501 (C) (3)	135,000.	0.			RESEARCH
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - P O BOX 3308 - TUCSON, AZ 85722	74-2652689	STATE OF AZ	318,745.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, MS: BCM 310 HOUSTON, TX 77030	74-1613878	501 (C) (3)	364,995.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, E/BR 264 - BOSTON, MA 02215	04-2103881	501 (C) (3)	116,978.	0.			RESEARCH

Schedule I (Form 990)

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BOARD OF REGENTS, NSHE, DBA UNIV. OF NEVADA, RENO - 204 ROSS HALL MAILSTOP 325 - RENO, NV 89557	88-6000024	STATE OF NV	169,273.	0.			RESEARCH
BOSTON BIOMEDICAL RESEARCH INSTITUTE - 64 GROVE STREET - WATERTOWN, MA 02472	04-2451939	501 (C) (3)	314,620.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C) (3)	283,140.	0.			RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN STREET, STE 220 SAN FRANCISCO, CA 94107	94-0562680	501 (C) (3)	347,667.	0.			RESEARCH
CAROLINAS MEDICAL CENTER 1221 E. MOREHEAD CHARLOTTE, NC 28204	56-1398929	501 (C) (3)	130,891.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY - SCHOOL OF MEDICINE - 10900 EUCLID AVENUE - CLEVELAND, OH 44106	34-1018992	501 (C) (3)	130,000.	0.			RESEARCH
CATABASIS PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B14202 CAMBRIDGE, MA 02139	26-3687168		85,000.	0.			RESEARCH
CHICAGO ASSOC. FOR RESEARCH AND EDUCATION IN SCIENCE - 5000 SOUTH 5TH AVE, BLD ONE, RM C337 - HINES, IL 60141	36-3334177	501 (C) (3)	51,077.	0.			RESEARCH
CHILDREN'S HOSPITAL AN RESEARCH CENTER OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501 (C) (3)	130,231.	0.			RESEARCH

Schedule I (Form 990)

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CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501 (C) (3)	643,067.	0.			RESEARCH
CHILDREN'S RESEARCH INSTITUTE (CNMC) - 111 MICHIGAN AVENUE, NW - WASHINGTON, DC 20010	52-1654453	501 (C) (3)	385,487.	0.			RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTON ROAD COLD SPRING HARBOR, NY 11724	11-2013303		60,000.	0.			RESEARCH
COLORADO STATE UNIVERSITY CAMPUS DELIVERY BOX 2002 FORT COLLINS, CO 80523	84-6000545	STATE OF CO	121,000.	0.			RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501 (C) (3)	101,443.	0.			RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET, SUITE 820, DURHAM, NC 27705	56-0532129	501 (C) (3)	254,858.	0.			RESEARCH
EMORY UNIVERSITY, FOOD AND DRUG ADMINISTRATION - 1365B CLIFTON ROAD NE, STE 6200 - ATLANTA, GA 30322	58-0566256	501 (C) (3)	855,254.	0.			RESEARCH
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-0700497	501 (C) (3)	7,500.	0.			RESEARCH
GEORGIA HEALTH SCIENCES UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912	58-6002053	STATE OF GA	129,872.	0.			RESEARCH

Schedule I (Form 990)

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GILLETTE CHILDREN'S SPECIALTY HEALTHCARE - 200 EAST UNIVERSITY AVENUE - ST PAUL, MN 55101	36-3379150	501 (C) (3)	5,000.	0.			RESEARCH
GLIALOGIX, INC. 38 BAYO VISTA AVENUE LARKSPUR, CA 94939	36-1408475		168,000.	0.			RESEARCH
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET, SUITE 509A BOSTON, MA 02115	04-2103580	501 (C) (3)	294,371.	0.			RESEARCH
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC. - 707 N. BROADWAY - BALTIMORE, MD 21205	52-1524967	501 (C) (3)	117,513.	0.			RESEARCH
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL ST, MAIN BLDG, CHICAGO, IL 60616	36-2170136	501 (C) (3)	85,837.	0.			RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DRIVE, ROOM 518 INDIANAPOLIS, IN 46202	35-6001673	STATE OF IN	112,401.	0.			RESEARCH
JOAN AN SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIV. - 1300 YORK AVENUE, BOX 89 - NEW YORK, NY 10065	13-1623978		234,694.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 NORTH BROADWAY, SUITE 117 - BALTIMORE, MD 21205	52-0595110	501 (C) (3)	1,116,268.	0.			RESEARCH
LEWIN GROUP 3130 FAIRVIEW PARK DRIVE, SUITE 80 FALLS CHURCH, VA 22042	56-1970224		64,342.	0.			RESEARCH

Schedule I (Form 990)

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LOYOLA UNIVERSITY CHICAGO, HEALTH SCIENCES DIVISION - 2160 SOUTH FIRST AVENUE - MAYWOOD, IL 60153	36-1408475	501 (C) (3)	135,000.	0.			RESEARCH
LUDWIG INSTITUTE FOR CANCER RESEARCH LTD - 9500 GILMAN DRIVE, MC-0660 - LA JOLLA, CA 92093	23-7121131	501 (C) (3)	273,699.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL (THE GENERAL HOSP. CORP.) - 101 HUNTINGTON AVE SUITE 300 - BOSTON, MA 02199	04-2697983	501 (C) (3)	117,701.	0.			RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE, BOX 701 - NEW YORK, NY 10065	13-1924236	501 (C) (3)	191,877.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BUILDING EAST LANSING, MI 48824	38-6005984	STATE OF MI	89,284.	0.			RESEARCH
NATIONAL INSTITUTE OF HEALTH 251 BAYVIEW BLVD, BRC/04C029 BALTIMORE, MD 21224	52-8581150	FEDERAL GOV	400,000.	0.			RESEARCH
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK RD. - PORTLAND, OR 97239	93-1176109	170 (C) (1)	177,188.	0.			RESEARCH
PHILADELPHIA HEALTH AND EDUCATION CORP. D/B/A DREXEL UNIV. COLL. OF MED. - 3201 ARCH STREET, STE 100 - PHILADELPHIA, PA 19104	23-1352630	501 (C) (3)	110,000.	0.			RESEARCH
REGENTS OF THE UNIV. OF MINNESOTA - TWIN CITIES - 450 MCNAMARA ALUMNI CTR, 200 OAK ST, S.E. - MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	1,015,853.	0.			RESEARCH

Schedule I (Form 990)

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RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501 (C) (3)	603,288.	0.			RESEARCH
REVERAGEN BIOPHARMA, INC. 9700 GREAT SENECA HWY, SUITE 150 ROCKVILLE, MD 20850	26-3808415		967,362.	0.			RESEARCH
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPANILE DR. - SAN DIEGO, CA 92182	95-6042721	STATE OF CA	123,437.	0.			RESEARCH
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES RD - LA JOLLA, CA 92037	51-0197108	501 (C) (3)	250,789.	0.			RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY, S-151F - SEATTLE, WA 98108	91-1452438	501 (C) (3)	105,519.	0.			RESEARCH
SFIDA BIOLOGIC, INC. 615 ARAPEEN DR., SUITE 310 SALT LAKE CITY, UT 84108	90-0513929		83,524.	0.			RESEARCH
SOCIETY FOR MUSCLE BIOLOGY 9650 ROCKVILLE PIKE BETHESDA, MD 20814	75-3027179	501 (C) (3)	15,000.	0.			RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	230,000.	0.			RESEARCH
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	STATE OF CA	277,634.	0.			RESEARCH

Schedule I (Form 990)

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SUNY UPSTATE MEDICAL UNIVERSITY 750 E. ADAMS STREET SYRACUSE, NY 13210	14-1368361	STATE OF NY	323,583.	0.			RESEARCH
TEMPLE UNIVERSITY SCHOOL OF MEDICINE - 3400 NORTH BROAD STREET - PHILADELPHIA, PA 19140	23-1365971	501 (C) (3)	119,100.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIV. OF ILLINOIS - CHICAGO - 1737 W. POLK ST M/C 672 AOB 304 - CHICAGO, IL 60612	37-6000511	STATE OF IL	329,397.	0.			RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501 (C) (3)	212,414.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 310 JESSE HALL - COLUMBIA, MO 65211	43-6003859	STATE OF MO	294,172.	0.			RESEARCH
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6565 FANNIN, MGJ4-024 - HOUSTON, TX 77030	87-0721923	501 (C) (3)	110,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY (OSU) 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OH	134,735.	0.			RESEARCH
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400195 - CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VA	285,613.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (DAVIS) - 1850 RESEARCH PARK DRIVE, STE 300 - DAVIS, CA 95618	94-6036494	STATE OF CA	243,794.	0.			RESEARCH

Schedule I (Form 990)

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (IRVINE) - 101 THE CITY DR SOUTH, BLDG. 53, ROUTE 81 - ORANGE, CA 92868	95-2226406	STATE OF CA	129,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROSS AVENUE, STE 211 - LOS ANGELES, CA 90095	94-6006143	STATE OF CA	847,850.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0934 - LA JOLLA, CA 92093	95-6006144	STATE OF CA	592,416.	0.			RESEARCH
THE REGENTS OF THE UNIV. OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, STE 315 - SAN FRANCISCO, CA 94118	94-6036493	STATE OF CA	377,497.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 3100 MARINE STREET, ROOM 479 - BOULDER, CO 80309	84-6000555	STATE OF CO	328,446.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET, ROOM 1054 - ANN ARBOR, MI 48109	38-6006309	STATE OF MI	272,508.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS BLVD NE STE 2200 - ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	199,886.	0.			RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501 (C) (3)	172,684.	0.			RESEARCH
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N. FIFTH STREET, STE 600 - PHOENIX, AZ 85004	75-3065445	501 (C) (3)	129,076.	0.			RESEARCH

Schedule I (Form 990)

Part II 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
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH ST, BOX 49 - NEW YORK, NY 10032	13-5598093	501 (C) (3)	1,013,750.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	273,040.	0.			RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH - AB 1170 - BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	116,711.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501 (C) (3)	20,000.	0.			RESEARCH
THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	245,500.	0.			RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR, STE 2200, CAMPUS BOX 1350 - CHAPEL HILL, NC 27599	56-6001393	STATE OF NC	142,000.	0.			RESEARCH
THE UNIV. OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - POST OFFICE BOX 20036 - HOUSTON, TX 77225	74-1761309	STATE OF TX	318,024.	0.			RESEARCH
THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BOULEVARD - GALVESTON, TX 77555	74-6000949	STATE OF TX	112,544.	0.			RESEARCH
THE UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	STATE OF OH	108,868.	0.			RESEARCH

Schedule I (Form 990)

Part II 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
THOMAS JEFFERSON UNIVERSITY 900 WALNUT STREET, SUITE 408 PHILADELPHIA, PA 19147	23-1352651	501 (C) (3)	60,000.	0.			RESEARCH
TIVORSAN PHARMACEUTICALS, INC 3 DAVOL SQUARE, A301 PROVIDENCE, RI 02903	77-0702642		150,000.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501 (C) (3)	119,133.	0.			RESEARCH
UMDNJ-NEW JERSEY MEDICAL SCHOOL 185 S. ORANGE AVENUE, MSB C-690 NEWARK, NJ 07101	22-1775306	501 (C) (3)	125,000.	0.			RESEARCH
UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, P.O. BOX 210222 CINCINNATI, OH 45221	31-6000989	STATE OF OH	109,750.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT., UNIT 1133 STORRS, CT 06269	06-0772160	STATE OF CT	125,000.	0.			RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	314,424.	0.			RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	STATE OF KY	111,124.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON STREET, 4TH FLOOR BALTIMORE, MD 21201	52-6002033	STATE OF MD	100,281.	0.			RESEARCH

Schedule I (Form 990)

Part II 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
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	STATE OF MA	240,000.	0.			RESEARCH
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - 1400 NW 10TH AVENUE - MIAMI, FL 33136	59-0624458	STATE OF FL	721,038.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BLDG., BOX 270140 ROCHESTER, NY 14627	16-0743209	501 (C) (3)	723,192.	0.			RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD. - HOUSTON, TX 77030	74-6001118	STATE OF TX	111,188.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472 SEATTLE, WA 98195	91-6001537	STATE OF WA	701,042.	0.			RESEARCH
USC/UNIVERSITY OF SOUTHERN CALIFORNIA - 837 WEST DOWNEY WAY, STO 330 - LOS ANGELES, CA 90089	95-1642394	STATE OF CA	50,500.	0.			RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TX	320,452.	0.			RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES - 1 MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501 (C) (3)	160,000.	0.			RESEARCH
WASHINGTON STATE UNIVERSITY ROOM 423 NEILL HALL PULLMAN, WA 99164	91-6001108	STATE OF WA	71,171.	0.			RESEARCH

Schedule I (Form 990)

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

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.
Part III can be duplicated 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, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: UPON AWARDING A GRANT, BUT PRIOR TO

DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF RESEARCH GRANTEEES:

RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF CURRENT

REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH (INSTITUTIONAL

REVIEW BOARD 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

Part IV Supplemental Information

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.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2012

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

1a 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.

- 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 . . .

- 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?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons 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 _____

- 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III _____

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL SCHMERTZ KERNER, ESQ. ASST. SECRETARY, CHIEF LEGAL OFFICER	(i)	191,302.	35,000.	0.	0.	11,519.	237,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VALERIE A. CWIK, MD EXEC VP - RESEARCH & MEDICAL	(i)	197,274.	90,000.	0.	0.	5,984.	293,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER MORGAN EXEC VP - FIELD ORGANIZATION	(i)	165,547.	65,000.	0.	0.	11,519.	242,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN W. MORAN EXEC VP - BUSINESS DEVELOPMENT	(i)	146,623.	65,000.	0.	0.	11,519.	223,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN WALSH SENIOR VP FIELD ORG	(i)	149,818.	0.	0.	0.	11,519.	161,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SANJAY I. BIDICHANDANI VP RESEARCH	(i)	158,944.	0.	0.	0.	11,498.	170,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GERALD C. WEINBERG FORMER PRESIDENT & CEO	(i)	142,412.	0.	0.	0.	5,941.	148,353.	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)							
	(i)							
	(ii)							

Department of the Treasury
Internal Revenue Service

► 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.

Open To Public Inspection

Employer identification number
13-1665552

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2	Enter the amount of tax incurred by 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	▶	\$	

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total ▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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	MDA BOARD MEMBER	415,007.	MDA BOARD M		X
STEVE FARELLA	MDA BOARD MEMBER	166,303.	MDA BOARD M		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DANIEL G. FRIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MDA BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 415,007.

(D) DESCRIPTION OF TRANSACTION: MDA BOARD MEMBER DAN FRIES IS EMPLOYED

BY SIBSON CONSULTING AS A SENIOR VP, NEW YORK REGIONAL LEADER, AND IS NOT

DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY ASSOCIATION, INC. SIBSON

CONSULTING PROVIDES MDA'S PENSION ACTUARIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVE FARELLA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MDA BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 166,303.

(D) DESCRIPTION OF TRANSACTION: MDA BOARD MEMBER STEVE FARELLA IS CHIEF

EXECUTIVE OFFICER OF TARGETCAST. TARGETCAST PROVIDES MDA WITH PLACEMENT

OF FREE PUBLIC SERVICE ANNOUNCEMENTS IN NATIONAL MEDIA PUBLICATIONS.

STEVE FARELLA IS NOT DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY

ASSOCIATION, INC.

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2012**Open to Public
Inspection**

- **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	200,956.	FAIR 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 ► (MEDICAL EQUIP)	X	37	510,220.	APPRAISAL
26 Other ► (JEWELRY)	X	1	9,635.	FAIR MARKET VALUE
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

37

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?

	Yes	No
30a		X
31	X	
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART VI, SECTION B, LINE 11: ALL BOARD MEMBERS WERE INVITED TO

THE AUDIT COMMITTEE MEETING FOR THE FEDERAL FORM 990 REVIEW BY BDO BEFORE

FILING WITH THE IRS. THOSE NOT IN ATTENDANCE WERE PROVIDED A HARD COPY.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

MONITORED BY THE HUMAN RESOURCE DEPARTMENT IN CONJUNCTION WITH THE MDA

LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION STUDY WAS DONE AND

WAS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY,

TX

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE

CONFLICT OF INTEREST POLICIES ARE INTERNAL DOCUMENTS. COPIES OF THE

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN UNRECOGNIZED BENEFIT PLAN COSTS	-4,206,078.
--	-------------

CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	53,588.
--	---------

CHANGES IN PERMANENTLY RESTRICTED NET ASSETS	75,883.
--	---------

TOTAL TO FORM 990, PART XI, LINE 9	-4,076,607.
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FORM 990, PART XI, LINE 2C

OVERSIGHT OF THE AUDIT:

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS.

FORM 990, PART III, LINE 4A:

PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):

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, OR GENDER. MDA'S SERVICES PROGRAM IS DESIGNED TO ASSIST THOSE

AFFECTED BY MUSCULAR DYSTROPHY AND RELATED DISEASES OF THE

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

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 MORE THAN 123 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 CHRONIC, PROGRESSIVE NEUROMUSCULAR

DISEASES. THIS ASPECT OF THE ASSOCIATION'S PROGRAM ACCOUNTED FOR OVER

\$70,503,567 OF ITS 2012 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:

> ACCESS TO CARING MDA STAFFS, WHO WORK IN COMMUNITIES ACROSS THE

COUNTRY TO PROVIDE SUPPORT, INFORMATION AND RESOURCE REFERRALS

> DIAGNOSTIC CONSULTATIONS AND FOLLOW-UP EXAMINATIONS BY NEUROMUSCULAR

SPECIALISTS THROUGH A NATIONWIDE NETWORK OF 200 MDA CLINICS

> A NATIONAL MEDICAL EQUIPMENT PROGRAM PROVIDING GENTLY-USED ITEMS,

SUCH AS WHEELCHAIRS, COMMUNICATION TECHNOLOGIES, WALKERS, HOSPITAL

BEDS, BATH AIDS AND OTHER ASSISTIVE DEVICES, TO ENHANCE INDEPENDENCE

> ASSISTANCE WITH REPAIRS TO PRESCRIBED DURABLE MEDICAL EQUIPMENT

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

> NEARLY 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

> FLU SHOTS

> TRANSITIONAL SERVICES DESIGNED TO PROVIDE SUPPORT AND RESOURCES FOR

YOUTH WITH NEUROMUSCULAR DISEASE WHO ARE ENTERING ADULTHOOD, INCLUDING

AN ONLINE TRANSITIONS CENTER AT [HTTP://TRANSITIONS.MDA.ORG/](http://TRANSITIONS.MDA.ORG/)

> 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 CARE COORDINATION TOOL FOR FAMILIES SERVED BY MDA,

WWW.MDA.ORG/MYMUSCLETEAM/

> EDUCATIONAL SEMINARS AND WEBINARS THAT PROVIDE INFORMATION ABOUT

NEUROMUSCULAR DISEASES AND OFFER A FORUM TO DISCUSS SUBJECTS OF

IMPORTANCE TO FAMILIES LIVING WITH THESE DISORDERS

MDA CLINICS

Name of the organization	Employer identification number
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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. 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 AND SERVE AS FOCAL POINTS FOR THE CLINICAL APPLICATION OF SCIENTIFIC ADVANCES DESIGNED TO TREAT THESE DISORDERS. THEY SERVE AS KEY CENTERS FOR ONGOING CLINICAL TRIALS FOR THE DEVELOPMENT OF POTENTIAL THERAPIES, WHICH IS THE ULTIMATE GOAL OF MDA'S RESEARCH PROGRAM. TOWARD THIS END, IN 2012 THE ASSOCIATION ESTABLISHED THE MDA U.S. NEUROMUSCULAR DISEASE REGISTRY, WITH THE AIM OF IMPROVING SURVIVAL AND QUALITY OF LIFE FOR THOSE WITH NEUROMUSCULAR DISEASES, AS WELL AS EXPEDITING CLINICAL TRIALS. THE REGISTRY WILL BE PILOTED AT 25 MDA CLINICS BEFORE EXPANDING TO THE ASSOCIATION'S ENTIRE CLINIC NETWORK.

AS PART OF ITS CLINIC PROGRAM, THE ASSOCIATION HAS ESTABLISHED OVER 40

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AMYOTROPHIC LATERAL SCLEROSIS (ALS) CENTERS ACROSS THE COUNTRY TO FOCUS

ATTENTION ON THIS VERY RAPIDLY PROGRESSIVE DEBILITATING NEUROMUSCULAR

DISORDER THAT STRIKES ADULTS IN THE PRIME OF LIFE. A LIST OF MDA'S

ALS CENTERS IS AVAILABLE AT MDA.ORG

MDA'S SERVICES PROGRAM IS ADMINISTERED THROUGH ITS NETWORK OF 123 FIELD

OFFICES LOCATED IN THE UNITED STATES AND PUERTO RICO. CARING MDA STAFF

IN THESE OFFICES PROVIDES SUPPORT FOR LOCAL FAMILIES UPON DIAGNOSIS AND

THROUGHOUT THEIR NEUROMUSCULAR DISEASE JOURNEY. MDA HEALTH CARE SERVICE

COORDINATORS, WHO ARE KNOWLEDGEABLE ABOUT FEDERAL, STATE AND LOCAL

COMMUNITY RESOURCES, ALSO ASSIST FAMILIES SERVED BY THE ASSOCIATION 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. IN 2012, THOUSANDS OF ADAPTIVE DEVICES WERE

PROVIDED TO INDIVIDUALS THROUGH MDA'S EQUIPMENT PROGRAM -- INCLUDING,

BUT NOT LIMITED TO, WALKERS, CANES, BATH EQUIPMENT, WHEELCHAIRS,

HYDRAULIC LIFTS, COMMUNICATION TECHNOLOGIES AND HOSPITAL BEDS. MDA

ALSO ASSISTED WITH REPAIRS TO ALL TYPES OF DURABLE MEDICAL EQUIPMENT

FOR THOSE IT SERVES.

IN 2012, THOUSANDS OF CHILDREN AGES 6-17 ENJOYED A WEEK OF FUN AND

FRIENDSHIP THROUGH MDA SUMMER CAMPS WHICH OFFER ACTIVITIES GEARED TO

THE SPECIAL NEEDS AND ABILITIES OF THOSE WITH NEUROMUSCULAR DISEASE.

ADDITIONALLY, INDIVIDUALS AND THEIR FAMILIES RECEIVED SUPPORT THROUGH

MDA'S NATIONWIDE NETWORK OF NEARLY 200 SUPPORT GROUPS, AS WELL AS

THROUGH MDA-SPONSORED EDUCATIONAL SEMINARS, REFERRAL SERVICES, AND

ONLINE CHAT SESSIONS AT WWW.MDA.ORG/CHAT/CALENDAR.HTML AND LIVE

Name of the organization	Employer identification number
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EXPERT-HOSTED WEBINARS WHICH ARE ARCHIVED AT WWW.MDA.ORG. SUPPORT ALSO

WAS AVAILABLE THROUGH MDA'S CARE COORDINATION TOOL,

WWW.MDA.ORG/MYMUSCLETEAM, WHICH ENABLES FAMILIES TO POST JOURNAL

ENTRIES TO KEEP FRIENDS AND LOVED ONES UPDATED AND TO LIST TASKS FOR

WHICH ASSISTANCE MAY BE NEEDED - SUCH AS TRANSPORTATION TO MEDICAL

APPOINTMENTS, MEAL PREPARATION, HOUSEHOLD CHORES AND MORE.

ADDITIONAL INFORMATION ABOUT MDA'S HEALTH CARE AND COMMUNITY SERVICES

PROGRAM IS AVAILABLE THROUGH MDA'S WEB SITE AT

WWW.MDA.ORG/SERVICES.HTML.

FORM 990, PART III, LINE 4B:

PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH - MDA IS CURRENTLY SPONSORING RESEARCH GRANTS IN THE UNITED

STATES AND A DOZEN FOREIGN COUNTRIES. THE ASSOCIATION'S RESEARCH

PROGRAM ACCOUNTED FOR SOME \$38,447,079 OF ITS EXPENDITURES FOR THE 2012

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 EVALUATE ALL RESEARCH

GRANT AND DEVELOPMENT GRANT PROPOSALS SUBMITTED TO 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 CRUCIAL FOR

PROVIDING A SOUND SCIENTIFIC FOUNDATION UPON WHICH PRACTICAL ADVANCES

AGAINST DISEASE CAN BE BUILT. ADDITIONALLY, THE ASSOCIATION'S

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

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.

FORM 990, PART III, LINE 4C:

PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL AND PUBLIC HEALTH EDUCATION - IN THE YEAR ENDED DECEMBER

31, 2012, THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) EXPENDED \$19,664,141

ON ITS PROFESSIONAL AND PUBLIC HEALTH EDUCATION PROGRAM. MDA ANNUALLY

PROVIDES THE MEDICAL PROFESSION, SCIENTIFIC COMMUNITY, GENERAL PUBLIC,

AND PEOPLE AFFECTED BY NEUROMUSCULAR DISEASES WITH TIMELY AND THOROUGH

INFORMATION ABOUT MDA'S PROGRAMS AND THE MORE THAN 40 DISEASES THEY

COVER.

MDA SUCCESSFULLY WORKED WITH MEDIA OUTLETS NATIONWIDE IN 2012, PLACING

THOUSANDS OF DOCUMENTED NEWS STORIES ABOUT ITS LIFESAVING MISSION WITH

NETWORK, SYNDICATED AND LOCAL BROADCAST OUTLETS, PRINT NEWS

PUBLICATIONS, AND ON THE INTERNET, INCLUDING SOCIAL MEDIA SITES.

REPRESENTING MILLIONS OF IMPRESSIONS COLLECTIVELY, THE VALUABLE EARNED

MEDIA PLACEMENTS WERE REINFORCED BY THOUSANDS OF NO-COST PUBLIC SERVICE

ADVERTISEMENTS. IN ADDITION TO FREE BANNER ADVERTISEMENTS ON MANY

HIGH-TRAFFIC WEBSITES, A SUBSTANTIAL NUMBER OF MDA'S AWARD-WINNING

"MAKE A MUSCLE, MAKE A DIFFERENCE" PSAS WERE: PUBLISHED BY NEWSPAPERS

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

AND OTHER PERIODICALS; AND BROADCAST BY NATIONAL, REGIONAL, AND LOCAL
TELEVISION, CABLE AND RADIO STATIONS.

MDA PUBLICATIONS AND EXTENSIVE ONLINE POSTINGS PRODUCED A STEADY STREAM
OF INFORMATION ABOUT MDA-FUNDED RESEARCH AND HEALTH CARE SERVICES, AS
WELL AS INSIGHTFUL ARTICLES ON RELEVANT LEGISLATION AND INSPIRING
INDIVIDUALS. IN ADDITION TO POSTING TWO TO THREE ONLINE NEWS ARTICLES
PER WEEK DURING 2012, MDA PRODUCED FOUR PRINT ISSUES OF ITS
AWARD-WINNING NATIONAL MAGAZINE, QUEST, OFFERING A READERSHIP OF MORE
THAN 350,000 A STIMULATING MIX OF ARTICLES. THE ASSOCIATION ALSO
PUBLISHED SIX PRINT ISSUES OF THE MDA/ALS NEWSMAGAZINE FOR THOSE
AFFECTED BY ALS (AMYOTROPHIC LATERAL SCLEROSIS, OR LOU GEHRIG'S
DISEASE), HELPING TO KEEP NEARLY 60,000 READERS INFORMED.

IN ADDITION, MDA PRODUCED AND DISTRIBUTED A VARIETY OF EDUCATIONAL
VIDEOS FOR FAMILIES AFFECTED BY MUSCULAR DYSTROPHY AND RELATED
DISEASES. THESE VIDEOS WERE REINFORCED BY AN EXTENSIVE ARRAY OF
PROGRAM-SPECIFIC SPOTS BROADCAST DURING THE 2012 MDA SHOW OF STRENGTH
TELETHON VIEWED BY MILLIONS WORLDWIDE. AMONG THESE SPOTS WERE:
SPECIAL PROFILES OF PEOPLE LIVING WITH NEUROMUSCULAR DISEASES; RESEARCH
UPDATES; EDUCATIONAL SPOTS ON THE MYRIAD MEDICAL AND HEALTH CARE
SERVICES AVAILABLE THROUGH MDA'S NATIONAL NETWORK OF 200 MEDICAL
CLINICS; A SPOTLIGHT ON MDA'S EXTRAORDINARY SUMMER CAMP PROGRAM FOR
CHILDREN AGES 6 TO 17; AND MUCH MORE.

THE ASSOCIATION ALSO CONTINUED TO ENHANCE ITS POPULAR WEBSITE AT
MDA.ORG, AS WELL AS MANY OTHER PROGRAM-SPECIFIC SITES. INTERNATIONALLY
RECOGNIZED AS A KEY SOURCE OF INFORMATION ABOUT NEUROMUSCULAR DISEASES,

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TOTAL 2012 PAGE VIEWS AT MDA.ORG SURPASSED 5 MILLION, WITH UNIQUE VISITORS EXCEEDING 2.2 MILLION FOR THE YEAR.

MDA ALSO FACILITATED AND PROMOTED A VARIETY OF MONTHLY ONLINE CHATS TO GIVE THE FAMILIES IT SERVES, AS WELL AS MEDICAL AND HEALTH CARE PROFESSIONALS, AMPLE OPPORTUNITIES TO ASK QUESTIONS ABOUT DISEASES, RESEARCH, SERVICES, AND MANY OTHER TOPICS.