

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

<b>B</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	<b>C</b> Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.			<b>D</b> Employer identification number 13-1665552
	Doing Business As			<b>E</b> Telephone number (312) 260-5900
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 173,396,957.
	222 SOUTH RIVERSIDE PLAZA		1500	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606-6000				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: STEVEN M. DERKS 222 S. RIVERSIDE PL, STE 1500 CHICAGO, IL 60606				
<b>I</b> 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
<b>J</b> Website: ▶ WWW.MDA.ORG				<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
<b>L</b> Year of formation: 1950			<b>M</b> State of legal domicile: NY	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	1,085.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,500,000.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	258,243.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	135,174,690.	121,934,463.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,594,376.	2,737,030.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,602,169.	1,366,323.
		140,371,235.	126,037,816.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,432,206.	27,847,205.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,138,523.	57,706,251.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	540,001.	1,438,181.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,740,595.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,404,992.	33,819,429.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	131,515,722.	120,811,066.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,855,513.	5,226,750.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	97,787,518.	94,245,972.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	91,626,238.	85,826,209.
	6,161,280.	8,419,763.	

**COPY FOR PUBLIC INSPECTION**

## 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.

<b>Sign Here</b>	Signature of officer		Date
	JULIE FABER CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	MARC BERGER		
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102	Phone no. 703-893-0600	PTIN P01871563

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

- 1 Briefly describe the organization's mission: MDA IS THE NONPROFIT HEALTH AGENCY DEDICATED TO CURING MUSCULAR DYSTROPHY, ALS, AND RELATED DISEASES BY FUNDING WORLDWIDE RESEARCH. THE ASSOCIATION ALSO PROVIDES COMPREHENSIVE HEALTH CARE AND SUPPORT SERVICES, ADVOCACY, AND EDUCATION.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 \$ 56,468,364. including grants of \$ 13,943,137. ) (Revenue \$ )
ATTACHMENT 1

4b (Code: ) (Expenses \$ 17,150,109. including grants of \$ 13,904,068. ) (Revenue \$ )
ATTACHMENT 2

4c (Code: ) (Expenses \$ 14,962,730. including grants of \$ ) (Revenue \$ )
ATTACHMENT 3

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 88,581,203.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X
<b>6</b> 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> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> 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> . . . . .		X
<b>10</b> 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> . . . . .	X	
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</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> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</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> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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	
<b>24a</b> 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 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> 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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 701M.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body/committees), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
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.
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, address, and telephone number of the person who possesses the organization's books and records: STEPHEN P. EVANS, VP FINANCE 222 SOUTH RIVERSIDE PLAZA, STE 1500 CHICAGO, 312-260-5900

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

Check if Schedule O contains a response or note to any line 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 dotted 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 0.	X						0.	0.	0.
(2) C. THOMAS CASKEY, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(3) HAROLD C. CRUMP DIRECTOR	1.00 0.	X						0.	0.	0.
(4) BENJAMIN F. CUMBO, III DIRECTOR	1.00 0.	X						0.	0.	0.
(5) STEVE FARELLA DIRECTOR	1.00 0.	X						0.	0.	0.
(6) DANIEL G. FRIES DIRECTOR	1.00 0.	X						0.	0.	0.
(7) HONORABLE BRAD HENRY DIRECTOR	1.00 0.	X						0.	0.	0.
(8) R. RODNEY HOWELL, MD CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(9) DAVE HUTTON DIRECTOR	1.00 0.	X						0.	0.	0.
(10) LOUIS M. KUNKEL, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
(11) OLIN F. MORRIS DIRECTOR	1.00 0.	X						0.	0.	0.
(12) PATRICIA NAZEMETZ DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CHRISTOPHER J. ROSA, PHD VICE-CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(14) MIKE ROWLETT DIRECTOR	1.00 0.	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 dotted 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			
( 15) CHARLES D. SCHOOR, ESQ. SECRETARY	2.00 0.	X		X				0.	0.	0.
( 16) MARK SMITH DIRECTOR	1.00 0.	X						0.	0.	0.
( 17) JOHN TOGNINO DIRECTOR	1.00 0.	X						0.	0.	0.
( 18) VICTOR WRIGHT TREASURER	2.00 0.	X		X				0.	0.	0.
( 19) KRISTINE WELKER DIRECTOR	1.00 0.	X						0.	0.	0.
( 20) LILIAN WU, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
( 21) BART CONNER DIRECTOR	1.00 0.	X						0.	0.	0.
( 22) TIMMI MASTERS DIRECTOR	1.00 0.	X						0.	0.	0.
( 23) STEVEN M. DERKS PRESIDENT & CEO	60.00 0.			X				508,871.	0.	84,824.
( 24) JULIE FABER, CPA ASST. TREASURER & CFO	50.00 0.			X				243,128.	0.	6,807.
( 25) VALERIE A. CWIK, MD ASST. SEC/CHIEF MED SCIENTIFIC	50.00 0.			X				237,933.	0.	6,807.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,853,949.	0.	234,549.
<b>d Total (add lines 1b and 1c)</b>								2,853,949.	0.	234,549.

**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 **▶** 34

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 59



**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 dotted 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			
( 26) ANN MCNAMARA ----- EVP - CHIEF DEV. OFFICER	50.00 0.				X		223,425.	0.	620.	
( 27) STEVEN FORD ----- EVP - CHIEF COMM/MRKT OFFICER	50.00 0.				X		217,286.	0.	18,074.	
( 28) ROBERT GRINSFELDER ----- EVP - CHIEF FIELD OPS OFFICER	50.00 0.				X		192,274.	0.	12,908.	
( 29) JOHN WALSH ----- DIVISION CHIEF EXECUTIVE	50.00 0.				X		160,587.	0.	18,074.	
( 30) BRADLEY BARGHOLS ----- DIVISION CHIEF EXECUTIVE	50.00 0.				X		151,446.	0.	18,074.	
( 31) GRACE K. PAVLATH, PHD ----- SR. VP - SCIENTIFIC PROG DIR	50.00 0.					X	197,601.	0.	12,908.	
( 32) GAIL SCHMERTZ KERNER, ESQ. ----- CHIEF LEGAL OFFICER	50.00 0.					X	196,731.	0.	18,074.	
( 33) EILEEN TIMMINS, PHD ----- VP & CHIEF HR OFFICER	50.00 0.					X	194,250.	0.	12,498.	
( 34) JEANNINE M. HOULIHAN ----- CHIEF INFORMATION OFFICER	50.00 0.					X	184,945.	0.	6,807.	
( 35) MARGARET HODGES ----- DIVISION CHIEF EXECUTIVE	50.00 0.					X	145,472.	0.	18,074.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 34

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

**Section B. Independent Contractors**

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	440,662.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	98,801,633.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	243,757.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	22,448,411.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		697,628.				
	<b>h Total.</b> Add lines 1a-1f . . . . .		121,934,463.				
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			1,598,113.			1,598,113.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			102,448.			102,448.
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		39,740,911.	12,036.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		38,503,475.	110,555.				
	<b>c</b> Gain or (loss) . . . . .			1,237,436.	-98,519.		
	<b>d</b> Net gain or (loss) . . . . .			1,138,917.			1,138,917.
	<b>8a</b> Gross income from fundraising events (not including \$ 98,801,633. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		8,673,714.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	8,673,714.			
<b>c</b> Net income or (loss) from fundraising events. . . . .				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		644,807.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	71,397.				
	<b>c</b> Net income or (loss) from gaming activities. . . . .			573,410.		573,410.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> QUEST ADVERTISING . . . . .		541800	258,243.		258,243.		
<b>b</b> OTHER REVENUE . . . . .		900099	432,222.			432,222.	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			690,465.				
<b>12 Total revenue.</b> See instructions. . . . .			126,037,816.		258,243.	3,845,110.	

**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 or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	25,746,142.	25,746,142.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,101,063.	2,101,063.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,034,388.	988,086.	793,482.	252,820.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	41,756,386.	33,006,618.	4,388,983.	4,360,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	10,376,824.	8,812,159.	1,106,650.	458,015.
10 Payroll taxes . . . . .	3,538,653.	2,846,708.	337,263.	354,682.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	54,065.	4,127.	40,896.	9,042.
c Accounting . . . . .	218,971.		218,971.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	1,438,181.			1,438,181.
f Investment management fees . . . . .	130,320.		130,320.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	9,875,399.	1,730,142.	480,881.	7,664,376.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	8,755,389.	3,784,482.	1,203,706.	3,767,201.
14 Information technology . . . . .	586,357.		586,357.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	7,093,266.	5,937,130.	619,246.	536,890.
17 Travel . . . . .	3,738,243.	2,930,705.	349,980.	457,558.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	232,893.	195,525.	23,313.	14,055.
20 Interest . . . . .	313,750.		313,750.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	612,350.	350,176.	239,609.	22,565.
23 Insurance . . . . .	0.			
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 <u>MISC EXPENSES</u> . . . . .	2,208,426.	148,140.	1,655,861.	404,425.
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	120,811,066.	88,581,203.	12,489,268.	19,740,595.
<b>26 Joint costs.</b> 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) . . . . .	3,041,131.	886,152.	303,268.	1,851,711.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X. . . . .

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	25,464,796.	<b>1</b>	23,563,965.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	5,248,079.	<b>3</b>	3,029,209.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,520,433.	<b>9</b>	2,560,027.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 6,592,247.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 5,722,836.	1,226,887.	<b>10c</b> 869,411.
	<b>11</b> Investments - publicly traded securities . . . . .	64,327,323.	<b>11</b>	64,223,360.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	97,787,518.	<b>16</b>	94,245,972.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,471,537.	<b>17</b>	5,303,388.
	<b>18</b> Grants payable . . . . .	12,161,000.	<b>18</b>	11,486,911.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	15,500,000.	<b>23</b>	14,500,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	56,493,701.	<b>25</b>	54,535,910.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	91,626,238.	<b>26</b>	85,826,209.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	55,712.	<b>27</b>	3,908,059.
	<b>28</b> Temporarily restricted net assets . . . . .	5,616,191.	<b>28</b>	4,027,996.
	<b>29</b> Permanently restricted net assets . . . . .	489,377.	<b>29</b>	483,708.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	6,161,280.	<b>33</b>	8,419,763.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	97,787,518.	<b>34</b>	94,245,972.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	126,037,816.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	120,811,066.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,226,750.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,161,280.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,853,298.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	885,031.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,419,763.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 98.55%
Row 15: Public support percentage from 2014 Schedule A, Part II, line 14 15 98.71%

16a 33 1/3% support test - 2015. 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 [X]
b 33 1/3% support test - 2014. 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
17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
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

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 ►



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME - FORM 990, SCH A, PART II, LINE 10

2012 OTHER REVENUE 270,273

2013 OTHER REVENUE 478,287

2014 OTHER REVENUE 331,475

2015 OTHER REVENUE 432,222

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TOTAL OTHER REVENUE 1,512,257

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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**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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		17,255.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		357,787.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		375,042.	
<b>d</b> Other exempt purpose expenditures . . . . .		120,268,888.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		120,643,930.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:</b>			
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	341,893.	333,447.	261,051.	375,042.	1,311,433.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	13,285.	15,277.	15,977.	17,255.	61,794.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 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).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by Part IV.



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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

**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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	362,888.	346,757.	251,275.	175,428.	125,667.
<b>b</b> Contributions			50,000.	50,000.	50,000.
<b>c</b> Net investment earnings, gains, and losses	-5,691.	16,131.	45,482.	25,847.	-239.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	357,197.	362,888.	346,757.	251,275.	175,428.

**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  %
- c** Temporarily restricted endowment  %

The percentages on 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
<b>3a(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		17,247.	7,836.	9,411.
<b>d</b> Equipment		6,518,893.	5,701,940.	816,953.
<b>e</b> Other		56,107.	13,060.	43,047.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				869,411.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PENSION POSTRETIREMENT PLAN OB	54,535,910.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	122,184,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a		-3,853,298.
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		<b>2e</b>	-3,853,298.
3	Subtract line 2e from line 1 . . . . .		<b>3</b>	126,037,816.
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 . . . . .		<b>4c</b>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	126,037,816.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	120,811,066.
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 . . . . .		<b>2e</b>	
3	Subtract line 2e from line 1 . . . . .		<b>3</b>	120,811,066.
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 . . . . .		<b>4c</b>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	120,811,066.

**Part XIII Supplemental Information.**

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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 4

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 LIVES 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.

FORM 990, SCHEDULE D, PART X, LINE 2

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, 2015 AND 2014 ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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
<b>(1)</b> EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANTS TO RECIPIENTS	407,849.
<b>(2)</b> EUROPE			PROGRAM SERVICES	GRANTS TO RECIPIENTS	705,287.
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	77,379.
<b>(4)</b> NORTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	838,253.
<b>(5)</b> SOUTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	98,000.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					2,126,768.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					2,126,768.

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

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)
(1)			EAST ASIA/PACIFIC	RESEARCH	407,849.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	705,287.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH	77,379.	CHECK			
(4)			NORTH AMERICA	RESEARCH	838,253.	CHECK			
(5)			SOUTH AMERICA	RESEARCH	98,000.	CHECK			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. . . . . **5.**

3 Enter total number of other organizations or entities. . . . . **5.**



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 separately 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; do not file with Form 990)* . . . . .  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**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 (see instructions).

FORM 990, 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.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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" on 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

**2a** 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			
<b>1</b> BLACKBAUD, INC	SHARED APP SERVICES		X	23,393,888.	559,551.	22,834,337.
<b>2</b> THOMPSON HABIB & DENISON INC	DIRECT MAIL		X	4,504,779.	543,250.	3,961,529.
<b>3</b> GRIZZARD COMMUNICATIONS GRP	DIRECT MAIL		X	3,262,081.	239,237.	3,022,844.
<b>4</b> STRATEGIC RESOURCES, INC.	TELE MARKETING		X	107,432.	96,143.	11,289.
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				31,268,180.	1,438,181.	29,829,999.

**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, DE, DC, 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, VA, WA, WV, WI, WY,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	
		SPECIAL EVENTS	SIGNATURE	362.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	82,361,567.	12,829,417.	12,284,363.	107,475,347.
	2	Less: Contributions . . . . .	78,603,369.	10,157,612.	10,040,652.	98,801,633.
	3	Gross income (line 1 minus line 2) . . . . .	3,758,198.	2,671,805.	2,243,711.	8,673,714.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	3,758,198.	2,671,805.	2,243,711.	8,673,714.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				8,673,714.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on 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))	
		1	Gross revenue . . . . .			644,807.
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .			60,927.	60,927.
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .			10,470.	10,470.
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				71,397.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				573,410.	

9 Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENTAL PAGE

a Is the organization licensed to conduct 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 conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

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

Name ▶ STEPHEN P. EVANS, VICE PRESIDENT FINANCE

Address ▶ 222 SOUTH RIVERSIDE PLAZA, SUITE 1500 CHICAGO, IL 60606-6000

- 15 a 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.** Provide the explanation 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 provide any additional information (see instructions).

- ADDRESSES FOR EACH FUNDRAISER - FORM 990, SCH G, PART I, COLUMN (I)
1. BLACKBAUD INC.  
 PO BOX 930256  
 ATLANTA, GA 31193
  2. THOMPSON HABIB & DENISON INC  
 80 HAYDEN AVE, STE 300  
 LEXINGTON, MA 31193

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 ▶ \_\_\_\_\_

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.** Provide the explanation 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 provide any additional information (see instructions).

3. GRIZZARD COMMUNICATION GROUP

3500 LENOX RD NE, STE 1900

ATLANTA, GA 30326

4. STRATEGIC RESOURCES, INC.

111 OVERLOOK ROAD

PAMONA, NY 10970

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 ▶ \_\_\_\_\_

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.** Provide the explanation 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 provide any additional information (see instructions).

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SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

AK, FL, IL, IN, IA, MI, MN, MO, OK, PA, TX, VA, WI,



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
(1) ALBANY MEDICAL CENTER HOSPITAL 47 NEW SCOTLAND AVE. MC 70 ALBANY, NY 12208	14-1338310	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
(2) ALFRED I. DUPONT HOSPITAL FOR CHILDREN P.O. BOX 269   1600 ROCKLAND ROAD	59-0634433	501(C)(3)	49,500.				MEDICAL DIAGNOSIS
(3) AMERICAN FAMILY CHILDREN'S HOSPITAL 21 NORTH PARK ST., STE 6401	39-6006492	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(4) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE, BOX 205	36-2170833	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(5) ARIZONA BOARD OF REGENTS, UNIVERSITY OF AZ 1303 E. UNIVERSITY BLVD, BOX 3	74-2652689	STATE OF AZ	84,600.				RESEARCH
(6) BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(7) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, MS: BCM 310	74-1613878	501(C)(3)	200,000.				RESEARCH
(8) BILLINGS CLINIC PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(9) BOARD OF TRUSTEES OF SIU OFF. OF THE PRES-SIUP, MAILCODE: 6801	37-6005961	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(10) BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	99,628.				RESEARCH
(11) BRIGHAM AND WOMEN'S HOSPITAL 41 AVE LOUIS PASTEUR BOSTON, MA 02115	04-2312909	501(C)(3)	32,580.				MEDICAL DIAGNOSIS
(12) BUFFALO GENERAL MEDICAL CENTER 100 HIGH ST. BUFFALO, NY 14203	16-1359213	501(C)(3)	13,500.				MEDICAL DIAGNOSIS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

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(1) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	C CORP	84,600.				RESEARCH
(2) CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO ST. SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	560,314.				MEDICAL DIAGNOSIS
(3) CARILION MEDICAL CENTER 3 RIVERSIDE CIRCLE ROANAKE, VA 24016	54-0506332	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) CARLE PHYSICIAN GROUP 611 W. PARK ST. URBANA, IL 61801	37-1140016	501(C)(3)	13,300.				MEDICAL DIAGNOSIS
(5) CAROLINAS HEALTHCARE FOUNDATION INC. 1221 E. MOREHEAD ST. CHARLOTTE, NC 28204	56-6060481	C CORP	109,251.				RESEARCH
(6) CAROLINAS MEDICAL CENTER 1221 E. MOREHEAD CHARLOTTE, NC 28204	56-1398929	501(C)(3)	14,900.				RESEARCH
(7) CAROLINAS MEDICAL CENTER 1221 EAST MOREHEAD ST. CHARLOTTE, NC 28204	56-6060481	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
(8) CATABASIS PHARMACEUTICALS INC. ONE KENDALL SQUARE, STE B14202	26-3687168	C CORP	225,800.				RESEARCH
(9) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD, 65WIL, STE 1150	95-1644600	501(C)(3)	100,000.				RESEARCH
(10) CHILDREN'S HOSPITAL CENTRAL CA PEDIATRIC 9300 VALLEY CHILDREN'S PL. MS PCX103	94-1294954	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(11) CHILDREN'S CLINICS FOR REHABILITATIVE SERV 2600 NORTH WYATT DR. TUCSON, AZ 85712	86-0667510	501(C)(3)	24,300.				MEDICAL DIAGNOSIS
(12) CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTIS 1001 JOHNSON FERRY RD NE ATLANTA, GA 30342	58-1947689	501(C)(3)	27,000.				MEDICAL DIAGNOSIS

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- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
<b>(1)</b> CHILDREN'S HOSP. NATIONAL MED. CTR. 111 MICHIGAN N.W. WASHINGTON, DC 20010	53-0196580	501(C)(3)	32,400.				MEDICAL DIAGNOSIS
<b>(2)</b> CHILDREN'S HOSP. OF PHILADELPHIA 34TH ST. & CIVIC CTR.	23-1352166	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
<b>(3)</b> CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	326,336.				RESEARCH
<b>(4)</b> CHILDREN'S HOSPITAL BOSTON FEGAN 11-300 LONGWOOD AVE BOSTON, MA 02115	22-2678594	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
<b>(5)</b> CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAIL STOP #97	95-1690977	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(6)</b> CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE. CINCINNATI, OH 45229	31-0833963	501(C)(3)	54,450.				MEDICAL DIAGNOSIS
<b>(7)</b> CHILDREN'S HOSPITAL OF ORANGE COUNTY 455 S. MAIN ST. ORANGE, CA 92868	95-2321788	501(C)(3)	20,400.				MEDICAL DIAGNOSIS
<b>(8)</b> CHILDREN'S HOSPITAL OF PITTSBURGH 4401 PENN AVE. FAC PAVILION 6TH FL	25-0402510	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
<b>(9)</b> CHILDREN'S HOSPITAL OF WISCONSIN 9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226	39-0806261	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
<b>(10)</b> CHILDREN'S HOSPITAL, NEW ORLEANS 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
<b>(11)</b> CHILDREN'S HOSPITAL, RICHMOND 2924 BROOK ROAD RICHMOND, VA 23220	54-0506309	501(C)(3)	15,300.				MEDICAL DIAGNOSIS
<b>(12)</b> CHILDREN'S MEDICAL CENTER 2350 STEMMONS FRWY, STE 5400	75-0800628	501(C)(3)	30,000.				MEDICAL DIAGNOSIS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
<b>(1)</b> CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	332,412.				RESEARCH
<b>(2)</b> CLINICAL NEUROLOGY, PC 4221 S. WESTERN, STE 5010	41-2141136	501(C)(3)	107,100.				MEDICAL DIAGNOSIS
<b>(3)</b> COLORADO STATE UNIVERSITY CAMPUS DELIVERY BOX 2002	84-6000545	STATE OF CO	99,536.				RESEARCH
<b>(4)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST., BOX 49	13-5598093	501(C)(3)	645,309.				RESEARCH
<b>(5)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 622 W 168TH ST   BOX 16 NEW YORK, NY 10032	13-3908657	501(C)(3)	176,400.				MEDICAL DIAGNOSIS
<b>(6)</b> COMMUNITY MEDICAL CENTERS 1855 FOLSOM MCB 425 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
<b>(7)</b> COOK CHILDREN'S MEDICAL CENTER 901 SEVENTH AVE, STE. 120	75-2051646	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
<b>(8)</b> COVENANT HEALTH SYSTEM 3615 19TH ST. LUBBOCK, TX 79408	75-2765566	501(C)(3)	23,600.				MEDICAL DIAGNOSIS
<b>(9)</b> DARTMOUTH-HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DR. LEBANON, NH 03756	02-0222140	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
<b>(10)</b> DEAN CLINIC 1808 WEST BELTLINE HWY MADISON, WI 53713	39-1128616	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
<b>(11)</b> DENT NEUROLOGIC GROUP, LLP 3980 SHERIDAN DR.   STE B AMHERST, NY 14226	16-1582336	501(C)(3)	12,600.				MEDICAL DIAGNOSIS
<b>(12)</b> DREXEL NEUROLOGICAL ASSOCIATES 245 NORTH 15TH ST., MAIL STOP 423	75-4022380	501(C)(3)	33,750.				MEDICAL DIAGNOSIS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
(1) DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA ST.	74-2577746	501(C)(3)	6,000.				MEDICAL DIAGNOSIS
(2) DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	100,000.				RESEARCH
(3) DUKE UNIVERSITY MEDICAL CENTER BOX 3069   CLINIC COORDINATOR	56-1029437	501(C)(3)	81,000.				MEDICAL DIAGNOSIS
(4) EASTERN MAINE MEDICAL CENTER 489 STATE ST. BANGOR, ME 04401	01-0211501	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(5) ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 46514	35-1911857	501(C)(3)	14,400.				MEDICAL DIAGNOSIS
(6) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR	58-0566256	501(C)(3)	218,627.				RESEARCH
(7) EMORY UNIVERSITY 12 EXECUTIVE PARK DR. NE, RM 433	58-2030692	501(C)(3)	81,000.				MEDICAL DIAGNOSIS
(8) FAIRVIEW UNIVERSITY MEDICAL CENTER 2101 SE 6TH ST, STE 4-184 MMC 2641E	41-1843943	501(C)(3)	235,625.				MEDICAL DIAGNOSIS
(9) FLETCHER ALLEN HEALTH CARE CENTER - UNIVERS 1 SOUTH PROSPECT ST. BURLINGTON, VT 05401	03-0219303	501(C)(3)	6,300.				MEDICAL DIAGNOSIS
(10) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N J6-500	23-7156071	501(C)(3)	100,000.				RESEARCH
(11) FROEDTERT MEMORIAL LUTHERAN HOSPITAL 9200 W. WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	23,400.				MEDICAL DIAGNOSIS
(12) GEORGETOWN UNIVERSITY 4000 RESERVOIR RD NW BLDG D, RM 207,	53-0196603	501(C)(3)	20,700.				MEDICAL DIAGNOSIS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I General Information on Grants and Assistance**

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(1) GEORGIA HEALTH SCIENCES MEDICAL CENTER 1120 15TH ST., RM FY127 AUGUSTA, GA 30912	58-2144788	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(2) GILLETTE CHILDREN'S SPECIALTY HEALTHCARE WELLS FARGO BANK   NW 8265 PO BOX 1450	36-3379150	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(3) GLENDALE NEUROLOGICAL ASSOC. DBA (M.I.N.D.) 28595 ORCHARD LAKE RD., #200	38-1889896	501(C)(3)	63,000.				MEDICAL DIAGNOSIS
(4) GOOD SHEPHERD REHABILITATION HOSP. 850 S. 5TH ST. ALLENTOWN, PA 18103	23-1371947	501(C)(3)	61,200.				MEDICAL DIAGNOSIS
(5) GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	7,500.				RESEARCH
(6) GREENVILLE HOSP. SYSTEM UNIVERSITY MEDICAL 200 PATEWOOD DR., A-200	57-6007863	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(7) HALO THERAPEUTICS LLC 275 GROVE ST, STE 2-400 NEWTON, MA 02466	27-5336394	PARTNERSHIP	69,000.				RESEARCH
(8) HAMOT 2ND CENTURY FUND 302 FRENCH ST. ERIE, PA 16507	25-1400909	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(9) HEALTH SOUTH REHABILITATION HOSPITAL 1211 UNION AVE, STE 400 MEMPHIS, TN 38104	62-1499155	501(C)(3)	55,700.				MEDICAL DIAGNOSIS
(10) HERSHEY MEDICAL CENTER 500 UNIVERSITY DR., MAIL CODE#EC037	25-1854772	501(C)(3)	73,800.				MEDICAL DIAGNOSIS
(11) HOSP.ESPAÑOL DE AUXILIO MUTUO, INC. P.O. BOX 191227 HATO REY, PR 00919	66-0486907	501(C)(3)	49,500.				MEDICAL DIAGNOSIS
(12) HOSPITAL DE LA CONCEPCION P.O. BOX 285 SAN GERMAN, PR 00681	66-0227304	501(C)(3)	14,400.				MEDICAL DIAGNOSIS

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<b>(1)</b> HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	62,600.				MEDICAL DIAGNOSIS
<b>(2)</b> HOSPITAL FOR SPECIAL SURGERY 535 E 70TH ST.   DEPT. OF NEUROLOGY 3RD FL.	13-1624135	501(C)(3)	80,000.				MEDICAL DIAGNOSIS
<b>(3)</b> HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST. PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	70,108.				MEDICAL DIAGNOSIS
<b>(4)</b> HOUSTON METHODIST HOSPITAL 6560 FANNIN ST., #802 HOUSTON, TX 77030	87-0721923	501(C)(3)	132,300.				MEDICAL DIAGNOSIS
<b>(5)</b> HOUSTON METHODIST RESEARCH INSTITUTE 6670 BERTNER HOUSTON, TX 77030	87-0721923	501(C)(3)	76,344.				RESEARCH
<b>(6)</b> IU HEALTH NEUROSCIENCE CENTER 355 W 16TH ST., 3RD FLOOR NEUROLOGY	35-1955872	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
<b>(7)</b> IU HEALTH RILEY HOSPITAL FOR CHILDREN 355 WEST 16TH, 4TH FLOOR	35-1955872	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
<b>(8)</b> JOAN AND SANFORD I. WEILL MEDICAL COLLEGE 1300 YORK AVE, BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	199,999.				RESEARCH
<b>(9)</b> JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 600 N.WOLFE ST. BALTIMORE, MD 21287	32-0061260	501(C)(3)	195,300.				MEDICAL DIAGNOSIS
<b>(10)</b> JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, STE 117	52-0595110	501(C)(3)	579,663.				RESEARCH
<b>(11)</b> KUMC RESEARCH INSTITUTE 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	46,800.				MEDICAL DIAGNOSIS
<b>(12)</b> LE BONHEUR CHILDREN'S HOSPITAL 50 PEABODY PLACE, STE 400 MEMPHIS, TN 38103	62-1872938	501(C)(3)	30,375.				MEDICAL DIAGNOSIS

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(1) LOMA LINDA UNIVERSITY 11175 CAMPUS ST., COLEMAN PAV RM. A-1113C	33-0364239	501(C)(3)	26,100.				MEDICAL DIAGNOSIS
(2) LOUISIANA STATE UNIVERSITY HEALTH SCI. CTR. 1501 KINGS HIGHWAY   NEUROLOGY DEPT.	72-0702002	STATE OF LA	27,000.				MEDICAL DIAGNOSIS
(3) LSU SCHOOL OF MEDICINE 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-1304948	501(C)(3)	33,300.				MEDICAL DIAGNOSIS
(4) LUCILE SALTER PACKARD CHILD. HOSP. 4100 BOHANNON DR. MAIL CODE 5894, 1ST FL	77-0003859	501(C)(3)	43,000.				MEDICAL DIAGNOSIS
(5) LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DR. LA JOLLA, CA 92093	23-7121131	501(C)(3)	99,009.				RESEARCH
(6) LUTHERAN HOSPITAL OF INDIANA 7950 W. JEFFERSON BLVD.	35-1963748	501(C)(3)	14,400.				MEDICAL DIAGNOSIS
(7) MAINE MEDICAL CENTER 49 SPRING ST. SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	14,850.				MEDICAL DIAGNOSIS
(8) MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(9) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST- WACC 720 BOSTON, MA 02114	04-2697983	501(C)(3)	16,903.				RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FIN, 1200-207418 PO BOX 414876	04-2697983	501(C)(3)	123,300.				MEDICAL DIAGNOSIS
(11) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(12) MERCY CLINIC NEUROLOGY 2115 S FREMONT SPRINGFIELD, MO 65804	44-0552485	501(C)(3)	19,000.				MEDICAL DIAGNOSIS

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(1) MERCY HEALTH SAINT MARY'S 200 JEFFERSON SE GRAND RAPIDS, MI 49503	38-2113393	501(C)(3)	40,000.				MEDICAL DIAGNOSIS
(2) METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN ST. HOUSTON, TX 77030	87-0721923	501(C)(3)	84,600.				RESEARCH
(3) METROHEALTH MEDICAL CENTER P.O. BOX 73122 CLEVELAND, OH 44193	34-6004382	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(4) MICHIGAN STATE UNIVERSITY B-301 E FEE HALL   A-217 CLINICAL CENTER	38-6005984	STATE OF MI	6,750.				MEDICAL DIAGNOSIS
(5) MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY 1320 SOUTH DIXIE HIGHWAY, STE 650	59-0624458	STATE OF FL	261,074.				RESEARCH
(6) MONTEFIORE MEDICAL CENTER 3351 STEUBEN AVE   3RD FLOOR	13-3908657	501(C)(3)	62,100.				MEDICAL DIAGNOSIS
(7) NATIONWIDE CHILDREN'S HOSPITAL 555 SOUTH 18TH ST. COLUMBUS, OH 43205	31-1036370	501(C)(3)	28,800.				MEDICAL DIAGNOSIS
(8) NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DR. COLUMBUS, OH 43205	31-6056230	501(C)(3)	10,000.				RESEARCH
(9) NEMOURS CHILDREN'S CLINIC - ORLANDO 10140 CENTURION PARKWAY NORTH, 3E	59-0634433	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(10) NEUROLOGY ASSOCIATES 1301 S. CLIFF AVE. #506	46-0364889	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(11) NEUROLOGY ASSOCIATES OF ARLINGTON 2800 E. BROAD ST., STE 504	75-2405825	501(C)(3)	24,300.				MEDICAL DIAGNOSIS
(12) NORTHEAST ALS CONSORTIUM 2720 NEILSON WAY, FLOOR 1	56-2547779	501(C)(3)	50,000.				RESEARCH

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(1) NORTHWESTERN MEDICAL FACULTY FOUND. 710 N. LAKE SHORE DR. RM# 1119	39-3097297	501(C)(3)	62,000.				MEDICAL DIAGNOSIS
(2) NORTHWESTERN UNIVERSITY-CHICAGO 750 N LAKE SHORE DR, RUBLOFF BLDG 7TH FLOOR	36-2167817	501(C)(3)	100,000.				RESEARCH
(3) NYU ELAINE A. AND KENNETH G. LANGONE MED. 240 EAST 38TH ST., ROOM 15-60B	13-3971298	501(C)(3)	72,900.				MEDICAL DIAGNOSIS
(4) OHIO STATE UNIVERSITY HOSPITAL STE 181 2006 KENNY ROAD COLUMBUS, OH 43212	31-6025986	STATE OF OH	61,200.				MEDICAL DIAGNOSIS
(5) OLIVE VIEW - UCLA MEDICAL CENTER 14445 OLIVE VIEW DR.   #2C136	95-2249539	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(6) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD	93-1176109	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(7) OSF MEDICAL GROUP NEUROLOGY 100 NE RANDOLPH AVE PEORIA, IL 61656	37-0662569	501(C)(3)	16,000.				MEDICAL DIAGNOSIS
(8) PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVE PALO ALTO, CA 94304	77-0207331	501(C)(3)	60,000.				RESEARCH
(9) PHOENIX CHILDREN'S HOSPITAL 1919 EAST THOMAS RD. PHOENIX, AZ 85016	86-0422559	501(C)(3)	12,000.				MEDICAL DIAGNOSIS
(10) PONCE SCHOOL OF MEDICINE P.O. BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(11) PRESIDENT AND FELLOWS OF HARVARD COLLEGE P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	59,995.				RESEARCH
(12) PREVEA CLINIC P.O. BOX 19070 GREEN BAY, WI 54307	39-1839349	501(C)(3)	17,944.				MEDICAL DIAGNOSIS

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(1) PURDUE UNIVERSITY YOUNG HALL, 155 S. GRANT ST.	35-6002041	STATE OF IN	84,600.				RESEARCH
(2) RADY CHILDREN'S HOSPITAL - SAN DIEGO MDA CLINIC 3020 CHILDREN'S WAY, MC 5009	95-1691313	501(C)(3)	45,000.				MEDICAL DIAGNOSIS
(3) RAPIDES SPECIALTY CLINIC DIVISION OF RRM BOX 30101, 211 FOURTH ST.	72-0702002	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(4) REGENTS OF THE UNIVERSITY OF CALIFORNIA 675 NELSON RISING LANE, STE 201 BOX 3208	94-6036493	STATE OF CA	108,000.				MEDICAL DIAGNOSIS
(5) REGENTS OF THE UNIVERSITY OF CALIFORNIA MED PMR DEPT., 4860 Y ST., STE 3850	94-6036494	STATE OF CA	45,000.				MEDICAL DIAGNOSIS
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA 710 WESTWOOD PLAZA, 4-231 RNRC	95-6006143	STATE OF CA	108,000.				MEDICAL DIAGNOSIS
(7) REGENTS OF THE UNIVERSITY OF MICHIGAN 2301 COMMONWEALTH BLVD ANN ARBOR, MI 48105	38-6006809	STATE OF MI	30,000.				MEDICAL DIAGNOSIS
(8) REGENTS OF THE UNIVERSITY OF MICHIGAN 200 SOUTH MANCHESTER AVE, STE. 110	95-2226406	STATE OF CA	66,000.				MEDICAL DIAGNOSIS
(9) REGENTS OF THE UNIVERSITY OF MINNESOTA - TW 450 MCNAMARA ALUMNI CENTER, 200 OAK ST. S.E	41-6007513	STATE OF MN	275,314.				RESEARCH
(10) REVERAGEN BIOPHARMA, INC. 8070 GEORGIA AVE STE 416	26-3808415	C CORP	659,880.				RESEARCH
(11) RHODE ISLAND HOSPITAL 593 EDDY ST. PROVIDENCE, RI 02903	05-0258954	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(12) ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE. ROUND ROCK, TX 78681	74-2781812	501(C)(3)	13,500.				MEDICAL DIAGNOSIS

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Department of the Treasury  
Internal Revenue Service

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
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
(1) RUTGERS NEW JERSEY MEDICAL SCHOOL 65 DAVIDSON ROAD, ROOM 306	35-1911857	501(C)(3)	78,300.				MEDICAL DIAGNOSIS
(2) SACRED HEART HOSPITAL 1255 HILYARD ST./P.O. BOX 10905	93-1084906	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(3) SANFORD CLINIC 720 4TH ST. NORTH FARGO, ND 58122	91-1770748	501(C)(3)	17,100.				MEDICAL DIAGNOSIS
(4) SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 NORTH TORREY PINES ROAD	51-0197108	501(C)(3)	99,279.				RESEARCH
(5) SANOFI-AVENTIS U.S. INC 55 CORPORATE DR. BRIDGEWATER, NJ 08807	42-1612939	C CORP	159,500.				RESEARCH
(6) SARASOTA MEMORIAL HOSPITAL 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	24,000.				MEDICAL DIAGNOSIS
(7) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY-P.O.BOX 5371	91-0564748	501(C)(3)	49,050.				MEDICAL DIAGNOSIS
(8) SENTARA NORFOLK GENERAL HOSPITAL 6015 POPLAR HALL DR STE 212	54-1547408	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(9) SHRINERS HOSP.FOR CHILDREN - PORTLAND 3101 SW SAM JACKSON PARK ROAD	36-2193608	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(10) SHRINERS HOSPITAL FOR CHILDREN - CHICAGO 2211 N. OAK PARK AVE CHICAGO, IL 60707	36-2193608	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(11) SHRINERS HOSPITAL FOR CHILDREN IN SPOKANE 911 W. 5TH AVE SPOKANE, WA 99204	36-2193608	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(12) SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVE SOUTH BIRMINGHAM, AL 35205	63-0288868	501(C)(3)	84,600.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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(1) SPARTANBURG NEUROLOGICAL SERVICES 362 N PINE ST. SPARTANBURG, SC 29302	57-0902952	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(2) SPECIALLY FOR CHILDREN - CHILD NEUR. CTR. 1301 BARBARA JORDAN BLVD., #200	74-2800601	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(3) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN NE MC 004	38-2752328	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) ST. ANTHONY'S NEUROLOGY GROUP 300 S. PARK PLACE BLVD STE 170	74-3168197	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(5) ST. CHARLES HOSPITAL AND REHABILITATION CTR 200 BELLE TERRE ROAD	41-2076312	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(6) ST. FRANCIS COMMUNITY HEALTH CENTER PO BOX 1901 MONROE, LA 71210	72-0408970	501(C)(3)	11,250.				MEDICAL DIAGNOSIS
(7) ST. JOSEPH'S CHILDREN'S HOSPITAL OF TAMPA 2700 W DR. MARTIN LUTHER KING JR. BLVD   ST	59-1100828	501(C)(3)	31,500.				MEDICAL DIAGNOSIS
(8) ST. JOSEPH'S HOSPITAL & MEDICAL CENTER 350 WEST THOMAS RD. PHOENIX, AZ 85013	86-0096787	501(C)(3)	60,000.				MEDICAL DIAGNOSIS
(9) ST. JUDE CHILDREN'S RESEARCH HOSPITAL P.O. BOX 1000, DEPT. 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	59,737.				RESEARCH
(10) ST. LUKE'S HEALTH SYSTEM 190 E. BANNOCK BOISE, ID 83712	82-0161600	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(11) ST. LUKE'S REHABILITATION INSTITUTE S. 711 COWLEY SPOKANE, WA 99202	91-1307555	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(12) ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD., STE. 114	22-2262982	501(C)(3)	70,000.				MEDICAL DIAGNOSIS

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(1) STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	STATE OF CA	184,467.				RESEARCH
(2) SUNY DOWNSTATE MED. CTR. 450 CLARKSON AVE. BOX 1213	14-1368361	501(C)(3)	40,500.				MEDICAL DIAGNOSIS
(3) SUNY UPSTATE MEDICAL UNIVERSITY 750 E ADAMS ST SYRACUSE, NY 13210	16-6066240	501(C)(3)	45,900.				MEDICAL DIAGNOSIS
(4) TEXAS CHILDREN'S HOSPITAL P.O. BOX 300327 HOUSTON, TX 77230	74-1100555	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(5) TEXAS NEUROLOGY, P.A. 6301 GASTON AVE., STE 100 WEST TOWER	75-2654757	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(6) THE BOARD OF TRUSTEES OF THE UNIV. OF IL 1737 W. POLK ST M/C 672 AOB 304	37-6000511	STATE OF IL	84,600.				RESEARCH
(7) THE CHILDREN'S HOSPITAL IN AURORA 13123 E. 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	52,200.				MEDICAL DIAGNOSIS
(8) THE CHILDREN'S HOSPITAL IN BIRMINGHAM 1600 7TH AVE SOUTH ACC STE 406	63-0307306	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(9) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MO	184,600.				RESEARCH
(10) THE DULUTH CLINIC, LTD. 400 E. 3RD ST.   ACCT# 99902024-0	41-0883623	501(C)(3)	6,750.				MEDICAL DIAGNOSIS
(11) THE GEORGE WASHINGTON UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	84,600.				RESEARCH
(12) THE JACKSON LABORATORY 600 MAIN ST. BAR HARBOR, ME 04609	01-0211513	501(C)(3)	100,000.				RESEARCH

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(1) THE METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN, MGJ4-024 HOUSTON, TX 77030	87-0721923	501(C)(3)	100,000.				RESEARCH
(2) THE MUCIO F. DELGADO CLINIC 2800 E. AJO WAY TUCSON, AZ 85713	94-2958258	501(C)(3)	31,500.				MEDICAL DIAGNOSIS
(3) THE OHIO STATE UNIVERSITY RESEARCH FOUND. 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OH	233,930.				RESEARCH
(4) THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST. HONOLULU, HI 96813	99-0073524	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DR., STE 300	94-6036494	STATE OF CA	95,907.				RESEARCH
(6) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 11000 KINROSS AVE, STE 211	94-6006143	STATE OF CA	715,870.				RESEARCH
(7) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR., DEPT 0934	95-6006144	STATE OF CA	159,648.				RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST., STE 315	94-6036493	STATE OF CA	135,360.				RESEARCH
(9) THE REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE ST., ROOM 479 BOULDER, CO 80309	84-6000555	STATE OF CO	100,000.				RESEARCH
(10) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE ST., ROOM 1054	38-6006309	STATE OF MI	160,546.				RESEARCH
(11) THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS ST., 209 CAB SYRACUSE, NY 13210	14-1368361	STATE OF NY	50,633.				RESEARCH
(12) THE RESEARCH INSTITUTE AT NATIONWIDE CHILD. 700 CHILDREN'S DR. COLUMBUS, OH 43205	31-6056230	501(C)(3)	144,600.				RESEARCH

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(1) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD	95-2160097	501(C)(3)	60,000.				RESEARCH
(2) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD	33-0435954	501(C)(3)	100,000.				RESEARCH
(3) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST., FRANKLIN BLDG P-221	23-1352685	STATE OF PA	200,802.				RESEARCH
(4) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH, AB 990	63-6005396	STATE OF AL	100,000.				RESEARCH
(5) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 7TH AVE SOUTH, SC 350E1	63-0649108	STATE OF AL	50,000.				MEDICAL DIAGNOSIS
(6) THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	460,325.				RESEARCH
(7) THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES 1000 STANTON L. YOUNG BLVD., LIB 121	73-6017987	STATE OF OK	100,000.				RESEARCH
(8) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CTR. POST OFFICE BOX 20036 HOUSTON, TX 77225	74-1761309	STATE OF TX	46,726.				RESEARCH
(9) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST. PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	300,000.				RESEARCH
(10) TOLEDO CHILDREN'S HOSPITAL - CENTER FOR HEA 3949 SUNFOREST COURT   TWIN OAKS BLDG, STE	34-4428256	501(C)(3)	40,500.				MEDICAL DIAGNOSIS
(11) TUFTS MEDICAL CENTER HOSPITAL 800 WASHINGTON ST   DEPT OF PM AND R, BOX 4	04-3148378	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(12) UNC HOSPITALS 211 FRIDAY CENTER DR., STE 2033	57-0935917	STATE OF NC	34,200.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY MEDICAL ASSOCIATES 1 POSTON ROAD, STE. 350	57-1098556	STATE OF SC	43,875.				MEDICAL DIAGNOSIS
(2) UNIVERSITY NEUROLOGY, INC. 231 BETHESDA AVE. CINCINNATI, OH 45267	31-1000664	STATE OF OH	70,200.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF ARIZONA HEALTH SCIENCES CTR. 1501 N. CAMPBELL   PO BOX 245142	94-2958258	STATE OF AZ	31,500.				MEDICAL DIAGNOSIS
(4) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W. MARKHAM LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	54,000.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF COLORADO P.O. BOX 110247 AURORA, CO 80042	74-2161737	STATE OF CO	135,000.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF COLORADO DENVER, AMC AND DC ANSCHUTZ MEDICAL CAMPUS BUILDING 500	84-6000555	STATE OF CO	100,000.				RESEARCH
(7) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	170,411.				RESEARCH
(8) UNIVERSITY OF FLORIDA HEALTH 302 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	27,450.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF IL BOARD OF TRUSTEES 506 S. WRIGHT ST. URBANA, IL 62708	37-6000511	STATE OF IL	63,500.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF IOWA HOSPITALS & CLINICS B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	46,800.				MEDICAL DIAGNOSIS
(11) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 500 SOUTH LIMESTONE, 109 KINKEAD HALL	61-6033693	STATE OF KY	100,000.				RESEARCH
(12) UNIVERSITY OF LOUISVILLE PHYSICIANS, INC. 500 S PRESTON ST.   HSC-A ROOM 113	27-3645560	STATE OF KY	7,000.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY OF MA MEMORIAL MEDICAL CENTER 55 LAKE AVE NORTH, ROOM S1-802 104344	04-3167352	STATE OF MA	49,991.				MEDICAL DIAGNOSIS
(2) UNIVERSITY OF MARYLAND 620 W. LEXINGTON ST., 4TH FLOOR	52-6002033	STATE OF MD	100,000.				RESEARCH
(3) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	100,000.				RESEARCH
(4) UNIVERSITY OF MIAMI SPONSORED PROGRAMS P.O. BOX 405803 ATLANTA, GA 30384	59-2579826	STATE OF GA	90,168.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF MISSOURI ONE HOSPITAL DR., DC056.30	43-6003859	STATE OF MO	12,600.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF NEBRASKA MEDICAL CENTER SPONSORED PROG.ACCT./600 S.42ND ST.	47-0049123	STATE OF NE	36,000.				MEDICAL DIAGNOSIS
(7) UNIVERSITY OF NEVADA SCHOOL OF MEDICINE 2040 W. CHARLESTON BLVD., STE. 300	88-0330858	STATE OF NV	22,500.				MEDICAL DIAGNOSIS
(8) UNIVERSITY OF NEW MEXICO HEALTH & SCIENCE MSC 09 5225 1 UNIVERSITY OF NEW MEXICO	85-6000642	STATE OF NM	41,400.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	48-1278531	STATE OF OR	84,600.				RESEARCH
(10) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	STATE OF PA	93,070.				RESEARCH
(11) UNIVERSITY OF PITTSBURGH 200 LOTHROP ST.   STE F875	25-0965591	STATE OF PA	54,000.				MEDICAL DIAGNOSIS
(12) UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CLINICA LAS AMERICAS 400 FD ROOSEVELT AVE,	66-0433762	PUERTO RICO	45,000.				MEDICAL DIAGNOSIS

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
(1) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG., BOX 270140	16-0743209	501(C)(3)	172,064.				RESEARCH
(2) UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 14642	16-0743209	STATE OF NY	94,500.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST. LOS ANGELES, CA 90089	95-1642394	STATE OF CA	160,000.				RESEARCH
(4) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1928 ALCOA HIGHWAY, MEDICAL BLDG B - STE. 1	31-1626179	STATE OF TN	12,600.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF TX HLTH SCIENCE CTR. MSRDP 7703 FLOYD CURL DR. SAN ANTONIO, TX 78284	74-1586031	STATE OF TX	74,700.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF TX/SW MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TX	192,000.				MEDICAL DIAGNOSIS
(7) UNIVERSITY OF UTAH 75 S 2000 EAST, 211 RAB	87-6000525	STATE OF UT	125,000.				RESEARCH
(8) UNIVERSITY OF UTAH SCHOOL OF MEDICINE 175 NORTH MEDICAL DR. EAST 5TH FLOOR	87-0480520	STATE OF UT	67,500.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION   P.O. BOX 9007	54-1124769	STATE OF VA	57,600.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	STATE OF WA	342,741.				RESEARCH
(11) UNIVERSITY OF WASHINGTON MED.CENTER 1959 NE PACIFIC ST.   P.O. BOX 256143	91-6001537	STATE OF WA	63,900.				MEDICAL DIAGNOSIS
(12) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TX	203,364.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
(1) VANDERBILT DEPARTMENT OF NEUROLOGY 1236 PO BOX 121236 DALLAS, TX 75312	62-0476822	501(C)(3)	149,000.				MEDICAL DIAGNOSIS
(2) VIA CHRISTI HOSPITALS WICHITA, INC. 707 N EMPORIA WICHITA, KS 67147	48-1172106	501(C)(3)	29,250.				MEDICAL DIAGNOSIS
(3) VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 980599   VCU NEUROLOGY	54-1581185	501(C)(3)	40,000.				MEDICAL DIAGNOSIS
(4) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	STATE OF VA	100,000.				RESEARCH
(5) W. VIRGINIA UNIVERSITY RESEARCH CORP. 1 MEDICAL CTR. DR. STE 7500	55-0665758	STATE OF WV	32,400.				MEDICAL DIAGNOSIS
(6) WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE 475 VINE ST. WINSTON-SALEM, NC 27157	22-3849199	STATE OF NC	18,000.				MEDICAL DIAGNOSIS
(7) WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVE, CAMPUS BOX 8018	43-0653611	501(C)(3)	266,902.				RESEARCH
(8) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DEPT.OF NEUROLOGY, BOX 8111   600 S. EUCLID	43-0653611	STATE OF MO	126,000.				MEDICAL DIAGNOSIS
(9) WHITE PLAINS HOSPITAL & MEDICAL CENTER DAVIS AVE AT EAST POST ROAD	13-1740130	501(C)(3)	12,600.				MEDICAL DIAGNOSIS
(10) WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY. DAYTON, OH 45435	31-0732831	501(C)(3)	82,603.				RESEARCH
(11) YALE UNIVERSITY 800 HOWARD AVE.   PO BOX 208071	06-0646973	501(C)(3)	37,000.				MEDICAL DIAGNOSIS
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 233.

3 Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**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.

FORM 990, SCHEDULE I, 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**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.

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including 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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on 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)? . . . . .

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN M. DERKS PRESIDENT & CEO	(i)	473,271.	35,600.	0.	66,750.	18,074.	593,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JULIE FABER, CPA ASST. TREASURER & CFO	(i)	243,128.	0.	0.	0.	6,807.	249,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 VALERIE A. CWIK, MD ASST. SEC/CHIEF MED SCIENTIFIC	(i)	237,933.	0.	0.	0.	6,807.	244,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANN MCNAMARA EVP - CHIEF DEV. OFFICER	(i)	223,425.	0.	0.	0.	620.	224,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEVEN FORD EVP - CHIEF COMM/MRKT OFFICER	(i)	212,036.	5,250.	0.	0.	18,074.	235,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT GRINSFELDER EVP - CHIEF FIELD OPS OFFICER	(i)	192,274.	0.	0.	0.	12,908.	205,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN WALSH DIVISION CHIEF EXECUTIVE	(i)	160,587.	0.	0.	0.	18,074.	178,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BRADLEY BARGHOLS DIVISION CHIEF EXECUTIVE	(i)	151,446.	0.	0.	0.	18,074.	169,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GRACE K. PAVLATH, PHD SR. VP - SCIENTIFIC PROG DIR	(i)	197,601.	0.	0.	0.	12,908.	210,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GAIL SCHMERTZ KERNER, E CHIEF LEGAL OFFICER	(i)	196,731.	0.	0.	0.	18,074.	214,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 EILEEN TIMMINS, PHD VP & CHIEF HR OFFICER	(i)	194,250.	0.	0.	0.	12,498.	206,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JEANNINE M. HOULIHAN CHIEF INFORMATION OFFICER	(i)	184,945.	0.	0.	0.	6,807.	191,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MARGARET HODGES DIVISION CHIEF EXECUTIVE	(i)	145,472.	0.	0.	0.	18,074.	163,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B:

STEVEN M. DERKS    \$66,750    457(B) & (F) RETIREMENT PLAN

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

**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
(1) DANIEL G. FRIES	MDA BOARD MEMBER	215,281.	PENSION ACTUARIES SERVICE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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 \$215,281

(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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 . . . . .				
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	32.	88,139.	SELLING PRICE
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 ▶ (ATCH 1) . . . . .		69.	609,489.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 42.

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

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

Schedule M (Form 990) (2015)

JSA

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5909HI 701M

V 15-6.3F

200527

PAGE 70

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MEDICAL EQUIPMENT	X	69.	609,489.	APPRAISAL
TOTALS		<u>69.</u>	<u>609,489.</u>	

**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

**2015**

**Open to Public  
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

FORM 990, PART I, LINE 1

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 A, LINE 4

THE ORGANIZATION REVISED ITS BYLAWS IN 2015 TO ADD TERMS FOR BOARD OF  
DIRECTOR MEMBERS AND OFFICERS AND TO UPDATE AND CLARIFY THE ROLES AND  
RESPONSIBILITIES OF CERTAIN MEMBERS, OFFICERS AND COMMITTEES INCLUDING  
THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11

ALL BOARD MEMBERS WERE PROVIDED A COPY OF THE FEDERAL FORM 990 BEFORE  
FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

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

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, SECTION C, LINE 19

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE INTERNAL

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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DOCUMENTS. COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON  
REQUEST.

OTHER CHANGES IN NET ASSETS - FORM 990, PART XI, LINE 9  
CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS 885,031

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTH CARE AND COMMUNITY SERVICES

PEOPLE WITH MUSCULAR DYSTROPHY AND RELATED DISEASES ARE OUR MOMS  
AND DADS, SONS AND DAUGHTERS, OUR FRIENDS, NEIGHBORS, CO-WORKERS  
AND LOVED ONES. AT MDA, WE'RE PROUD TO OFFER THE MEDICAL EXPERTISE  
AND CARE THAT WILL HELP MANAGE DISEASE SYMPTOMS SO THAT HEALTH AND  
WELL-BEING WILL BE OPTIMIZED. WE'RE COMMITTED TO MAXIMIZING  
STRENGTH AND MOBILITY FOR FAMILIES, PROMOTING THEIR QUALITY OF  
LIFE AND INDEPENDENCE, BREAKING DOWN BARRIERS, AND OF COURSE,  
MAKING SURE THEY KNOW THEY ARE NEVER ALONE IN THIS FIGHT.

FAMILIES LIVING WITH NEUROMUSCULAR DISEASES FACE ENORMOUS DAILY  
CHALLENGES. MDA MAINTAINS THE MOST COMPREHENSIVE SERVICES PROGRAM  
OF ANY VOLUNTARY HEALTH AGENCY IN THE COUNTRY TO HELP IMPROVE  
LIVES AND SUPPORT FAMILIES FROM DAY ONE. RANGING FROM A NATIONWIDE  
NETWORK OF COMPREHENSIVE CLINICS AT THE NATION'S TOP MEDICAL  
FACILITIES TO ASSISTANCE WITH ESSENTIAL SUPPORT SERVICES, MDA IS  
HERE TO HELP FAMILIES TODAY. OUR HEALTH CARE AND COMMUNITY  
SERVICES ACCOUNTED FOR \$56,468,364 OF OUR 2015 EXPENDITURES.

AS WE STRIVE TO REVOLUTIONIZE CARE AND SUPPORT, HERE ARE SOME OF

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 1 (CONT'D)

THE KEY WAYS WE SUPPORTED FAMILIES IN 2015:

- PROVIDED COMPREHENSIVE CARE FOCUSED ON FAMILIES' NEEDS AT MORE THAN 150 MDA CARE CENTERS THROUGH NEARLY 50,000 VISITS
- HOSTED MORE THAN 140 CRITICAL SUPPORT GROUPS FOR FAMILIES TO ADDRESS DAILY NEEDS AND CHALLENGES
- OFFERED NEARLY 75 WEEKLONG SUMMER CAMPS FOR MORE THAN 3,800 CHILDREN TO HELP BUILD SELF-CONFIDENCE AND INDEPENDENCE AND REMOVE BARRIERS OF EVERYDAY LIFE
- PROVIDED EQUIPMENT REPAIRS AND SUPPORT TO HELP FAMILIES MAINTAIN INDEPENDENCE
- GAVE HELP AND GUIDANCE TO YOUNG PEOPLE TRANSITIONING FROM CHILDHOOD TO ADULTHOOD AT TRANSITIONS.MDA.ORG TO HELP THEM LIVE INDEPENDENTLY AND THRIVE

ADDITIONALLY, THROUGH MDA'S PUBLIC POLICY AND ADVOCACY PROGRAM, WE'VE MADE ELECTED OFFICIALS, REGULATORY AGENCIES AND THE GENERAL PUBLIC MORE AWARE OF ISSUES AFFECTING THE NEUROMUSCULAR DISEASE COMMUNITY AND HAVE PUSHED FOR THE PASSAGE OF LIFE-CHANGING POLICIES, PROGRAMS AND LEGISLATION. IN 2015, OUR EFFORTS ALONGSIDE OUR PASSIONATE FAMILIES AND VOLUNTEERS HELPED ENSURE PASSAGE OF THE ENSURING ACCESS TO CLINICAL TRIALS ACT, HELPED DELAY CUTS TO COMPLEX REHABILITATIVE TECHNOLOGY, AND PLAYED A ROLE IN SECURING THE LARGEST FUNDING INCREASE FOR THE NATIONAL INSTITUTES OF HEALTH IN THE LAST DECADE, AMONG OTHER IMPORTANT PROGRESS.



Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 2

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FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH

EVERY DAY, CHILDREN ARE BORN WITH MUSCULAR DYSTROPHY AND MANY OTHER LIFE-THREATENING DISEASES AFFECTING MUSCLES THAT TAKE AWAY THEIR ABILITY TO WALK, MOVE, HUG, TALK AND EVEN BREATHE.

SIMILARLY, ADULTS ARE FACING DEVASTATING DISEASES LIKE ALS THAT CAUSE MUSCLES TO DETERIORATE AND RESULT IN LOSS OF MOBILITY AND OTHER SEVERE HEALTH COMPLICATIONS. FOR THESE KIDS AND ADULTS, THERE ARE CURRENTLY FEW TREATMENTS AND NO CURES.

MDA'S RESEARCH PROGRAM IS DESIGNED TO CHANGE THAT. WE ARE THE ONLY NONPROFIT TAKING A BIG-PICTURE PERSPECTIVE ON DISEASES THAT LIMIT MUSCLE STRENGTH AND MOBILITY BY BEING LASER-FOCUSED ON BREAKTHROUGHS ACROSS DISEASE CATEGORIES. WHAT WE LEARN ON THE FRONTLINES IN ONE AREA CAN POTENTIALLY HAVE POSITIVE IMPACTS IN OTHERS.

IN 2015, MDA SPENT \$17,150,109 ON RESEARCH DESIGNED TO ACCELERATE URGENTLY NEEDED TREATMENTS AND CURES FOR THE FAMILIES WE SERVE. WE CONTRIBUTED TO DOZENS OF CLINICAL TRIALS FOR NOVEL DRUGS AND THERAPIES. THANKS IN PART TO THIS PROGRESS, MORE NEW DRUGS IN DEVELOPMENT ARE EXPECTED DURING THE NEXT FIVE YEARS THAN IN THE PREVIOUS 50.

SOME OF THE AREAS WHERE WE SEE THE GREATEST POTENTIAL ARE:

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ATTACHMENT 2 (CONT'D)

- GENE TARGETING THERAPIES (REPLACEMENT, EXON SKIPPING, MUTATION READ-THROUGH AND EDITING)

- STEM CELL THERAPIES

- SMALL MOLECULE THERAPIES: IN TRIALS TO IMPROVE MULTIPLE FACETS OF NEUROMUSCULAR DISEASE, SUCH AS MUSCLE ATROPHY, MITOCHONDRIAL DYSFUNCTION, MUSCLE CONTRACTILITY, INFLAMMATION, REDUCED PERFUSION AND FIBROSIS

IN 2015, MDA AWARDED 103 RESEARCH GRANTS TO LEADING SCIENTISTS ACROSS THE GLOBE. 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 GRANT PROPOSALS SUBMITTED.

REPORTS ON ONGOING PROGRESS IN MDA'S EFFORT TO DISCOVER TREATMENTS AND CURES, INCLUDING THE STATUS OF HUMAN TRIALS OF POTENTIAL THERAPIES, CAN BE FOUND AT MDA.ORG/RESEARCH.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PROFESSIONAL AND PUBLIC HEALTH EDUCATION

MUSCULAR DYSTROPHY, ALS AND OTHER LIFE-THREATENING DISEASES THAT LIMIT MUSCLE STRENGTH AND MOBILITY TAKE AWAY EVERYDAY ABILITIES SUCH AS WALKING, STANDING, DRESSING ONESELF, HUGGING SOMEONE DEAR AND EVEN BREATHING. AT MDA, WE DEDICATE EVERY MINUTE OF EVERY DAY

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 3 (CONT'D)

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TO FIGHTING TO FREE OUR FAMILIES FROM THE HARMFUL EFFECTS OF THESE DISEASES. PROVIDING PROFESSIONAL AND PUBLIC EDUCATION IS ONE OF THE MANY WAYS MDA IS WORKING TO SAVE AND IMPROVE LIVES.

IN 2015, MDA SPENT \$14,962,730 TO PROVIDE PROFESSIONAL AND PUBLIC HEALTH EDUCATION. WE PROMOTED DEEPER UNDERSTANDING AND AWARENESS TO RALLY AND INSPIRE ACTION THROUGH A VARIETY OF INNOVATIVE STRATEGIES:

1. PLACED THOUSANDS OF DOCUMENTED NEWS STORIES ABOUT MDA'S MISSION WITH NETWORK, SYNDICATED AND LOCAL BROADCAST OUTLETS, PRINT NEWS PUBLICATIONS AND ONLINE, INCLUDING FREQUENT SOCIAL MEDIA POSTINGS THROUGH FACEBOOK, TWITTER AND INSTAGRAM.
2. DELIVERED CRITICAL INFORMATION ON RESEARCH AND CARE THROUGH MDA'S AWARD-WINNING NATIONAL QUEST MAGAZINE THAT HAS A READERSHIP OF 850,000 ACROSS PRINT AND ONLINE CHANNELS.
3. PRODUCED, DISTRIBUTED AND POSTED ON YOUTUBE HUNDREDS OF INFORMATIONAL VIDEOS AND EDUCATIONAL MATERIALS ABOUT THE CHALLENGES OF LIVING WITH MUSCULAR DYSTROPHY AND RELATED DISEASES, FACTS AND INFORMATION, PRACTICAL TIPS TO HELP FAMILIES, PERSONAL STORIES AND MORE.
4. DELIVERED TIMELY INFORMATION ON MDA.ORG, WHICH IS RECOGNIZED INTERNATIONALLY AS A KEY SOURCE OF INFORMATION ABOUT NEUROMUSCULAR DISEASES.
5. HOSTED THE PRE-EMINENT GATHERING OF SCIENTISTS, RESEARCHERS AND MEDICAL PROFESSIONALS SPECIALIZING IN NEUROMUSCULAR DISEASE RESEARCH AND CLINICAL CARE AT THE 2015 MDA SCIENTIFIC CONFERENCE IN WASHINGTON, D.C., TO BRING TOGETHER THE NATION'S BEST AND

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 3 (CONT'D)

BRIGHTEST RESEARCHERS TO UNCOVER SCIENTIFIC AND MEDICAL  
BREAKTHROUGHS THAT ACCELERATE TREATMENTS AND CURES ACROSS THE FULL  
SPECTRUM OF NEUROMUSCULAR DISEASES.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WORLDWIDE PRINTING & DISTRIBUTION INC 2900 E. APACHE ST TULSA, OK 74110	PRINTING	2,092,156.
AGGREGATED SOURCING LLC 8338 AUSTIN AVE MORTON GROVE, IL 60053	PRINTING	889,292.
ROBERT HALF INTERNATIONAL, INC. P.O. BOX 743295 LOS ANGELES, CA 90074	TEMP STAFFING	562,381.
BLACKBAUD INC P.O. BOX 930256 ATLANTA, GA 31193	SHARED APP SERVICES	559,551.
THOMPSON HABIB & DENISON INC 80 HAYDEN AVE, STE 300 LEXINGTON, MA 02421	DIRECT MAIL	543,250.