

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.		D Employer identification number 13-1665552
	Doing business as		E Telephone number 312-260-5900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 73,496,390.
	1016 W JACKSON BLVD. #1073		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60607		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DR. DONALD S. WOOD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MDA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1950	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	242
	6 Total number of volunteers (estimate if necessary)	6	855
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	593,965.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	59,144,929.	56,761,618.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,244,992.	2,236,376.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	837,916.	439,898.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,227,837.	59,437,892.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,032,682.	14,912,477.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,019,882.	26,112,512.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	14,812,103.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,917,743.	21,102,781.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,970,307.	62,127,770.	
19 Revenue less expenses. Subtract line 18 from line 12	4,257,530.	-2,689,878.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	64,403,820.	66,561,388.
	22 Net assets or fund balances. Subtract line 21 from line 20	57,595,156.	58,167,552.
		6,808,664.	8,393,836.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL J. KENNEDY, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	04/22/24		P01273422
	Firm's name	Firm's EIN	Phone no.		
	COHNREZNICK LLP	22-1478099	973-228-3500		
	Firm's address				
	14 SYLVAN WAY PARSIPPANY, NJ 07054-3801				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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: MUSCULAR DYSTROPHY ASSOCIATION (MDA) IS THE #1 VOLUNTARY HEALTH ORGANIZATION IN THE UNITED STATES FOR PEOPLE LIVING WITH MUSCULAR DYSTROPHY, ALS, AND RELATED NEUROMUSCULAR DISEASES. (CONT. SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,276,854. including grants of \$ 7,278,043.) (Revenue \$) PLEASE SEE SCHEDULE O FOR FURTHER DISCUSSION OF PPP LOAN FORGIVENESS AS IT PERTAINS TO TOTAL CONTRIBUTION REVENUE.

HEALTH CARE AND COMMUNITY SERVICES: MDA IS COMMITTED TO EMPOWERING PEOPLE LIVING WITH MUSCULAR DYSTROPHY, ALS AND RELATED NEUROMUSCULAR DISEASES THROUGH RESEARCH, CARE, AND ADVOCACY. AS THE LARGEST SOURCE OF FUNDING FOR NEUROMUSCULAR DISEASE RESEARCH OUTSIDE OF THE FEDERAL GOVERNMENT MDA HAS COMMITTED MORE THAN \$1 BILLION TO ACCELERATE THE DISCOVERY OF THERAPIES AND CURES. WE SUPPORT THE LARGEST NETWORK OF MULTIDISCIPLINARY CLINICS AT MORE THAN 150 TOP MEDICAL INSTITUTIONS, SERVE THE COMMUNITY WITH ONE-ON-ONE SPECIALIZED SUPPORT, AND OFFER EDUCATIONAL CONFERENCES, EVENTS, AND MATERIALS FOR FAMILIES AND HEALTHCARE PROVIDERS. (CONT. SCHEDULE O)

4b (Code:) (Expenses \$ 9,824,296. including grants of \$ 7,539,608.) (Revenue \$) RESEARCH:

MDA IS THE LARGEST NON-GOVERNMENTAL FUNDER OF NEUROMUSCULAR DISEASE RESEARCH IN THE COUNTRY, SUPPORTING STRATEGIC RESEARCH FOR MUSCULAR DYSTROPHY, ALS, AND RELATED NEUROMUSCULAR DISEASES. SINCE ITS INCEPTION IN 1950, MDA HAS INVESTED MORE THAN \$1 BILLION IN NEUROMUSCULAR DISEASE RESEARCH TO UNCOVER NEW TREATMENTS. A SINGLE BREAKTHROUGH CAN LEAD TO A CURE. OUR FUNDING RESEARCH ACROSS MANY NEUROMUSCULAR DISEASES MEANS FINDINGS FROM ONE DISEASE OFTEN ENABLE PROGRESS IN OTHERS, MAXIMIZING THE SPEED AT WHICH WE CAN MAKE PROGRESS. SUPPORT FOR MDA'S RESEARCH ENABLES MDA TO FUND LEADING RESEARCH TEAMS WORKING TOWARD BREAKTHROUGH THERAPIES, WHICH CAN HAVE A LIFE-CHANGING IMPACT ON PATIENTS. (CONT. SCHEDULE O)

4c (Code:) (Expenses \$ 13,150,106. including grants of \$ 94,826.) (Revenue \$) PROFESSIONAL AND PUBLIC HEALTH EDUCATION:

MDA OFFERS A BROAD AND EXPANDING ARRAY OF RESOURCES AND EVENTS EXPERTLY DEVELOPED TO RESPOND TO THE RAPIDLY CHANGING TREATMENT LANDSCAPE. OUR RESOURCES FOR PROVIDING RELEVANT MEDICAL EDUCATION TO PROFESSIONALS ARE UNPARALLELED AND OUR SERVICES AND INITIATIVES REFLECT OUR LEADERSHIP IN THIS AREA. WE PROVIDE BOTH ACCREDITED CONTINUING MEDICAL EDUCATION (CME) AND NON-CME PROGRAMS. AS THE MOST COMPREHENSIVE NEUROMUSCULAR DISEASE MEETING IN THE WORLD, OUR ANNUAL MDA CLINICAL & SCIENTIFIC CONFERENCE PROVIDES A UNIQUE OPPORTUNITY TO LEARN FROM, BE INSPIRED BY, AND SHARE IDEAS WITH EXPERTS FROM ACADEMIA, GOVERNMENT, AND INDUSTRY. (CONT. SCHEDULE O)

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

4e Total program service expenses 43,251,256.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	
15 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	
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		242
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
JON VAN COTT, VP OF FINANCE, CONTROLLER - 646-713-2020
1016 W JACKSON BLVD. #1073, CHICAGO, IL 60607

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Form 990 (2023)

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DONALD WOOD PRESIDENT & CEO	50.00			X			490,624.	0.	33,322.	
(2) MICHAEL KENNEDY TREASURER & CFO	50.00			X			334,979.	0.	44,280.	
(3) HENRY LANMAN SEC. & CHIEF LEGAL OFFICER	50.00			X			357,404.	0.	10,494.	
(4) SHARON HESTERLEE CHIEF RESEARCH OFFICER	50.00					X	237,040.	0.	40,391.	
(5) PERIPEDES GONDIM VP, HUMAN RESOURCES & VOLUNTEERS	50.00					X	223,723.	0.	7,136.	
(6) NORA CAPOCCI VP, HEALTHCARE SERVICES	50.00					X	198,041.	0.	6,577.	
(7) MONICA PAPPAS VP, TECHNOLOGY	50.00					X	195,958.	0.	5,091.	
(8) ANGELA LEK VP, RESEARCH	50.00					X	194,037.	0.	6,392.	
(9) ANJAN ARALIHALLI DIRECTOR	1.00	X					0.	0.	0.	
(10) ANKUR GHIA OUTGOING DIRECTOR	1.00	X					0.	0.	0.	
(11) BENJAMIN CUMBO, III DIRECTOR	1.00	X					0.	0.	0.	
(12) CHARLES D, SCHOOR, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(13) CHRIS ROSA VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
(14) DAN FRIES DIRECTOR	1.00	X					0.	0.	0.	
(15) ELIZABETH MCNALLY, MD, PHD DIRECTOR	1.00	X					0.	0.	0.	
(16) EUGENE WILLIAMS OUTGOING DIRECTOR	1.00	X					0.	0.	0.	
(17) GOVERNOR BRAD HENRY CHAIRMAN	5.00	X		X			0.	0.	0.	

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HON. ROBERT E. PIPIA DIRECTOR	1.00	X					0.	0.	0.	
(19) JENNIFER GOTTLIEB DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN COSTANTINO DIRECTOR	1.00	X					0.	0.	0.	
(21) JOHN E. HOWELL DIRECTOR	1.00	X					0.	0.	0.	
(22) LILIAN WU, PHD DIRECTOR	1.00	X					0.	0.	0.	
(23) LOUIS KUNKEL, PHD DIRECTOR	1.00	X					0.	0.	0.	
(24) MARK SMITH DIRECTOR	1.00	X					0.	0.	0.	
(25) MATT PLUMMER DIRECTOR	1.00	X					0.	0.	0.	
(26) MIKE ROWLETT DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							2,231,806.	0.	153,683.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,231,806.	0.	153,683.	

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 53

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
GLC, PART OF SPM GROUP, 15 WEST HARRIS AVENUE SUITE 300, LA GRANGE, IL 60525	CONTENT MARKETING AGENCY	687,825.
DATA AXLE, INC. PO BOX 959819, ST. LOUIS, MO 63195-9819	MARKETING SERVICES	358,741.
PURSUANT GROUP PO BOX 120519, DALLAS, TX 75312-0519	FUNDRAISING CONSULTANT	349,000.
1ST DEGREE, LLC, 755 GRAND BOULEVARD SUITE B-105 #252, MIRAMAR BEACH, FL 3255	MARKETING SERVICES	143,925.
MORGAN LEWIS & BOCKIUS LLP, P. O. BOX 8500 S-6050, PHILADELPHIA, PA 19178-6050	LEGAL ADVICE	129,070.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

SEE PART VII, SECTION A CONTINUATION SHEETS

**MUSCULAR DYSTROPHY ASSOCIATION,
INC.**

Form 990

13-166552

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NANCY KINDELAN DIRECTOR	1.00	X					0.	0.	0.	
(28) STEVE FURNARY DIRECTOR	1.00	X					0.	0.	0.	
(29) TOM SIMON DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	275,063.				
	1 b	Membership dues					
	1 c	Fundraising events	34,604,910.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	357,144.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	21,524,501.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 71,822.				
	1 h	Total. Add lines 1a-1f		56,761,618.			
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,443,870.		1443870.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,141,007.		1141007.	
	6 a	Gross rents	(i) Real	45,000.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		45,000.			
	6 d	Net rental income or (loss)		45,000.		45,000.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	11,453,099.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		10,632,633.	27,960.		
	7 c	Gain or (loss)		820,466.	-27,960.		
7 d	Net gain or (loss)		792,506.		792,506.		
8 a	Gross income from fundraising events (not including \$ 34,604,910. of contributions reported on line 1c). See Part IV, line 18		1,679,130.				
8 b	Less: direct expenses		3,397,905.				
8 c	Net income or (loss) from fundraising events		-1,718,775.		-1718775.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	QUEST ADVERTISING	541800	593,965.		593,965.	
	11 b	GRANT RECOVERY	900099	378,701.	378,701.		
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		972,666.			
12	Total revenue. See instructions		59,437,892.	378,701.	593,965.	1703608.	

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,079,331.	13,079,331.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,833,146.	1,833,146.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,271,104.	807,838.	67,893.	395,373.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,726,172.	11,901,237.	1,000,206.	5,824,729.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	346,139.	219,985.	18,488.	107,666.
9 Other employee benefits	4,289,865.	2,726,382.	229,130.	1,334,353.
10 Payroll taxes	1,479,232.	940,112.	79,009.	460,111.
11 Fees for services (nonemployees):				
a Management				
b Legal	349,667.	76,297.	95,262.	178,108.
c Accounting	181,481.	72,426.	30,802.	78,253.
d Lobbying	847,575.	847,575.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	214,421.		214,421.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,638,271.	2,324,746.	161,242.	152,283.
12 Advertising and promotion	2,810,141.	1,644,919.	80,426.	1,084,796.
13 Office expenses	2,918,444.	1,224,103.	84,733.	1,609,608.
14 Information technology	2,848,748.	1,571,680.	360,699.	916,369.
15 Royalties				
16 Occupancy	810,787.	215,259.	565,823.	29,705.
17 Travel	1,441,173.	668,066.	225,259.	547,848.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,840.	79,370.	470.	
20 Interest	717,096.	286,181.	121,709.	309,206.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,030,408.	535,102.	495,306.	
23 Insurance	497,483.	198,537.	84,435.	214,511.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSES	2,656,326.	1,125,478.		1,530,848.
b PRODUCTION COSTS	817,329.	817,329.		
c				
d				
e All other expenses	243,591.	56,157.	149,098.	38,336.
25 Total functional expenses. Add lines 1 through 24e	62,127,770.	43,251,256.	4,064,411.	14,812,103.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,593,156.	1,037,262.	0.	1,555,894.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,490,910.	1	3,683,724.
	2 Savings and temporary cash investments	3,592,054.	2	5,439,147.
	3 Pledges and grants receivable, net	3,820,381.	3	4,099,385.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,514,895.	9	1,783,069.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,288,518.		
	b Less: accumulated depreciation	10b 3,903,161.		
	11 Investments - publicly traded securities	2,833,812.	10c	1,385,357.
	12 Investments - other securities. See Part IV, line 11	45,050,644.	11	49,996,486.
	13 Investments - program-related. See Part IV, line 11	76,213.	12	76,213.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	73,096.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,911.	15	24,911.	
	64,403,820.	16	66,561,388.	
Liabilities	17 Accounts payable and accrued expenses	6,841,579.	17	7,034,528.
	18 Grants payable	2,897,572.	18	2,040,021.
	19 Deferred revenue	3,023,278.	19	3,550,230.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,969,067.	23	9,375,467.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,863,660.	25	36,167,306.
	26 Total liabilities. Add lines 17 through 25	57,595,156.	26	58,167,552.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,229,419.	27	4,593,741.
	28 Net assets with donor restrictions	3,579,245.	28	3,800,095.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,808,664.	32	8,393,836.
33 Total liabilities and net assets/fund balances	64,403,820.	33	66,561,388.	

Form 990 (2023)

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,437,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,127,770.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,689,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,808,664.
5	Net unrealized gains (losses) on investments	5	5,223,012.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-947,962.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,393,836.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research... 5 An organization for college benefit... 6 A federal, state, or local government... 7 [X] An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An agricultural research organization... 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 An organization organized and operated exclusively to test for public safety... 12 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... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination... f Enter the number of supported organizations...

Table with columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99904218.	51829703.	60181680.	59144929.	56761618.	327822148
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	99904218.	51829703.	60181680.	59144929.	56761618.	327822148
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1377316.
6 Public support. Subtract line 5 from line 4.						326444832

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	99904218.	51829703.	60181680.	59144929.	56761618.	327822148
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1552285.	1042846.	968,429.	1684474.	2629877.	7877911.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				10,004.		10,004.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,499.	2,950.				10,449.
11 Total support. Add lines 7 through 10						335720512
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.24 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.47 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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 Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Did the activities described on line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAMING EVENTS

2019 AMOUNT: \$ 7,499.

2020 AMOUNT: \$ 2,950.

Multiple horizontal lines for providing additional information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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 campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	847,575.													
c Total lobbying expenditures (add lines 1a and 1b)	847,575.													
d Other exempt purpose expenditures	42,024,980.													
e Total exempt purpose expenditures (add lines 1c and 1d)	42,872,555.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	628,981.	486,336.	869,855.	847,575.	2,832,747.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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 4 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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 4 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues, lobbying expenditures, and taxable amounts.

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of easements held at end of tax year (2a-2d), and monitoring expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

**MUSCULAR DYSTROPHY ASSOCIATION,
INC.**

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 make significant use of its collection items (check all that apply).
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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 in 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
1a Beginning of year balance	982,396.	1,191,057.	1,077,753.	929,020.	778,813.
b Contributions	24,380.				
c Net investment earnings, gains, and losses	133,867.	-195,884.	126,644.	160,235.	161,908.
d Grants or scholarships					
e Other expenditures for facilities and programs	312,379.				
f Administrative expenses	11,462.	12,777.	13,340.	11,502.	11,701.
g End of year balance	816,802.	982,396.	1,191,057.	1,077,753.	929,020.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment 100%
- c** Term 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,288,518.	3,903,161.	1,385,357.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,385,357.

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Schedule D (Form 990) 2023

13-1665552 Page 3

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) ACCRUED PENSION COST	36,089,553.
(3) OPERATING LEASE LIABILITY	77,753.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	36,167,306.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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		1	63,023,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,223,012.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,027,475.	
e	Add lines 2a through 2d	2e		4,195,537.
3	Subtract line 2e from line 1		3	58,827,730.
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	214,421.	
b	Other (Describe in Part XIII.)	4b	395,741.	
c	Add lines 4a and 4b	4c		610,162.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	59,437,892.

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		1	61,438,095.
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	-395,741.	
e	Add lines 2a through 2d	2e		-395,741.
3	Subtract line 2e from line 1		3	61,833,836.
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	214,421.	
b	Other (Describe in Part XIII.)	4b	79,513.	
c	Add lines 4a and 4b	4c		293,934.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	62,127,770.

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.

PART V, LINE 4:

THE ASSOCIATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED FOR THE ADVANCEMENT OF RESEARCH, PROGRAMS AND SERVICES FOR THOSE WITH MUSCULAR DYSTROPHY. THE GLEN E. & DAVID K. GUTTORMSEN ENDOWED FUND FOR DUCHENNE MUSCULAR DYSTROPHY RESEARCH WAS ESTABLISHED IN AN AGREEMENT, EFFECTIVE MAY 25, 2010, WHEREBY THE ASSOCIATION IS TO MAINTAIN AND ADMINISTER THE FUND IN ACCORDANCE WITH THE DONOR'S DESIRES.

PART X, LINE 2:

U.S. GAAP PROVIDES 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

Part XIII Supplemental Information (continued)

POSITIONS TAKEN BY THE ASSOCIATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR YEARS ENDED DECEMBER 31, 2023, 2022, 2021, 2020 ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, WHICH GENERALLY IS FOR THREE YEARS AFTER THEY ARE FILED. IF APPLICABLE, THE ASSOCIATION WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF GENERAL AND ADMINISTRATIVE EXPENSES AND WOULD INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ASSOCIATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN UNRECOGNIZED BENEFIT PLAN COSTS	-947,962.
FUNDRAISING EXPENSES	-79,513.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,027,475.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	-27,960.
SUBLEASE RENTAL	45,000.
GRANT RECOVERY	378,701.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	395,741.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	27,960.
SUBLEASE RENTAL	-45,000.
GRANT RECOVERY	-378,701.

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D -395,741.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 79,513.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH GRANT	454,256.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH GRANT	843,315.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH GRANT	535,075.
3 a Subtotal	0	0			1,832,646.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,832,646.

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	454,256.	CHECK/WIRE	0.		
		EUROPE	RESEARCH	843,815.	CHECK/WIRE	0.		
		NORTH AMERICA	RESEARCH	535,075.	CHECK/WIRE	0.		

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

3 Enter total number of other organizations or entities 24

MUSCULAR DYSTROPHY ASSOCIATION,
 INC.

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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.

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.

**SCHEDULE G
(Form 990)**

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, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 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			
PURSANT GROUP - PO BOX 120519, DALLAS, TX 75312	CONSULTANT FOR FUNDRAISING STRATEGIES		X	0.	349,000.	0.
Total					349,000.	

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

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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 (add col. (a) through col. (c))	
		SPECIAL EVENTS (event type)	DISTINGUISHE D EVENTS (event type)	139 (total number)		
Revenue	1	Gross receipts	17,002,749.	10,285,562.	8,995,729.	36,284,040.
	2	Less: Contributions	15,664,611.	10,187,171.	8,753,128.	34,604,910.
	3	Gross income (line 1 minus line 2)	1,338,138.	98,391.	242,601.	1,679,130.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	85,558.	699,187.	79,906.	864,651.
	6	Rent/facility costs	103,772.	786,258.	276,843.	1,166,873.
	7	Food and beverages	48,057.	505,866.	33,463.	587,386.
	8	Entertainment	75,744.	214,445.	73,769.	363,958.
	9	Other direct expenses	122,340.	33,458.	259,239.	415,037.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				3,397,905.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,718,775.	

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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 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: _____

MUSCULAR DYSTROPHY ASSOCIATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for supplemental information input.

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Schedule G (Form 990)

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE PO BOX 896945 RALEIGH, NC 27265-9000	56-0686338	501(C)(3)	37,500.	0.			ADVOCACY
OPMD ASSOCIATION 13117 STONELEIGH TERRACE DRIVE HOUSTON, TX 77077	88-1258710	501(C)(3)	19,065.	0.			ADVOCACY
CURE RARE DISEASE INC 4 RESEARCH DRIVE WOODBIDGE, CT 06525	82-2473513	501(C)(3)	30,000.	0.			ADVOCACY
ALL WHEELS UP INC 5575 LA JOLLA DRIVE FRISCO, TX 75036	45-2492761	501(C)(3)	35,000.	0.			ADVOCACY
TUFTS MEDICAL CENTER INC 800 WASHINGTON STREET BOSTON, MA 02111-1526	04-3400617	501(C)(3)	25,000.	0.			ADVOCACY
PORTFOLIO MEDIA INC 111 WEST 19TH STREET FLOOR 5 NEW YORK, NY 10011	84-1660943		7,360.	0.			ADVOCACY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 196.
- 3** Enter total number of other organizations listed in the line 1 table 9.

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

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CURE CMD 3217 E CARSON ST 1014 LAKEWOOD, CA 90712	26-2640975	501(C)(3)	10,000.	0.			ADVOCACY
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	49,963.	0.			RESEARCH
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	50,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)(3)	403,593.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 1295 BOYLSTON ST 4TH FLOOR BOSTON, MA 03326-5724	04-2774441	501(C)(3)	219,991.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE BOX 89 - NEW YORK, NY 10065	13-1623978	501(C)(3)	115,789.	0.			RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER COLUMBIA UNIVERSITY 630 WEST 168TH NEW YORK, NY 10032	13-5598093	501(C)(3)	189,996.	0.			RESEARCH
RESEARCH FOUNDATION OF SUNY 1400 WASHINGTON AVENUE MSC 100A ALBANY, NY 12222	14-1368361	501(C)(3)	24,437.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET SUITE 200 ROCHESTER, NY 14611-3847	16-0743209	501(C)(3)	285,968.	0.			RESEARCH

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THE TRUSTEES OF THE STEVENS INSTITUTE OF TECHNOLOGY - ROOM 310 CASTLE POINT - HUDSONHOBOKEN, NJ 07030	22-1487354	501(C)(3)	7,143.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET 29TH FLOOR PHILADELPHIA, PA 19107-2934	23-1352651	501(C)(3)	35,000.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BUILDING 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	157,279.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 640458 PITTSBURGH, PA 15264-0458	25-0965591	501(C)(3)	69,400.	0.			RESEARCH
BROAD INSTITUTE (ELI AND EDYTHE L. BROAD INSTITUTE OF MIT AND HARVARD) - 415 MAIN STREET - CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	69,420.	0.			RESEARCH
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-1036370	501(C)(3)	8,000.	0.			RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDRENS DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	58,496.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 28395 NETWORK PLACE - CHICAGO, IL 60673-1283	37-6000511	501(C)(3)	123,266.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET 5TH FLOOR - ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	49,869.	0.			RESEARCH

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REGENTS OF THE UNIVERSITY OF MINNESOTA - 464-3 MCNAMARA CTR 200 OAK ST SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	66,000.	0.			RESEARCH
THE UNIVERSITY OF IOWA 2410 UCC 201 ST. CLINTON ST.IOWA CITY, IA 52242-4034	42-6004813	501(C)(3)	298,052.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST.LOUIS 700 ROSEDALE AVENUE CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	69,836.	0.			RESEARCH
HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY - 601 GENOME WAY - HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	99,167.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC. - 3901 RAINBOW BOULEVARD MS 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	505,832.	0.			RESEARCH
SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE - 10901 NORTH TORREY PINES RD - LA JOLLA, CA 92037-1005	51-0197108	501(C)(3)	70,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 3910 KESWICK ROAD 5TH FLOOR - BALTIMORE, MD 21211	52-0595110	501(C)(3)	508,290.	0.			RESEARCH
CHILDREN'S RESEARCH INSTITUTE (CNMC) - 111 MICHIGAN AVENUE NW - WASHINGTON, DC 20010	52-1654453	501(C)(3)	130,188.	0.			RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR SUITE 2200 CAMPUS BOX 1350 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	6,882.	0.			RESEARCH

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ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	9,025.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE 4TH FLOOR MAIL ATLANTA, GA 30322	58-0566256	501(C)(3)	151,098.	0.			RESEARCH
MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY OF MIAMI - PO BOX 405803 - ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	457,145.	0.			RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FLORIDA	255,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878		169,996.	0.			RESEARCH
SOCIETY FOR MUSCLE BIOLOGY 6120 EXECUTIVE BLVD SUITE 725 ROCKVILLE, MD 20852	75-3027179	501(C)(3)	7,000.	0.			RESEARCH
BOARD OF REGENTS - NSHE 1664 N. VIRGINIA ST. 204 ROSS HALL/ RENO, NV 89557-0325	88-6000024	STATE OF NV	7,895.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	STATE OF WA	485,202.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY - OHSU - 3181 SW SAM JACKSON PARK RD. MAIL CODE L106OPAM - PORTLAND, OR 97239	93-1176109	STATE OF OR	49,996.	0.			RESEARCH

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THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY STREET UNIVERSITY HALL THIRD FLOOR - REDWOOD CITY,	94-1156365	501(C)(3)	39,716.	0.			RESEARCH
DIGNITY HEALTH DBA ST. JOSEPH'S HOSPITAL & MEDICAL CENTER - 350 W THOMAS RD - PHOENIX, AZ 85013	94-1196203	501(C)(3)	50,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1608 FOURTH STREET SUITE - BERKELEY, CA 94710-5940	94-6002123	501(C)(3)	35,714.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA -OFFICE OF SPONSORED RESEARCH - 490 ILLINOIS STREET 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	100,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA -UNIVERSITY OF CALIFORNIA DAVIS - 1850 RESEARCH PARK DRIVE SUITE 300 - DAVIS, CA	94-6036494	501(C)(3)	168,539.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (IRVINE) - 228 ALDRICH - HALLIRVINE, CA 92697-1050	95-2226406	501(C)(3)	216,113.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-CONTRACT AND GRANT ADMINISTRATION - 10889 WILSHIRE BOULEVARD SUITE 700 - LOS ANGELES,	95-6006143	501(C)(3)	197,660.	0.			RESEARCH
MILLER SCHOOL OF MEDICINE PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	54,640.	0.			RESEARCH
MYOGENE BIO LLC 7098 MIRATECH DR. SUITE 120 SAN DIEGO, CA 92121	83-1507489		8,323.	0.			RESEARCH

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UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE - 201 CHICAGO AVE - MINNEAPOLIS, MN 55415		STATE OF PA	81,250.	0.			RESEARCH
ADVENTHEALTH ORLANDO ATTN: RESEARCH ACCOUNTING (#1591442) - 601 E. ROLLINS STREET BOX 37 - ORLANDO, FL 32803-1248	59-0724459	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
ANN & ROBERT H. LURIE CHILDRENS HOSPITAL OF CHICAGO ATTN - KEVIN BRADEN 225 E CHICAGO BOX 4 - CHICAGO, IL 60611	36-2170833	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
ARKANSAS CHILDREN'S HOSPITAL 1 CHILDREN'S WAY LITTLE ROCK, AR 72202	71-0236857	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
ASCENSION SETON; ATTN: JENN DAVIS 4900 MUELLER BLVD AUSTIN, TX 78735	74-1109643	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	59-3140335	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS
ATRIUM HEALTH WFB; OFFICE OF SPONSORED PROGRAMS - PO BOX 604096 - CHARLOTTE, NC 28260-4096	22-3849199	501(C)(3)	30,000.	0.			RESEARCH
BAYCARE MEDICAL GROUP; ATTN: MATTHEW DURST - 2985 DREW STREET MS 1027 - CLEARWATER, FL 33759	59-3140335	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
BAYLOR COLLEGE OF MEDICINE PO BOX 30120 7 DALLAS, TX 75303-1207	74-1100555		60,000.	0.			MEDICAL DIAGNOSIS

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BEAUMONT HEALTH SYSTEM 3535 WEST 13 MILE ROAD PEDIATRIC ADMINISTRATION SUITE 709 - ROYAL OAK, MI 48	38-1459362	501(C)(3)	25,000.	0.			MOVR REGISTRY SUPPORT
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107-1031	81-0407289	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY; SIU SCHOOL OF MEDICINE - PO BOX 19616 - SPRINGFIELD, IL 62794-9616	37-6005961	STATE OF IL	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
BOSTON CHILDREN'S HOSPITAL; BOSTON CHILDRENS HOSPITAL ATTN: RESEARCH FINANCE - PO BOX 414413 - BOSTON, MA 02241-4413	04-2774441	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
BRIGHAM AND WOMENS HOSPITAL RESEARCH; BANK OF AMERICA N.A - P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
CADENT MEDICAL COMMUNICATIONS LLC 200 VESEY STREET 40TH FL NEW YORK, NY 10281	31-1736308		57,275.	0.			MEDICAL DIAGNOSIS
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - PO BOX 160045 - SACRAMENTO, CA 95816	37-1119538	501(C)(3)	80,025.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CARLE FOUNDATION HOSPITAL 611 WEST PARKURBANA, IL 61801-2512	37-1119538	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CEDARS-SINAI MEDICAL CENTER OFFICE OF RESEARCH ADMINISTRATION - 6500 WILSHIRE BLVD. STE 1150 - LOS ANGELES, CA 90048	95-1644600	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH

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CENTRAL TEXAS NEUROLOGY CONSULTANTS - 16040 PARK VALLEY DR. B 100 - ROUND ROCK, TX 78681	74-2710396	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS CLINICS FOR REHABILITATIVE SERVICES - 2600 NORTH WYATT DRIVE - TUCSON, AZ 85712	86-0667510	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
CHILDREN'S HEALTHCARE OF ATLANTA P.O. BOX 101012 ATLANTA, GA 30392-1012	58-1710601	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL COLORADO MUSCLE CLINIC - 13123 E. 16TH AVENUE BOX 285 - AURORA, CO 80045	84-0166760	501(C)(3)	55,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CHILDRENS HOSPITAL LOS ANGELES; SPONSORED PROJECTS - 4650 SUNSET BLVD. MAILSTOP #97 - LOS ANGELES, CA 90027	95-1690977	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229-3039	31-0833963	501(C)(3)	65,000.	0.			MEDICAL DIAGNOSIS
CHILDREN'S HOSPITAL OF MICHIGAN RDM ASSOCIATES - 7457 M E CAD BLVD SUITE 200 - CLARKSTON, MI 48348	27-2845064	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS
CHILDREN'S HOSPITAL OF ORANGE COUNTY; ATTENTION: KATHY KOLODGE DIRECTOR - 1201 W LA VETA AVE - ORANGE, CA 92868-3874	95-2321786	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDREN'S HOSPITAL OF PHILADELPHIA; DIVISION OF NEUROLOGY - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	75,000.	0.			MEDICAL DIAGNOSIS

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CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS INC - 601 CHILDRENS LANE - NORFOLK, VA 23507	54-0506321	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CHILDRENS HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
CLINICAL NEUROLOGY PC 4221 S. WESTERN SUITE 5010 OKLAHOMA CITY, OK 73109	41-2141136	501(C)(3)	75,000.	0.			MEDICAL DIAGNOSIS
INDIANA UNIVERSITY 1024 EAST 3RD STREET ROOM 132 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	46,707.	0.			MEDICAL DIAGNOSIS AND RESEARCH
CONNECTICUT CHILDREN'S MEDICAL CENTER; ATTN: OFFICE OF SPONSORED PROGRAMS - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
COOK CHILDRENS MEDICAL CENTER; RESEARCH ADMINISTRATION OFFICE - 801 SEVENTH AVENUE - FORTWORTH, TX 76104	75-2051646	501(C)(3)	25,000.	0.			MOVR REGISTRY SUPPORT
COXHEALTH FOUNDATION 3525 S. NATIONAL AVE SUITE 204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS

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CURATORS OF THE UNIVERSITY OF MISSOURI - AR PO BOX 807012 - KANSAS CITY, MO 64180-7012	43-6003859	STATE OF MO	20,000.	0.			MEDICAL DIAGNOSIS
DARTMOUTH-HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS
DENT NEUROLOGIC INSTITUTE 3980 SHERIDAN DRIVE 5TH FLOOR AMHERST, NY 14226	16-1582336	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
DIGNITY HEALTH ST. JOSEPHS HOSPITAL AZ - MISC A/R CASE FILE 57431 - LOS ANGELES, CA 90074-8781	86-0096787	501(C)(3)	60,000.	0.			MEDICAL DIAGNOSIS
DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA STREET C/O CYNTHIA CARDIEL - CORPUS CHRISTI, TX 78411	74-2577746	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
DUKE UNIVERSITY MEDICAL CENTER; DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX - P.O. BOX 602651 - CHARLOTTE, NC 28260-2651	56-2070036	501(C)(3)	100,000.	0.			RESEARCH
EMORY UNIVERSITY; ATTN: REID WILLINGHAM - 12 EXECUTIVE PARK DR NE RM 433 - ATLANTA, GA 30329	58-2030692	501(C)(3)	100,000.	0.			RESEARCH
GEISINGER CLINIC; ATTN: SHANNON WOOD - 100 N. ACADEMY AVE - DANVILLE, PA 17822-3057	23-6291113	501(C)(3)	20,000.	0.			MOVR REGISTRY SUPPORT
GILLETTE CHILDRENS SPECIALTY HEALTHCARE; FINANCE 455110 - 200 EAST UNIVERSITY AVENUE - ST. PAUL, MN 55101	36-3379150	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS

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GOOD SHEPHERD REHABILITATION HOSPITAL - 850 SOUTH 5TH STREET - ALLENTOWN, PA 18103	23-1371947	501(C)(3)	33,333.	0.			MEDICAL DIAGNOSIS
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
IDAHO PHYSICAL MEDICINE AND REHABILITATION - P O BOX 1128 ATTN - IDAHO, ID 83701	82-0435241		15,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
INDIANA UNIVERSITY HEALTH INC IU HEALTH 2227 RELIABLE PARKWAY CHICAGO, IL 60686-0022	35-1955872	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
INSTITUTO REHABILITACION DEL CARIB PO BOX 363792 SAN JUAN, PR 00936	58-3880529		20,000.	0.			MEDICAL DIAGNOSIS
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL - 601 5TH STREET SOUTH SUITE 302 - ST. PETERSBURG, FL 34655	59-0683252	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS
JOHNS HOPKINS UNIVERSITY- CG JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX - BANK OF AMERICA 12529 COLLECTIONS CENTER DRIVE -	52-0595110	501(C)(3)	200,000.	0.			MEDICAL DIAGNOSIS
KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BOULEVARD MS 1039 KANSAS CITY, KS 66160	48-1108830	501(C)(3)	75,000.	0.			RESEARCH
LOMA LINDA UNIVERSITY; ATTN: RESEARCH AFFAIRS FINANCIAL MANAGEMENT - 24887 TAYLOR STREET SUITE 202 - LOMA LINDA, CA 92350	95-1816009	501(C)(3)	60,000.	0.			MEDICAL DIAGNOSIS

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LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-NEW ORLEANS - 1542 TULANE AVE ROOM 763A - NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
LSUHSC-SHREVEPORT; NEUROLOGY ATTN: JESSICA COTE - 1501 KINGS HWY ROOM 3-408 C - SHREVEPORT, LA 71103	72-0702002	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
MAINE MEDICAL CENTER; 92 CAMPUS DRIVE ATTN: MURIEL MICHAUD - 2ND FLOOR SUITE - BSCARBOROUGH, ME 04074	01-0238552	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS
MASSACHUSETTS GENERAL HOSPITAL-RESEARCH; BANK OF AMERICA N.A. - P.O. BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)(3)	155,000.	0.			MEDICAL DIAGNOSIS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	45,000.	0.			RESEARCH
MAYO CLINIC; MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	30,000.	0.			RESEARCH
MCV ASSOCIATED PHYSICIANS 1101 EAST MARSHALL STREET RM6-015 BOX 980599 - RICHMOND, VA 23298-0599	54-1581185	501(C)(3)	40,000.	0.			MEDICAL DIAGNOSIS
MEDICAL COLLEGE OF WISCONSIN; CONTROLLERS OFFICE - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	27,500.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA; RESEARCH & SPONSORED PROGRAMS - 19 HAGOOD AVENUE SUITE 606 MSC 808 - CHARLESTON, SC	57-6000722	501(C)(3)	20,000.	0.			MOVR REGISTRY SUPPORT

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MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL; NEUROLOGY DEPARTMENT ATTN: RYAN DOUTHIT - 3800 RESERVOIR RD NW 7TH FLOOR PHC -	52-2218584	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
METHODIST LE BONHEUR COMMUNITY OUTREACH; ATTN: GRANT ADMINSTRATOR - GARY COOK 600 JEFFERSON AVE - MEMPHIS, TN 38105	62-1251288	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
MICHIGAN STATE UNIVERSITY; CONTRACT & GRANT ADMINISTRATION HANNAH ADMINISTRATION - 426 AUDITORIUM ROAD ROOM 2 EAST -	38-6005984	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
MONTEFIORE MEDICAL CENTER; ATTN: KRISTOPHER VON STEENBURG - 555 S. BROADWAY BLDG A 1ST FL. RM A1-R61 - BRONX, NY 10467	13-1740114	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
NEMOURS CHILDREN'S HOSPITAL 10140 CENTURION PARKWAY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
NEMOURS FOUNDATION 10140 CENTURION PARKWAY N. ATTN: ACCOUNTING 3 EAST - JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	65,000.	0.			MEDICAL DIAGNOSIS
NEUROLOGY LLPC 1919 S. WHEELING AVENUE SUITE 707 TULSA, OK 74104	73-1502318		25,000.	0.			MEDICAL DIAGNOSIS
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415026 - BOSTON, MA 02241-5026	13-5562308	STATE OF NY	50,000.	0.			MEDICAL DIAGNOSIS
NORTHWESTERN MEDICAL GROUP DEPARTMENT OF NEUROLOGY - 259 E. ERIE ST. SUITE 1900 - CHICAGO, IL 60611	36-3097297	501(C)(3)	37,500.	0.			MEDICAL DIAGNOSIS

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NORTON HEALTHCARE; ACCOUNTING ATTN: CASH AUDIT/ MARY BETH ZINIUS - 224 E. BROADWAY 5TH FLOOR - LOUISVILLE, KY 40202-1959	61-1276316	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
OLIVE VIEW-UCLA EDUCATION & RESEARCH INSTITUTE - 14445 OLIVE VIEW DRIVE RESEARCH ADMINISTRATION OFFICE - SYLMAR, CA 91342-1495	95-2249539	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
OREGON HEALTH AND SCIENCE UNIVERSITY - 0690 SW BANCROFT ST. L1060 PAM - PORTLAND, OR 97239	93-1176109	STATE OF OR	25,000.	0.			MEDICAL DIAGNOSIS
OSF MULTI-SPECIALTY GROUP DBA ILLINOIS NEUROLOGICAL INSTITUTE; INSTITUTE - 800 NE GLEN OAK AVE - PEORIA, IL 61603	38-3852646	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
PHOENIX CHILDRENS HOSPITAL 1919 EAST THOMAS RD PHOENIX, AZ 85016	86-0422559	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
PONCE HEALTH SCIENCES UNIVERSITY;WELLNESS CENTER - P.O. BOX 7004 - PONCE, PR 00732-7004	66-0379122	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
PRISMA HEALTH GRANTS AND TRIALS P.O. BOX 748580 ATLANTA, GA 30374-8580	81-1723202		40,000.	0.			MEDICAL DIAGNOSIS
PROVIDENCE MEDICAL GROUP (DBA) 101 W 8TH AVE SPOKANE, WA 99204	51-0216586	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
RADY CHILDRENS HOSPITAL FOUNDATION - SAN DIEGO - 3020 CHILDRENS WAY MC 5005 - SAN DIEGO, CA 92123-4282	33-0170626	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS

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REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - 4860 Y STREET SUITE 3850 - SACRAMENTO, CA 95817	94-6036494	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	501(C)(3)	95,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
RHODE ISLAND HOSPITAL; RESEARCH ADMINISTRATION GRANTS AND CONTRACTS - PO BOX H - PROVIDENCE, RI 02901	05-0468736	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN STREET SUITE 250 CHICAGO, IL 60612	36-2174823	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY-RBHS-NJMS - 33 KNIGHTSBRIDGE ROAD 2ND FLOOR EAST - PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	50,000.	0.			RESEARCH
SANFORD CHILDREN'S SPECIALTY CLINIC - 1305 W. 18TH STREET ROUTE 2145 - SIOUX FALLS, SD 57105	46-0227855	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
SANFORD MEDICAL CENTER FARGO; ATTN: MAXINE BRINKMAN - 415 NORTH 3RD AVENUE - FARGO, ND 58102	45-0226909	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
SARASOTA MEMORIAL HOSPITAL 1700 TAMIAAMI TRAIL ATTN: PAT BURKE SARASOTA, FL 34239	59-6012500	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
SEATTLE CHILDRENS HOSPITAL; ATTN: JAMES HAWKINS - 4300 ROOSEVELT WAY NE M/S: RC 507 - SEATTLE, WA 98105	91-0564748	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS

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SEMME-MURPHEY CLINIC; ATTN: BRENT PATTERSON - P.O. BOX 1000 DEPT 575 - MEMPHIS, TN 38148	91-1770750	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
SHRINERS HOSPITAL FOR CHILDREN PORTLAND - 3101 SW SAM JACKSON PARK RD - PORTLAND, OR 97239	36-2193608	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
SHRINERS HOSPITALS FOR CHILDREN CHICAGO - 2211 NORTH OAK PARK AVE - CHICAGO, IL 60707	36-2193608	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN NE MC 004 GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	15,000.	0.			MEDICAL DIAGNOSIS
ST. CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
ST. LUKES HEALTH SYSTEM PO BOX 1663 IDAHO, ID 83701-1663	45-2716222	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
ST. PETERS HOSPITAL; ST. PETERS HEALTH PARTNERS CENTER FOR PHILANTHROPY - 310 S. MANNING BLVD - ALBANY, NY 12208	22-2262982	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
ST. VINCENT HOSPITAL D/B/A PREVEA HEALTH; PREVEA HEALTH - 2710 EXECUTIVE DRIVE - GREEN BAY, WI 54304	39-0817529	501(C)(3)	10,000.	0.			MOVR REGISTRY SUPPORT
STANFORD CHILD HEALTH RESEARCH INSTITUTE - 4100 BOHANNON ROAD MAIL CODE 5894 - MENLO PARK, CA 94025	77-0003859	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS

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STANFORD CHILD HEALTH RESEARCH INSTITUTE - 4100 BOHANNON RD. MAIL CODE 5894 - MENLO PARK, CA 94025	91-1770752	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
TEMPLE UNIVERSITY; TEMPLE UNIVERSITY RESEARCH ACCOUNTING SERVICES - PO BOX 22432 - NEW YORK, NY 10087-2432	23-1365971	501(C)(3)	50,000.	0.			MOVR REGISTRY SUPPORT
TEXAS NEUROLOGY P.A.; ATTN: DARAGH HEITZMAN - MD 6080 NORTH CENTRAL EXPRESSWAY SUITE 100 - DALLAS, TX 75206	75-2654757	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
FLORIDA ELKS YOUTH CAMP INC. 24175 SE HIGHWAY 450 UMATILLA, FL 32784	59-3415374	501(C)(3)	36,743.	0.			MEDICAL DIAGNOSIS AND RESEARCH
HAPPINESS IS CAMPING INC 62 SUNSET LAKE RD HARDWICK, NJ 07825	13-2556242	501(C)(3)	36,525.	0.			MEDICAL DIAGNOSIS AND RESEARCH
VICTORY JUNCTION GANG CAMP 4500 ADAMS WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	30,627.	0.			MEDICAL DIAGNOSIS AND RESEARCH
WHISPERING HOPE RANCH FOUNDATIONS 9045 E. PIMA CENTER PKWY SCOTTSDALE, AZ 85258	86-0887696	501(C)(3)	32,128.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - UW-MADISON GAR ACCOUNT OFFICE FOR RESEARCH & SPONSORED PROGRAMS	39-6006492	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
THE HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH. STREET NEW YORK, NY 10021-4872	13-1624135	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS

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THE METHODIST HOSPITAL FOUNDATION; METHODIST NEUROLOGICAL INSTITUTE - 6560 FANNIN STREET #802 - HOUSTON, TX 77030	57-1201170	501(C)(3)	100,000.	0.			MEDICAL DIAGNOSIS
THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
THE OHIO STATE UNIVERSITY; OFFICE OF SPONSORED PROGRAMS ATTN: RICHARD BRADBURY - 1960 KENNY ROAD 4TH FLOOR - COLUMBUS, OH 43210	31-6025986	501(C)(3)	100,000.	0.			MOVR REGISTRY SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE; ATTN: CONTROLLERS OFFICE - MAIL CODE H157 500 UNIVERSITY DRIVE -	24-6000376	STATE OF PA	35,000.	0.			RESEARCH
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (IRVINE) - 120 THEORY SUITE 200 - IRVINE, CA 92697-1050	95-2226406	501(C)(3)	75,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1125 MURPHY HALL 405 HILGARD AVENUE - LOS ANGELES, CA 90095-9000	95-6006143	501(C)(3)	125,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE DEPT 0934 (USCD FUND 8987EA) - LA JOLLA, CA 92093-0934	95-6006144	501(C)(3)	30,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	94-6036493	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN; C/O BNY MELLON - BOX 223131 PAF: 17-PAF00659 - PITTSBURGH, PA 15251-2131	38-6006309	501(C)(3)	50,000.	0.			RESEARCH
THE RESEARCH FOUNDATION ON BEHALF OF SUNY; ATTN: GINA MCMAHON - CAB209 750 EAST ADAMS STREET - SYRACUSE, NY 13210	14-1368361	501(C)(3)	30,000.	0.			RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL; DEPT. 781653 - PO BOX 78000 - DETROIT, MI 48278-1653	31-6056230	501(C)(3)	50,000.	0.			RESEARCH
THE TOLEDO HOSPITAL DBA PROMEDICA TOLEDO CHILDRENS HOSPITAL - 100 MADISON AVENUE - TOLEDO, OH 43604	34-4428256	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
THE TRUSTEES OF COLUMBIA UNIVERSITY; SPONSORED PROJECTS FINANCE - PO BOX 29789 GENERAL POST OFFICE - NEW YORK, NY	13-5598093	501(C)(3)	175,000.	0.			MEDICAL DIAGNOSIS
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA; REF/PD #10058870 - PO BOX 785541 - PHILADELPHIA, PA 19178-5541	23-1352685	501(C)(3)	50,000.	0.			RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1600 7TH AVENUE S. LOWDER 608 ATTN: TRINA IRBY - BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	30,000.	0.			MEDICAL DIAGNOSIS
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	35,000.	0.			RESEARCH
TRINITY HEALTH DBA MERCY HEALTH SAINT MARYS; ATTN: SUSAN HOPPOUGH - 200 JEFFERSON SE - GRAND RAPIDS, MI 49503	27-2491974	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS

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UNIVERSITY HOSPITAL BROOKLYN SUNY DOWNSTATE MED. CTR - 450 CLARKSON AVENUE BOX 35 - BROOKLYN, NY 11203	14-6013200	501(C)(3)	70,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY NEUROLOGY INC ATTN: TERRY KIEL - 77 GOODELL ST SUITE 310 - BUFFALO, NY 14203	16-1359213	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF ALABAMA AT BIRMINGHAM; ATTN: RANDALL FIELDS - 1720 7TH AVENUE SOUTH SC 460A - BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	30,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM STREET #812 - LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	30,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF CINCINNATI PHYSICIANS - 260 STETSON STREET SUITE 2300 ML 0525 - CINCINNATI, OH 45219	27-3850988	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF COLORADO DENVER; GRANTS AND CONTRACTS - 170801-SR PO BOX 910238 - DENVER, CO 80291-0238	84-6000555	STATE OF CO	100,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF FLORIDA; ATTN: CONTRACTS & GRANTS- REVENUE TEAM - 33 TIGERT HALL PO BOX 113001 - GAINESVILLE, FL 32611	59-6002052	STATE OF FLORIDA	80,000.	0.			RESEARCH
UNIVERSITY OF IOWA; GRANT ACCOUNTING OFFICE - 118 S. CLINTON STREET - IOWA CITY, IA 52242	42-6004813	501(C)(3)	100,000.	0.			MOVR REGISTRY SUPPORT
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC - 300 E. MARKET STREET SUITE 300 - LOUISVILLE, KY 40202-1959	61-1029626	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS

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UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL; GRANT AWARD 503709 - 55 LAKE AVENUE - NORTH WORCESTER, MA 01655-0002	59-0624458	501(C)(3)	30,000.	0.			RESEARCH
UNIVERSITY OF MIAMI; OFFICE OF RESEARCH ADMINISTRATION - PO BOX 405803 - ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	125,000.	0.			RESEARCH
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER; ATTN: SUSAN CAMPBELL - POST-AWARD 2500 NORTH STATE STREET - JACKSON, MS 39216-4505	64-6008520	STATE OF MS	20,000.	0.			MEDICAL DIAGNOSIS RESEARCH AND REGISTRY SUPPORT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 988435 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-8435	47-0049123	STATE OF NE	35,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF NEW MEXICO HSC 1 UNIVERSITY OF NEW MEXICO MSC09 52 ALBUQUERQUE, NM 87131-0001	85-6000642	STATE OF NM	35,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF PITTSBURGH; DEPARTMENT OF NEUROLOGY S547 BIOMEDICAL SCIENCE TOWER - 200 LATHROP STREET - PITTSBURGH, PA	23-2919472	STATE OF PA	50,000.	0.			RESEARCH
UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES; ATTN: DR. JOSE CARLO - SUITE 402 CLINICA LAS AMERICAS 400 FD ROOSEVELT AVE - SAN JUAN,	66-0433762	501(C)(3)	40,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF ROCHESTER; ATTN: TRACY FORRESTER - 601 ELMWOOD AVENUE BOX 673 - ROCHESTER, NY 14642-8673	16-0743209	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE MSC 7828 - SAN ANTONIO, TX 78229-3900	74-1586031	STATE OF TX	75,000.	0.			MEDICAL DIAGNOSIS

Schedule I (Form 990)

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Schedule I (Form 990)

13-166552

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH ATTN: PEDIATRIC NEUROLOGY - PO BOX 581374 - SALT LAKE CITY, UT 84158	87-6000525	STATE OF UT	85,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF VERMONT MEDICAL CENTER; GRANTS MANAGEMENT FINANCE - P.O. BOX 1902 - BURLINGTON, VT 05401-1902	03-0219309	STATE OF VT	20,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
UNIVERSITY OF WASHINGTON MEDICAL CENTER - BOX 356143 1959 NE PACIFIC - SEATTLE, WA 98195-6143	91-6001537	STATE OF WA	50,000.	0.			MEDICAL DIAGNOSIS
UT SOUTHWESTERN MEDICAL CENTER; ATTN: SUSAN IANNACCONE AND JENNIFER KNIGHT - P.O. BOX 841765 1950 N STEMMONS FREEWAY STE 5010 -	75-6002868	STATE OF TX	190,000.	0.			MEDICAL DIAGNOSIS
UW HOSPITAL & CLINICS AUTHORITY DRAWER 853 MILWAUKEE, WI 53278	39-1835630	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-1294954	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
VANDERBILT UNIVERSITY MEDICAL CENTER; DEPT OF FINANCE ATTN: STEVE TODD - PO BOX 121236 - DALLAS, TX 75312-1236	35-2528741	501(C)(3)	125,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	125,000.	0.			RESEARCH
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION; OFFICE OF SPONSORED PROGRAMS - 886 CHESTNUT RIDGE ROAD - MORGANTOWN, WV 26506	55-0665758	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS

Schedule I (Form 990)

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Schedule I (Form 990)

13-166552

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY; OFFICE OF SPONSORED PROJECTS - PO BOX 1873 - NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part III **Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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,

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **MUSCULAR DYSTROPHY ASSOCIATION, INC.** Employer identification number **13-166552**

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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2023

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

13-1665552

Schedule J (Form 990) 2023

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 aren't 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 and/or 1099-NEC 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) DONALD WOOD PRESIDENT & CEO	(i)	490,624.	0.	0.	0.	33,322.	523,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL KENNEDY TREASURER & CFO	(i)	334,979.	0.	0.	9,900.	34,380.	379,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HENRY LANMAN SEC. & CHIEF LEGAL OFFICER	(i)	357,404.	0.	0.	9,900.	594.	367,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON HESTERLEE CHIEF RESEARCH OFFICER	(i)	237,040.	0.	0.	7,452.	32,939.	277,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PERIPEDES GONDIM VP, HUMAN RESOURCES & VOLUNTEERS	(i)	223,723.	0.	0.	6,565.	571.	230,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NORA CAPOCCI VP, HEALTHCARE SERVICES	(i)	198,041.	0.	0.	4,402.	2,175.	204,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MONICA PAPPAS VP, TECHNOLOGY	(i)	195,958.	0.	0.	4,520.	571.	201,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELA LEK VP, RESEARCH	(i)	194,037.	0.	0.	5,821.	571.	200,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	709	71,822.	FMV
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 ()				
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 V, Donee Acknowledgement **29**

	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 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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) 2023

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number	13-1665552
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MUSCULAR DYSTROPHY ASSOCIATION (MDA) IS THE #1 VOLUNTARY HEALTH ORGANIZATION IN THE UNITED STATES FOR PEOPLE LIVING WITH MUSCULAR DYSTROPHY, ALS, AND RELATED NEUROMUSCULAR DISEASES. FOR OVER 70 YEARS, MDA HAS LED THE WAY IN ACCELERATING RESEARCH, ADVANCING CARE, AND ADVOCATING FOR THE SUPPORT OF OUR FAMILIES. MDA'S MISSION IS TO EMPOWER THE PEOPLE WE SERVE TO LIVE LONGER, MORE INDEPENDENT LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR OVER 70 YEARS, MDA HAS LED THE WAY IN ACCELERATING RESEARCH, ADVANCING CARE, AND ADVOCATING FOR THE SUPPORT OF OUR FAMILIES. MDA'S MISSION IS TO EMPOWER THE PEOPLE WE SERVE TO LIVE LONGER, MORE INDEPENDENT LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH OF OUR MDA CARE CENTERS OFFERS INDIVIDUALS AND FAMILIES BEST-IN-CLASS, COMPREHENSIVE CARE FROM AN INTEGRATED MULTIDISCIPLINARY TEAM OF HEALTHCARE SPECIALISTS CONVENIENTLY SITED AT ONE LOCATION. IN A SINGLE DAY, PATIENTS CAN SEE MULTIPLE HEALTHCARE PROVIDERS WHO WORK TOGETHER TO ENSURE COORDINATED INDIVIDUAL CARE FOR EVERY PATIENT TO BEST FIT THEIR SPECIFIC NEEDS. HIGHLY TRAINED MDA CARE SPECIALISTS SERVE AS AN IMPORTANT PART OF THE CARE TEAM, HELPING FAMILIES NAVIGATE THE HEALTH SYSTEM, ANSWERING QUESTIONS, DISTRIBUTING MDA EDUCATIONAL MATERIALS, COORDINATING MDA SERVICES, AND ASSISTING WITH COMMUNITY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Employer identification number
13-166552

RESOURCE REFERRALS. EACH YEAR THOUSANDS OF CHILDREN/YOUNG ADULTS LEARN VITAL LIFE SKILLS AND GAIN INDEPENDENCE AT SUMMER CAMP AND THROUGH RECREATIONAL PROGRAMS, AT NO COST TO FAMILIES. EACH CAMP IS STAFFED WITH DEDICATED HEALTH PROFESSIONALS AND TRAINED CAMP VOLUNTEERS WHO MEET THE MEDICAL AND PHYSICAL NEEDS OF EACH CAMPER ALL AT NO COST TO FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MDA-FUNDED BREAKTHROUGHS INCLUDE DRUGS FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS), DUCHENNE MUSCULAR DYSTROPHY (DMD), PERIODIC PARALYSIS, POMPE DISEASE, AND SPINAL MUSCULAR ATROPHY (SMA). MDA LAUNCHED THE MOVR (NEUROMUSCULAR OBSERVATIONAL RESEARCH) DATA HUB AS A TRANSFORMATIVE PLATFORM, COMBINING MDA'S CARE CENTER NETWORK WITH A STATE-OF-THE-ART INFORMATION-MANAGEMENT SYSTEM. AS THE LARGEST CENTRALIZED DATA HUB FOR MULTIPLE NEUROMUSCULAR DISEASES, MOVR AGGREGATES CLINICAL, GENETIC, AND PATIENT-REPORTED DATA ACROSS BROAD COMMUNITIES OF HEALTHCARE PROVIDERS, RESEARCHERS, AND INDUSTRY PARTNERS THAT WILL LEAD TO RAPID DEVELOPMENTS IN PATIENT CARE, TREATMENTS, AND CURES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AT THE COMMUNITY LEVEL, WE ESTABLISHED MDA ENGAGE AND MDA ACCESS EDUCATIONAL EVENT SERIES THAT BRINGS LOCAL HIGH-IMPACT EDUCATIONAL PROGRAMS TO THE NEUROMUSCULAR COMMUNITY IN-PERSON AND VIRTUALLY. EACH OF THE ENGAGE PROGRAMS INCORPORATES MULTIPLE MODULES OF INTEREST, FROM THERAPY DEVELOPMENT ROUNDTABLES TO DISEASE MANAGEMENT TO GENETIC TESTING, DESIGNED SPECIFICALLY FOR COMMUNITY AUDIENCES. EACH EVENT ALSO INCLUDES A SOCIAL ELEMENT FOR FAMILIES AND PARTICIPANTS WITH THE AIM OF

Name of the organization **MUSCULAR DYSTROPHY ASSOCIATION,
INC.**

Employer identification number
13-1665552

**STRENGTHENING THE COMMUNITY AND HELPING ATTENDEES MAKE PERSONAL
CONNECTIONS.**

FORM 990, PART VI, SECTION B, LINE 11B:

**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 RESOURCES
DEPARTMENT IN CONJUNCTION WITH LEGAL. BOARD MEMBERS ARE REQUIRED TO SIGN AN
CONFLICT OF INTEREST DISCLOSURE ANNUALLY. WHEN A CONFLICT OF INTEREST
ARISES, THE PERSON WITH THE CONFLICT IS REQUIRED TO RECUSE HIS/HERSELF FROM
THE MATTER AND DISCUSSION INVOLVED.**

FORM 990, PART VI, SECTION B, LINE 15:

**MDA HAS A COMPENSATION COMMITTEE OF THE GOVERNING BOARD THAT REVIEWS THE
CEO AND EXECUTIVE TEAM COMPENSATION. A COMPENSATION STUDY IS COMPLETED BY
AN INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMPENSATION COMMITTEE.
ANNUAL REVIEWS ARE COMPLETED AND CONTRACTS ARE AMENDED AS THEY EXPIRE.**

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

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

FORM 990, PART VI, SECTION C, LINE 19:

**GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE INTERNAL
DOCUMENTS. COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON
MDA'S WEBSITE.**

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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FORM 990, PART VIII, LINE 1E:

TAX YEAR 2022 TOTAL CONTRIBUTIONS INCLUDED AMOUNTS RELATED TO
 FORGIVENESS OF PPP LOAN, IN ACCORDANCE WITH THE IRS 990 INSTRUCTIONS,
 \$2,000,000. NOT INCLUDING THESE AMOUNTS THE TOTAL CONTRIBUTIONS WERE
 LARGELY FLAT GOING FROM \$57,144,929 TO \$56,761,618.

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

CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS	-947,962.
---	-----------

Type and Entity: CONTRIBUTION - 50% CASH FED **DETAIL CARRYOVER SCHEDULE**
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
				_____	_____	_____	_____	_____	_____	_____	_____
A 2020	12,228,442.	11,291.	11,291.								
B 2021	9,895,774.										
C 2022	10,431,165.										
D 2023	12,940,232.										
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
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P											
Q											
R											
S											
T											
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V											
W											

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **MUSCULAR DYSTROPHY ASSOCIATION, INC.** EIN or SSN **13-1665552**

Name and title of officer or person subject to tax **MICHAEL J KENNEDY CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **COHNREZNICK LLP** to enter my PIN **11111**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22738922147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **COHNREZNICK LLP** Date **04/22/24**

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A [X] Check box if address changed.

B Exempt under section [X] 501(c)(3) [] 408(e) [] 220(e) [] 408A [] 530(a) [] 529(a) [] 529A

Print or Type

Name of organization ([] Check box if name changed and see instructions.)

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

1016 W JACKSON BLVD. #1073

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60607

D Employer identification number

13-1665552

E Group exemption number (see instructions)

F [] Check box if an amended return.

C Book value of all assets at end of year 66,561,388.

G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust [] State college/university [] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim [] Credit from Form 8941 [] Refund shown on Form 2439 [] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation []

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [X] No If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of JON VAN COTT, VP OF FINANCE, CON Telephone number 646-713-2020

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Includes sub-rows for credits and amounts due. Total tax amount is 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
		Business Activity Code	Available post-2017 NOL carryover
			\$
			\$
			\$
			\$
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____	Date _____	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY, CPA	Date 04/22/24	Check <input type="checkbox"/> if self-employed	PTIN P01273422
	Firm's name COHNREZNICK LLP			Firm's EIN 22-1478099	
	Firm's address 14 SYLVAN WAY PARSIPPANY, NJ 07054-3801			Phone no. 973-228-3500	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	B Employer identification number 13-1665552
C Unrelated business activity code (see instructions) 541800	D Sequence: 1 of 1

E Describe the unrelated trade or business **ADVERTISING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	593,965.	538,899.	55,066.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	593,965.	538,899.	55,066.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13 style="text-align:right">55,066.
14 Other deductions (attach statement)		SEE STATEMENT 1		14 style="text-align:right">1,250.
15 Total deductions. Add lines 1 through 14	15			56,316.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-1,250.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-1,250.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A QUEST MAGAZINE

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	593,965.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				593,965.

a				
3 Direct advertising costs by periodical	538,899.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				538,899.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	55,066.			
--	---------	--	--	--

5 Readership costs	456,952.			
--------------------------	----------	--	--	--

6 Circulation income				
----------------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-	456,952.			
---	----------	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	55,066.			
--	---------	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				55,066.
---	--	--	--	---------

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREP FEE

1,250.

TOTAL TO SCHEDULE A, PART II, LINE 14

1,250.