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Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 56,468,364 including grants of \$ 13,943,137) (Revenue \$)

HEALTH CARE AND COMMUNITY SERVICES People with muscular dystrophy and related diseases are our moms and dads, sons and daughters, our friends, neighbors, co-workers and loved ones At MDA, we are proud to offer the medical expertise and care that will help manage disease symptoms so that health and well-being will be optimized We are committed to maximizing strength and mobility for families, promoting their quality of life and independence, breaking down barriers, and of course, making sure they know they are never alone in this fight Families living with neuromuscular diseases face enormous daily challenges MDA maintains the most comprehensive services program of any voluntary health agency in the country to help improve lives and support families from day one Ranging from a nationwide network of comprehensive clinics at the nation's top medical facilities to assistance with essential support services, MDA is here to help families today Our health care and community services accounted for \$56,468,364 of our 2015 expenditures As we strive to revolutionize care and support, here are some of the key ways we supported families in 2015 - Provided comprehensive care focused on families' needs at more than 150 MDA Care Centers through nearly 50,000 visits - Hosted more than 140 critical support groups for families to address daily needs and challenges - Offered nearly 75 weeklong summer camps for more than 3,800 children to help build self-confidence and independence and remove barriers of everyday life - Provided equipment repairs and support to help families maintain independence - Gave help and guidance to young people transitioning from childhood to adulthood at transitions.mda.org to help them live independently and thrive Additionally, through MDA's public policy and advocacy program, we've made elected officials, regulatory agencies and the general public more aware of issues affecting the neuromuscular disease community and have pushed for the passage of life-changing policies, programs and legislation In 2015, our efforts alongside our passionate families and volunteers helped ensure passage of the Ensuring Access to Clinical Trials Act, helped delay cuts to complex rehabilitative technology, and played a role in securing the largest funding increase for the National Institutes of Health in the last decade, among other important progress

4b

(Code) (Expenses \$ 17,150,109 including grants of \$ 13,904,068) (Revenue \$)

RESEARCH Every day, children are born with muscular dystrophy and many other life-threatening diseases affecting muscles that take away their ability to walk, move, hug, talk and even breathe Similarly, adults are facing devastating diseases like ALS that cause muscles to deteriorate and result in loss of mobility and other severe health complications For these kids and adults, there are currently few treatments and no cures MDA's research program is designed to change that We are the only nonprofit taking a big-picture perspective on diseases that limit muscle strength and mobility by being laser-focused on breakthroughs across disease categories What we learn on the frontlines in one area can potentially have positive impacts in others In 2015, MDA spent \$17,150,109 on research designed to accelerate urgently needed treatments and cures for the families we serve We contributed to dozens of clinical trials for novel drugs and therapies Thanks in part to this progress, more new drugs in development are expected during the next five years than in the previous 50 Some of the areas where we see the greatest potential are - Gene targeting therapies (replacement, exon skipping, mutation read-through and editing) - Stem cell therapies - Small molecule therapies In trials to improve multiple facets of neuromuscular disease, such as muscle atrophy, mitochondrial dysfunction, muscle contractility, inflammation, reduced perfusion and fibrosis In 2015, MDA awarded 103 research grants to leading scientists across the globe MDA's Scientific and Medical Advisory Committees, whose members are among the nation's foremost scientists and physicians in the field of neuromuscular disease, carefully evaluate all grant proposals submitted Reports on ongoing progress in MDA's effort to discover treatments and cures, including the status of human trials of potential therapies, can be found at mda.org/research

4c

(Code) (Expenses \$ 14,962,730 including grants of \$) (Revenue \$)

PROFESSIONAL AND PUBLIC HEALTH EDUCATION Muscular dystrophy, ALS and other life-threatening diseases that limit muscle strength and mobility take away everyday abilities such as walking, standing, dressing oneself, hugging someone dear and even breathing At MDA, we dedicate every minute of every day to fighting to free our families from the harmful effects of these diseases Providing professional and public education is one of the many ways MDA is working to save and improve lives In 2015, MDA spent \$14,962,730 to provide professional and public health education We promoted deeper understanding and awareness to rally and inspire action through a variety of innovative strategies 1 Placed thousands of documented news stories about MDA's mission with network, syndicated and local broadcast outlets, print news publications and online, including frequent social media postings through Facebook, Twitter and Instagram 2 Delivered critical information on research and care through MDA's award-winning national Quest Magazine that has a readership of 850,000 across print and online channels 3 Produced, distributed and posted on YouTube hundreds of informational videos and educational materials about the challenges of living with muscular dystrophy and related diseases, facts and information, practical tips to help families, personal stories and more 4 Delivered timely information on mda.org, which is recognized internationally as a key source of information about neuromuscular diseases 5 Hosted the pre-eminent gathering of scientists, researchers and medical professionals specializing in neuromuscular disease research and clinical care at the 2015 MDA Scientific Conference in Washington, D.C., to bring together the nation's best and brightest researchers to uncover scientific and medical breakthroughs that accelerate treatments and cures across the full spectrum of neuromuscular diseases

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

88,581,203

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
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? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
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? If "Yes," complete Schedule D, Part VI	Yes	
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? If "Yes," complete Schedule D, Part VII		No
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? If "Yes," complete Schedule D, Part VIII		No
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? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
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)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	Yes	
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? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22		No
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>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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.	1a	920			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	20			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
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	1,085			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes			
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)?	4a			No	
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?	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
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?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
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?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes			
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	15			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
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?						
8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
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?						
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			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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	1a	20	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	STEPHEN P EVANS VP FINANCE 222 SOUTH RIVERSIDE PLAZA STE 1500 CHICAGO, IL 60606 (312) 260-5900

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,853,949	0	234,549

2

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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>
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>

Section B. Independent Contractors

WORLDWIDE PRINTING DISTRIBUTION I, 2900 E APACHE ST TULSA, OK 74110	Printing	2,092,156
AGGREGATED SOURCING LLC, 8338 AUSTIN AVE MORTON GROVE, IL 60053	PRINTING	889,292
ROBERT HALF INTERNATIONAL INC, PO BOX 743295 LOS ANGELES, CA 90074	TEMP STAFFING	562,381
BLACKBAUD INC, PO BOX 930256 ATLANTA, GA 31193	shared app services	559,551
THOMPSON HABIB DENISON INC, 80 HAYDEN AVE STE 300 LEXINGTON, MA 02421	direct mail	543,250

Part VIII

Statement of Revenue

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

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

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			25,464,796	1	23,563,965
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			5,248,079	3	3,029,209
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.					
					0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.					
					0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,520,433	9	2,560,027
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	6,592,247			
	b	Less: accumulated depreciation	10b	5,722,836	1,226,887	10c	869,411
	11	Investments—publicly traded securities			64,327,323	11	64,223,360
	12	Investments—other securities. See Part IV, line 11.			0	12	0
	13	Investments—program-related. See Part IV, line 11.			0	13	0
Liabilities	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11.			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34).			97,787,518	16	94,245,972
	17	Accounts payable and accrued expenses			7,471,537	17	5,303,388
	18	Grants payable			12,161,000	18	11,486,911
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			15,500,000	23	14,500,000
Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	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.			56,493,701	25	54,535,910
	26	Total liabilities. Add lines 17 through 25.			91,626,238	26	85,826,209
		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			55,712	27	3,908,059
	28	Temporarily restricted net assets			5,616,191	28	4,027,996
	29	Permanently restricted net assets			489,377	29	483,708
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			6,161,280	33	8,419,763
	34	Total liabilities and net assets/fund balances			97,787,518	34	94,245,972

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,037,816
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,811,066
3	Revenue less expenses Subtract line 2 from line 1	3	5,226,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,161,280
5	Net unrealized gains (losses) on investments	5	-3,853,298
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 in Schedule O)	9	885,031
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,419,763

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-1665552

Name: MUSCULAR DYSTROPHY ASSOCIATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY H APPEL MD DIRECTOR	1 0 0 0	X						0	0	0
C THOMAS CASKEY MD DIRECTOR	1 0 0 0	X						0	0	0
HAROLD C CRUMP DIRECTOR	1 0 0 0	X						0	0	0
BENJAMIN F CUMBO III DIRECTOR	1 0 0 0	X						0	0	0
STEVE FARELLA DIRECTOR	1 0 0 0	X						0	0	0
DANIEL G FRIES DIRECTOR	1 0 0 0	X						0	0	0
HONORABLE BRAD HENRY DIRECTOR	1 0 0 0	X						0	0	0
R RODNEY HOWELL MD CHAIRMAN	5 0 0 0	X		X				0	0	0
DAVE HUTTON DIRECTOR	1 0 0 0	X						0	0	0
LOUIS M KUNKEL PHD DIRECTOR	1 0 0 0	X						0	0	0
OLIN F MORRIS DIRECTOR	1 0 0 0	X						0	0	0
PATRICIA NAZEMETZ DIRECTOR	1 0 0 0	X						0	0	0
CHRISTOPHER J ROSA PHD VICE-CHAIRMAN	2 0 0 0	X		X				0	0	0
MIKE ROWLETT DIRECTOR	1 0 0 0	X						0	0	0
CHARLES D SCHOOR ESQ SECRETARY	2 0 0 0	X		X				0	0	0
MARK SMITH DIRECTOR	1 0 0 0	X						0	0	0
JOHN TOGNINO DIRECTOR	1 0 0 0	X						0	0	0
VICTOR WRIGHT TREASURER	2 0 0 0	X		X				0	0	0
KRISTINE WELKER DIRECTOR	1 0 0 0	X						0	0	0
LILIAN WU PHD DIRECTOR	1 0 0 0	X						0	0	0
BART CONNER DIRECTOR	1 0 0 0	X						0	0	0
TIMMI MASTERS DIRECTOR	1 0 0 0	X						0	0	0
STEVEN M DERKS PRESIDENT & CEO	60 0 0 0			X				508,871	0	84,824
JULIE FABER CPA ASST TREASURER & CFO	50 0 0 0			X				243,128	0	6,807
VALERIE A CWIK MD ASST SEC/CHIEF MED SCIENTIFIC	50 0 0 0			X				237,933	0	6,807

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN MCNAMARA EVP - CHIEF DEV OFFICER	50 0 0 0				X			223,425	0	620
STEVEN FORD EVP - CHIEF COMM/MRKT OFFICER	50 0 0 0				X			217,286	0	18,074
ROBERT GRINSFELDER EVP - CHIEF FIELD OPS OFFICER	50 0 0 0				X			192,274	0	12,908
JOHN WALSH DIVISION CHIEF EXECUTIVE	50 0 0 0				X			160,587	0	18,074
BRADLEY BARGHOLS DIVISION CHIEF EXECUTIVE	50 0 0 0				X			151,446	0	18,074
GRACE K PAVLATH PHD SR VP - SCIENTIFIC PROG DIR	50 0 0 0					X		197,601	0	12,908
GAIL SCHMERTZ KERNER ESQ CHIEF LEGAL OFFICER	50 0 0 0					X		196,731	0	18,074
EILEEN TIMMINS PHD VP & CHIEF HR OFFICER	50 0 0 0					X		194,250	0	12,498
JEANNINE M HOULIHAN CHIEF INFORMATION OFFICER	50 0 0 0					X		184,945	0	6,807
MARGARET HODGES DIVISION CHIEF EXECUTIVE	50 0 0 0					X		145,472	0	18,074

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	157,086,289	149,557,236	144,990,094	135,174,690	121,934,463	708,742,772
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	157,086,289	149,557,236	144,990,094	135,174,690	121,934,463	708,742,772
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						708,742,772

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	157,086,289	149,557,236	144,990,094	135,174,690	121,934,463	708,742,772
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,887,167	1,341,192	1,465,164	2,555,130	1,700,561	8,949,214
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		270,273	478,287	331,475	432,222	1,512,257
11 Total support. Add lines 7 through 10						719,204,243

12 Gross receipts from related activities, etc (see instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98 545 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98 713 %

16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15					
16 Public support percentage from 2014 Schedule A, Part III, line 15	16					

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from 2014 Schedule A, Part III, line 17	18
19a	33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? <i>If "Yes," complete Part II 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b 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>		
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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

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>		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>		

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 government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) 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 in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i>			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) 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>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>			

Part V

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

1

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

☐

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)	1	
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 (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
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 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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

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

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

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

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).

Facts And Circumstances Test

Return Reference	Explanation
OTHER INCOME - FORM 990, SCH A, PART II, LINE 10	2012 OTHER REVENUE 270,273 2013 OTHER REVENUE 478,287 2014 OTHER REVENUE 331,475 2015 OTHER REVENUE 432,222 ----- TOTAL OTHER REVENUE 1,512,257

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	17,255													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	357,787													
c	Total lobbying expenditures (add lines 1a and 1b)	375,042													
d	Other exempt purpose expenditures	120,268,888													
e	Total exempt purpose expenditures (add lines 1c and 1d)	120,643,930													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -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 checked="" 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)2012	(b)2013	(c)2014	(d)2015	(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	341,893	333,447	261,051	375,042	1,311,433
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	13,285	15,277	15,977	17,255	61,794

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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.

Return Reference	Explanation
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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION INC

Employer identification number
13-1665552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☒ Public exhibition

d

☒ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☒ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" to Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

☒

b

Permanent endowment

☐ 100 000 %

c

Temporarily restricted endowment

☐

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		17,247	7,836	9,411
d Equipment		6,518,893	5,701,940	816,953
e Other		56,107	13,060	43,047
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				869,411

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	122,184,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-3,853,298	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-3,853,298
3	Subtract line 2e from line 1		3	126,037,816
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	126,037,816

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	120,811,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	120,811,066
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	120,811,066

Part XIII Supplemental Information
--

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

Return Reference	Explanation
FORM 990, SCHEDULE D, PART III, LINE 4	THE MDA ART COLLECTION IS ONE OF THE MOST VARIED COLLECTIONS IN THE NATION THE VERSATILITY ATTESTS TO THE IMAGINATION AND TALENT OF THE ARTISTS THE COLLECTION FEATURES UNUSUAL ARTISTIC MEDIA, FROM DIGITAL DESIGNS TO COLLAGES WITH CORN, TO PAINT APPLIED WITH WHEELCHAIR WHEELS AND HUMAN FEET THERE ARE ALSO MANY WORKS IN MORE TRADITIONAL OILS, WATERCOLORS, ACRYLICS, PEN AND INK, CRAYONS, PASTELS, BRONZE, CERAMICS AND PHOTOGRAPHY SUBJECT MATTER RANGES FROM SELF-PORTRAITS TO LANDSCAPES AND FROM STILL LIFES TO OUTER SPACE FANTASIES IN ADDITION TO SHOWCASING THE WORK OF TALENTED ARTISTS WHO ARE AFFECTED BY NEUROMUSCULAR DISEASES, THE COLLECTION ALLOWS THE ARTISTS TO ARTICULATE THEIR DISTINCTIVE VISION OF LIVING WITH A DISABILITY
FORM 990, SCHEDULE D, PART X, LINE 2	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN THEIR FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION THE ASSOCIATION'S RETURNS FOR THE YEARS ENDED DECEMBER 31, 2015 and 2014 ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION INC

Employer identification number
13-1665552

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific			Program Services	GRANTS TO RECIPIENTS	407,849
(2) Europe (Including Iceland and Greenland)			Program Services	GRANTS TO RECIPIENTS	705,287
(3) Middle East and North Africa			Program Services	GRANTS TO RECIPIENTS	77,379
(4) North America			Program Services	GRANTS TO RECIPIENTS	838,253
(5) South America			Program Services	GRANTS TO RECIPIENTS	98,000
3a Sub-total					2,126,768
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,126,768

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

5
- 3 Enter total number of other organizations or entities ▶

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF RESEARCH GRANTEES: RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF CURRENT REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH (INSTITUTIONAL REVIEW BOARD APPROVALS, ANIMAL CARE APPROVALS, FDA OR OTHER REGULATORY AGENCY APPROVALS, AND THE LIKE). CONTINGUED FUNDING FOR THE PERIOD OF THE GRANT IS CONTINGENT UPON SUBMISSION TO, AND APPROVAL BY, MDA OF ANNUAL PROGRESS REPORTS AND REPORTS OF EXPENDITURES FROM ALL GRANTEES. IF SUCH REPORTS ARE NOT RECEIVED, OR ARE DEEMED UNSATISFACTORY, MDA MAY OPT TO SUSPEND OR CANCEL FUNDING FOR THE GRANT. FOR SOME MDA TRANSLATIONAL RESEARCH GRANTS, PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING DEFINED MILESTONES. IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE PROGRESS OF THE GRANTEE AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET.

Additional Data

Software ID:
Software Version:
EIN: 13-1665552
Name: MUSCULAR DYSTROPHY ASSOCIATION INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH	407,849	check			
		Europe (Including Iceland and Greenland)	RESEARCH	705,287	check			
		Middle East and North Africa	RESEARCH	77,379	check			
		North America	RESEARCH	838,253	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		98,000	check			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BLACKBAUD INC	Shared App services		No	23,393,888	559,551	22,834,337
2 THOMPSON HABIB DENISON INC	DIRECT MAIL		No	4,504,779	543,250	3,961,529
3 GRIZZARD COMMUNICATIONS GRP	DIRECT MAIL		No	3,262,081	239,237	3,022,844
4 STRATEGIC RESOURCES INC	TELE MARKETING		No	107,432	96,143	11,289
5						
6						
7						
8						
9						
10						
Total ▶				31,268,180	1,438,181	29,829,999

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

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

.....

.....

Part II Fundraising Events.

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

Revenue		(a)Event #1 <u>SPECIAL EVENTS</u> (event type)	(b)Event #2 <u>SIGNATURE</u> (event type)	(c)Other events <u>362</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	82,361,567	12,829,417	12,284,363	107,475,347
	2	Less Contributions	78,603,369	10,157,612	10,040,652	98,801,633
	3	Gross income (line 1 minus line 2)	3,758,198	2,671,805	2,243,711	8,673,714
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,758,198	2,671,805	2,243,711	8,673,714
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				8,673,714
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue		644,807	644,807
Direct Expenses	2	Cash prizes			
	3	Noncash prizes		60,927	60,927
	4	Rent/facility costs			
	5	Other direct expenses		10,470	10,470
	6	Volunteer labor <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			71,397
	8	Net gaming income summary Subtract line 7 from line 1, column (d). ▶			573,410

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

14

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

Name ▶

Stephen P Evans Vice President Fi

Address ▶

222 SOUTH RIVERSIDE PLAZA SUITE 15
CHICAGO, IL 606066000

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

NA

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☒ No

b

Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
ADDRESSES FOR EACH FUNDRAISER - FORM 990, SCH G, PART I, COLUMN (I)	1 Blackbaud Inc PO Box 930256 Atlanta, GA 31193 2 Thompson Habib & Denison Inc 80 Hayden Ave, Ste 300 Lexington, MA 31193 3 Grizzard Communication Group 3500 Lenox Rd NE, Ste 1900 Atlanta, GA 30326 4 STRATEGIC RESOURCES, INC 111 OVERLOOK ROAD PAMONA, NY 10970

Additional Data

Software ID:
Software Version:
EIN: 13-1665552
Name: MUSCULAR DYSTROPHY ASSOCIATION INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	AK,FL,IL,IN,IA,MI,MN,MO,OK,PA,TX,VA,WI
---	--

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION INC

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No

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.

[illegible]

- | | | |
|----------|---|-----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 233 |
| 3 | Enter total number of other organizations listed in the line 1 table | 6 |

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 non-cash assistance

Part IV

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF RESEARCH GRANTEES RETURN OF THE SIGNED NOTICE OF AWARD AND SUBMISSION TO MDA OF CURRENT REGULATORY DOCUMENTS NECESSARY TO CONDUCT THE RESEARCH (INSTITUTIONAL REVIEW BOARD APPROVALS, ANIMAL CARE APPROVALS, FDA OR OTHER REGULATORY AGENCY APPROVALS, AND THE LIKE) CONTINUED FUNDING FOR THE PERIOD OF THE GRANT IS CONTINGENT UPON SUBMISSION TO, AND APPROVAL BY, MDA OF ANNUAL PROGRESS REPORTS AND REPORTS OF EXPENDITURES FROM ALL GRANTEES IF SUCH REPORTS ARE NOT RECEIVED, OR ARE DEEMED UNSATISFACTORY, MDA MAY OPT TO SUSPEND OR CANCEL FUNDING FOR THE GRANT FOR SOME MDA TRANSLATIONAL RESEARCH GRANTS, PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING DEFINED MILESTONES IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE PROGRESS OF THE GRANTEE AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET

Additional Data

Software ID:
Software Version:
EIN: 13-1665552
Name: MUSCULAR DYSTROPHY ASSOCIATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albany Medical Center Hospital 47 New Scotland Ave MC 70 Albany, NY 12208	14-1338310	501(c)(3)	18,900				Medical Diagnosis
Alfred I Dupont Hospital For Children PO Box 269 1600 Rockland Road Wilmington, DE 19899	59-0634433	501(c)(3)	49,500				Medical Diagnosis
American Family Children's Hospital 21 North Park St Ste 6401 Madison, WI 53715	39-6006492	501(c)(3)	25,000				Medical Diagnosis

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Ann & Robert H Lurie Children's Hospital 225 E Chicago Ave Box 205 Chicago, IL 60611	36-2170833	501(c)(3)	25,000				Medical Diagnosis
Arizona Board of Regents University of AZ 1303 E University Blvd Box 3 Tucson, AZ 85719	74-2652689	State of AZ	84,600				Research
Baptist Hospital East 4000 Kresge Way Louisville, KY 40207	61-0444707	501(c)(3)	11,700				Medical Diagnosis

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Baylor College of Medicine One Baylor Plaza MS BCM 310 Houston,TX 77030	74-1613878	501(c)(3)	200,000				Research
Billings Clinic PO Box 31031 Billings,MT 59107	81-0407289	501(c)(3)	11,700				Medical Diagnosis
Board of Trustees of SIU Off of the Pres-SIUP Mailcode 68 Carbondale,IL 62901	37-6005961	501(c)(3)	15,000				Medical Diagnosis

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Boston University 881 Commonwealth Ave Boston, MA 02215	04-2103547	501(c)(3)	99,628				Research
Brigham and Women's Hospital 41 Ave Louis Pasteur Boston, MA 02115	04-2312909	501(c)(3)	32,580				Medical Diagnosis
Buffalo General Medical Center 100 High St Buffalo, NY 14203	16-1359213	501(c)(3)	13,500				Medical Diagnosis

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California Institute of Technology 1200 E California Blvd Pasadena, CA 91125	95-1643307	C Corp	84,600				Research
California Pacific Medical Center 2324 Sacramento St San Francisco, CA 94115	94-0562680	501(c)(3)	560,314				Medical Diagnosis
Carilion Medical Center 3 Riverside Circle Roanake, VA 24016	54-0506332	501(c)(3)	20,000				Medical Diagnosis

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Carle Physician Group 611 W Park St Urbana,IL 61801	37-1140016	501(c)(3)	13,300				Medical Diagnosis
Carolinas Healthcare Foundation Inc 1221 E Morehead St Charlotte,NC 28204	56-6060481	C Corp	109,251				Research
Carolinas Medical Center 1221 E Morehead Charlotte,NC 28204	56-1398929	501(c)(3)	14,900				Research

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Carolinas Medical Center 1221 East Morehead St Charlotte, NC 28204	56-6060481	501(c)(3)	90,000				Medical Diagnosis
Catabasis Pharmaceuticals Inc One Kendall Square Ste B14202 Cambridge, MA 02139	26-3687168	C Corp	225,800				Research
Cedars-Sinai Medical Center 8700 Beverly BLVD 65Wil Ste 1150 Los Angeles, CA 90048	95-1644600	501(c)(3)	100,000				Research

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Children's Hospital Central Ca Pediatric 9300 Valley Childrens Pl Ms Pcx10 Madera, CA 93636	94-1294954	501(c)(3)	9,000				Medical Diagnosis
Children's Clinics For Rehabilitative Serv 2600 North Wyatt Dr Tucson, AZ 85712	86-0667510	501(c)(3)	24,300				Medical Diagnosis
Children's Healthcare of Atlanta at Scottish Rite 1001 Johnson Ferry Rd NE Atlanta, GA 30342	58-1947689	501(c)(3)	27,000				Medical Diagnosis

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Children's Hosp National Med Ctr 111 Michigan NW Washington, DC 20010	53-0196580	501(c)(3)	32,400				Medical Diagnosis
Children's Hospof Philadelphia 34th St Civic Ctr Philadelphia, PA 19104	23-1352166	501(c)(3)	90,000				Medical Diagnosis
Children's Hospital Boston 300 Longwood Ave Boston, MA 02115	04-2774441	501(c)(3)	326,336				Research

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Children's Hospital Boston Fegan 11-300 Longwood Ave Boston,MA 02115	22-2678594	501(c)(3)	27,000				Medical Diagnosis
Children's Hospital Los Angeles 4650 Sunset BLVD Mail Stop 97 Los Angeles,CA 90027	95-1690977	501(c)(3)	20,000				Medical Diagnosis
Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229	31-0833963	501(c)(3)	54,450				Medical Diagnosis

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Children's Hospital of Orange County 455 S Main St Orange, CA 92868	95-2321788	501(c)(3)	20,400				Medical Diagnosis
Children's Hospital of Pittsburgh 4401 Penn Ave Fac Pavilion 6th Fl Pittsburgh, PA 15224	25-0402510	501(c)(3)	18,900				Medical Diagnosis
Children's Hospital of Wisconsin 9200 W Wisconsin Ave Milwaukee, WI 53226	39-0806261	501(c)(3)	7,200				Medical Diagnosis

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Children's Hospital New Orleans 200 Henry Clay Ave New Orleans, LA 70118	72-0467503	501(c)(3)	9,000				Medical Diagnosis
Children's Hospital Richmond 2924 Brook Road Richmond, VA 23220	54-0506309	501(c)(3)	15,300				Medical Diagnosis
Children's Medical Center 2350 Stemmons Frwy Ste 5400 Dallas, TX 75207	75-0800628	501(c)(3)	30,000				Medical Diagnosis

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Children's Research Institute (CNMC) 111 Michigan Ave NW Washington, DC 20010	52-1654453	501(c)(3)	332,412				Research
Clinical Neurology PC 4221 S Western Ste 5010 Oklahoma City, OK 73109	41-2141136	501(c)(3)	107,100				Medical Diagnosis
Colorado State University Campus Delivery Box 2002 Fort Collins, CO 80523	84-6000545	State of CO	99,536				Research

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Columbia University Medical Center 630 West 168th St Box 49 New York, NY 10032	13-5598093	501(c)(3)	645,309				Research
Columbia University Medical Center 622 W 168th St Box 16 New York, NY 10032	13-3908657	501(c)(3)	176,400				Medical Diagnosis
Community Medical Centers 1855 Folsom MCB 425 San Francisco, CA 94143	94-6036493	501(c)(3)	25,000				Medical Diagnosis

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Cook Children's Medical Center 901 Seventh Ave Ste 120 Ft Worth,TX 76104	75-2051646	501(c)(3)	8,100				Medical Diagnosis
Covenant Health System 3615 19th St Lubbock,TX 79408	75-2765566	501(c)(3)	23,600				Medical Diagnosis
Dartmouth-Hitchcock Medical Center One Medical Center Dr Lebanon,NH 03756	02-0222140	501(c)(3)	22,500				Medical Diagnosis

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Dean Clinic 1808 West Beltline Hwy Madison, WI 53713	39-1128616	501(c)(3)	25,000				Medical Diagnosis
Dent Neurologic Group LLP 3980 Sheridan Dr Ste B Amherst, NY 14226	16-1582336	501(c)(3)	12,600				Medical Diagnosis
Drexel Neurological Associates 245 North 15th St Mail Stop 423 Philadelphia, PA 19102	75-4022380	501(c)(3)	33,750				Medical Diagnosis

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Driscoll Children's Hospital 3533 South Alameda St Corpus Christi,TX 78411	74-2577746	501(c)(3)	6,000				Medical Diagnosis
Duke University PO Box 602651 Charlotte,NC 28260	56-0532129	501(c)(3)	100,000				Research
Duke University Medical Center Box 3069 Clinic Coordinator Durham,NC 27710	56-1029437	501(c)(3)	81,000				Medical Diagnosis

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Eastern Maine Medical Center 489 State St Bangor, ME 04401	01-0211501	501(c)(3)	10,800				Medical Diagnosis
Elkhart Clinic LLC 303 S Nappanee Elkhart, IN 46514	35-1911857	501(c)(3)	14,400				Medical Diagnosis
Emory University 1599 Clifton Road NE 4th Floor Atlanta, GA 30322	58-0566256	501(c)(3)	218,627				Research

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Emory University 12 Executive Park Dr NE Rm 433 Atlanta, GA 30329	58-2030692	501(c)(3)	81,000				Medical Diagnosis
Fairview University Medical Center 2101 SE 6th ST Ste 4-184 MMC 2641E Minneapolis, MN 55455	41-1843943	501(c)(3)	235,625				Medical Diagnosis
Fletcher Allen Health Care Center - University of 1 South Prospect St Burlington, VT 05401	03-0219303	501(c)(3)	6,300				Medical Diagnosis

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Fred Hutchinson Cancer Research Center 1100 Fairview Ave N J6-500 Seattle, WA 98109	23-7156071	501(c)(3)	100,000				Research
Froedtert Memorial Lutheran Hospital 9200 W Wisconsin Ave Milwaukee, WI 53226	39-0806261	501(c)(3)	23,400				Medical Diagnosis
Georgetown University 4000 Reservoir Rd NW Bldg D Rm 207 Washington, DC 20057	53-0196603	501(c)(3)	20,700				Medical Diagnosis

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Georgia Health Sciences Medical Center 1120 15th St Rm FY127 Augusta, GA 30912	58-2144788	501(c)(3)	18,000				Medical Diagnosis
Gillette Children's Specialty Healthcare Wells Fargo Bank NW 8265 PO Box 1 Minneapolis, MN 55485	36-3379150	501(c)(3)	20,000				Medical Diagnosis
Glendale Neurological Assoc DBA (MIND) 28595 Orchard Lake Rd 200 Farmington Hills, MI 48334	38-1889896	501(c)(3)	63,000				Medical Diagnosis

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Good Shepherd Rehabilitation Hosp 850 S 5th St Allentown, PA 18103	23-1371947	501(c)(3)	61,200				Medical Diagnosis
Gordon Research Conferences 512 Liberty Lane West Kingston, RI 02892	26-0150662	501(c)(3)	7,500				Research
Greenville Hosp System University Medical Group 200 Patewood Dr A-200 Greenville, SC 29615	57-6007863	501(c)(3)	8,100				Medical Diagnosis

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Halo Therapeutics LLC 275 GROVE ST Ste 2-400 Newton,MA 02466	27-5336394	Partnership	69,000				Research
Hamot 2nd Century Fund 302 French St Erie,PA 16507	25-1400909	501(c)(3)	9,000				Medical Diagnosis
Health South Rehabilitation Hospital 1211 Union Ave Ste 400 Memphis,TN 38104	62-1499155	501(c)(3)	55,700				Medical Diagnosis

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Hershey Medical Center 500 University Dr Mail CodeEC037 Hershey,PA 17033	25-1854772	501(c)(3)	73,800				Medical Diagnosis
HospEspanol De Auxilio Mutuo Inc PO Box 191227 Hato Rey,PR 00919	66-0486907	501(c)(3)	49,500				Medical Diagnosis
Hospital de la Concepcion PO Box 285 San German,PR 00681	66-0227304	501(c)(3)	14,400				Medical Diagnosis

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Hospital For Special Care 2150 Corbin Ave New Britain,CT 06053	06-0646766	501(c)(3)	62,600				Medical Diagnosis
Hospital For Special Surgery 535 E 70th St Dept of Neurology New York, NY 10021	13-1624135	501(c)(3)	80,000				Medical Diagnosis
Hospital of The University of Pennsylvania 3400 Spruce St Philadelphia, PA 19104	23-1352685	State of PA	70,108				Medical Diagnosis

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Houston Methodist Hosptial 6560 Fannin St 802 Houston, TX 77030	87-0721923	501(c)(3)	132,300				Medical Diagnosis
Houston Methodist Research Institute 6670 Bertner Houston, TX 77030	87-0721923	501(c)(3)	76,344				Research
IU Health Neuroscience Center 355 W 16th St 3rd Floor Neurology Indianapolis, IN 46202	35-1955872	501(c)(3)	22,500				Medical Diagnosis

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IU Health Riley Hospital for Children 355 West 16th 4th floor Indianapolis, IN 46202	35-1955872	501(c)(3)	22,500				Medical Diagnosis
Joan and Sanford I Weill Medical College 1300 York Ave Box 89 New York, NY 10065	13-1623978	501(c)(3)	199,999				Research
Johns Hopkins University School of Medicine 600 NWolfe St Baltimore, MD 21287	32-0061260	501(c)(3)	195,300				Medical Diagnosis

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Johns Hopkins University School of Medicine 733 North Broadway Ste 117 Baltimore, MD 21205	52-0595110	501(c)(3)	579,663				Research
KUMC Research Institute 3901 Rainbow Blvd Kansas City, KS 66160	48-1108830	501(c)(3)	46,800				Medical Diagnosis
Le Bonheur Children's Hospital 50 Peabody Place Ste 400 Memphis, TN 38103	62-1872938	501(c)(3)	30,375				Medical Diagnosis

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Loma Linda University 11175 Campus St Coleman Pav Rm A Loma Linda, CA 92354	33-0364239	501(c)(3)	26,100				Medical Diagnosis
Louisiana State University Health Sci Ctr 1501 Kings Highway Neurology Dept Shreveport, LA 71130	72-0702002	State of LA	27,000				Medical Diagnosis
LSU School of Medicine 433 Bolivar St New Orleans, LA 70112	72-1304948	501(c)(3)	33,300				Medical Diagnosis

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Lucile Salter Packard Child Hosp 4100 Bohannon Dr Mail Code 5894 1 Menlo Park, CA 94025	77-0003859	501(c)(3)	43,000				Medical Diagnosis
Ludwig Institute for Cancer Research 9500 Gilman Dr La Jolla, CA 92093	23-7121131	501(c)(3)	99,009				Research
Lutheran Hospital of Indiana 7950 W Jefferson Blvd Fort Wayne, IN 46804	35-1963748	501(c)(3)	14,400				Medical Diagnosis

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Maine Medical Center 49 Spring St Scarborough,ME 04074	01-0238552	501(c)(3)	14,850				Medical Diagnosis
Marshfield Clinic 1000 North Oak Ave Marshfield,WI 54449	39-0452970	501(c)(3)	10,800				Medical Diagnosis
Massachusetts General Hospital 55 FRUIT ST- WACC 720 BOSTON,MA 02114	04-2697983	501(c)(3)	16,903				Research

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Massachusetts General Hospital MGH Research Fin 1200-207418 PO Bo Boston,MA 02241	04-2697983	501(c)(3)	123,300				Medical Diagnosis
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville,FL 32224	59-3337028	501(c)(3)	27,000				Medical Diagnosis
Mercy Clinic Neurology 2115 S Fremont Springfield,MO 65804	44-0552485	501(c)(3)	19,000				Medical Diagnosis

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Mercy Health Saint Mary's 200 Jefferson SE Grand Rapids, MI 49503	38-2113393	501(c)(3)	40,000				Medical Diagnosis
Methodist Neurological Institute 6560 Fannin St Houston, TX 77030	87-0721923	501(c)(3)	84,600				Research
Metrohealth Medical Center PO Box 73122 Cleveland, OH 44193	34-6004382	501(c)(3)	36,000				Medical Diagnosis

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Michigan State University B-301 E Fee Hall A-217 Clinical C East Lansing, MI 48824	38-6005984	State of MI	6,750				Medical Diagnosis
Miller School of Medicine of the University of Mia 1320 South Dixie Highway Ste 650 Coral Gables, FL 33146	59-0624458	State of FL	261,074				Research
Montefiore Medical Center 3351 Steuben Ave 3rd Floor Bronx, NY 10467	13-3908657	501(c)(3)	62,100				Medical Diagnosis

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Nationwide Children's Hospital 555 South 18th St Columbus, OH 43205	31-1036370	501(c)(3)	28,800				Medical Diagnosis
Nationwide Children's Hospital 700 Childrens Dr Columbus, OH 43205	31-6056230	501(c)(3)	10,000				Research
Nemours Children's Clinic - Orlando 10140 Centurion Parkway North 3E Jacksonville, FL 32246	59-0634433	501(c)(3)	50,000				Medical Diagnosis

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

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Neurology Associates 1301 S Cliff Ave 506 Sioux Falls,SD 57105	46-0364889	501(c)(3)	16,200				Medical Diagnosis
Neurology Associates of Arlington 2800 E Broad St Ste 504 Mansfield,TX 76063	75-2405825	501(c)(3)	24,300				Medical Diagnosis
Northeast ALS Consortium 2720 Neilson Way Floor 1 Santa Monica,CA 90409	56-2547779	501(c)(3)	50,000				Research

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Northwestern Medical Faculty Found 710 N Lake Shore Dr Rm 1119 Chicago, IL 60611	39-3097297	501(c)(3)	62,000				Medical Diagnosis
Northwestern University- Chicago 750 N Lake Shore Dr Rubloff Bldg 7 Chicago, IL 60611	36-2167817	501(c)(3)	100,000				Research
NYU Elaine A And Kenneth G Langone Med 240 East 38th St Room 15-60B New York, NY 10016	13-3971298	501(c)(3)	72,900				Medical Diagnosis

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Ohio State University Hospital Ste 181 2006 Kenny Road Columbus,OH 43212	31-6025986	State of OH	61,200				Medical Diagnosis
Olive View - UCLA Medical Center 14445 Olive View Dr 2C136 Sylmar,CA 91342	95-2249539	501(c)(3)	22,500				Medical Diagnosis
Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland,OR 97201	93-1176109	501(c)(3)	36,000				Medical Diagnosis

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OSF Medical Group Neurology 100 NE Randolph Ave Peoria,IL 61656	37-0662569	501(c)(3)	16,000				Medical Diagnosis
Palo Alto Veterans Institute for Research 3801 Miranda Ave Palo Alto,CA 94304	77-0207331	501(c)(3)	60,000				Research
Phoenix Children's Hospital 1919 East Thomas Rd Phoenix,AZ 85016	86-0422559	501(c)(3)	12,000				Medical Diagnosis

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Ponce School of Medicine PO Box 7004 Ponce, PR 00732	66-0379122	501(c)(3)	36,000				Medical Diagnosis
President and Fellows of Harvard College PO Box 415649 Boston, MA 02241	04-2103580	501(c)(3)	59,995				Research
Prevea Clinic PO Box 19070 Green Bay, WI 54307	39-1839349	501(c)(3)	17,944				Medical Diagnosis

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Purdue University Young Hall 155 S Grant St West Lafayette, IN 46202	35-6002041	State of IN	84,600				Research
Rady Children's Hospital - San Diego MDA Clinic 3020 Childrens Way MC San Diego, CA 92123	95-1691313	501(c)(3)	45,000				Medical Diagnosis
Rapides Specialty Clinic Division of RRMC Box 30101 211 Fourth St Alexandria, LA 71301	72-0702002	501(c)(3)	9,000				Medical Diagnosis

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Regents of the University of California 675 Nelson Rising Lane Ste 201 Box San Francisco,CA 94158	94-6036493	State of CA	108,000				Medical Diagnosis
Regents of the University of California Med Pmr Dept 4860 Y St Ste 3850 Sacramento,CA 95817	94-6036494	State of CA	45,000				Medical Diagnosis
Regents of the University of California 710 Westwood Plaza 4-231 Rnrc Los Angeles,CA 90095	95-6006143	State of CA	108,000				Medical Diagnosis

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Regents of The University of Michigan 2301 Commonwealth Blvd Ann Arbor, MI 48105	38-6006809	State of MI	30,000				Medical Diagnosis
Regents of The University of Michigan 200 South Manchester Ave Ste 110 Orange, CA 92868	95-2226406	State of CA	66,000				Medical Diagnosis
Regents of the University of Minnesota - Twin Citi 450 McNamara Alumni Center 200 Oak Minneapolis, MN 55455	41-6007513	State of MN	275,314				Research

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

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ReveraGen BioPharma Inc 8070 Georgia Ave Ste 416 Silver Spring,MD 20910	26-3808415	C Corp	659,880				Research
Rhode Island Hospital 593 Eddy St Providence,RI 02903	05-0258954	501(c)(3)	16,200				Medical Diagnosis
Round Rock Medical Center 2400 Round Rock Ave Round Rock, TX 78681	74-2781812	501(c)(3)	13,500				Medical Diagnosis

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

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Rutgers New Jersey Medical School 65 Davidson Road Room 306 Piscataway, NJ 08854	35-1911857	501(c)(3)	78,300				Medical Diagnosis
Sacred Heart Hospital 1255 Hilyard St/PO Box 10905 Eugene, OR 97440	93-1084906	501(c)(3)	13,500				Medical Diagnosis
Sanford Clinic 720 4th St North Fargo, ND 58122	91-1770748	501(c)(3)	17,100				Medical Diagnosis

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Sanford-Burnham Medical Research Institute 10901 North Torrey Pines Road La Jolla, CA 92037	51-0197108	501(c)(3)	99,279				Research
Sanofi-Aventis US Inc 55 Corporate Dr Bridgewater, NJ 08807	42-1612939	C Corp	159,500				Research
Sarasota Memorial Hospital 1700 Tamiami Trail Sarasota, FL 34239	59-6012500	501(c)(3)	24,000				Medical Diagnosis

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Seattle Children's Hospital 4800 Sand Point Way-PO Box 5371 Seattle, WA 98105	91-0564748	501(c)(3)	49,050				Medical Diagnosis
Sentara Norfolk General Hospital 6015 Poplar Hall Dr Ste 212 Norfolk, VA 23502	54-1547408	501(c)(3)	22,500				Medical Diagnosis
Shriners Hospfor Children - Portland 3101 SW Sam Jackson Park Road Portland, OR 97239	36-2193608	501(c)(3)	9,000				Medical Diagnosis

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Shriners Hospital For Children - Chicago 2211 N Oak Park Ave Chicago, IL 60707	36-2193608	501(c)(3)	25,000				Medical Diagnosis
Shriners Hospital For Children in Spokane 911 W 5th Ave Spokane, WA 99204	36-2193608	501(c)(3)	7,200				Medical Diagnosis
Southern Research Institute 2000 Ninth Ave South Birmingham, AL 35205	63-0288868	501(c)(3)	84,600				Research

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Spartanburg Neurological Services 362 N Pine St Spartanburg, SC 29302	57-0902952	501(c)(3)	8,100				Medical Diagnosis
Specially For Children - Child Neur ctr 1301 Barbara Jordan Blvd 200 Austin, TX 78723	74-2800601	501(c)(3)	13,500				Medical Diagnosis
Spectrum Health Foundation 100 Michigan NE MC 004 Grand Rapids, MI 49503	38-2752328	501(c)(3)	20,000				Medical Diagnosis

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St Anthony's Neurology Group 300 S Park Place Blvd Ste 170 Clearwater, FL 33759	74-3168197	501(c)(3)	22,500				Medical Diagnosis
St Charles Hospital And Rehabilitation Ctr 200 Belle Terre Road Port Jefferson, NY 11777	41-2076312	501(c)(3)	18,000				Medical Diagnosis
St Francis Community Health Center PO Box 1901 Monroe, LA 71210	72-0408970	501(c)(3)	11,250				Medical Diagnosis

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St Joseph's Children's Hospital of Tampa 2700 W Dr Martin Luther King Jr B Tampa,FL 33607	59-1100828	501(c)(3)	31,500				Medical Diagnosis
St Joseph's Hospital & Medical Center 350 West Thomas Rd Phoenix,AZ 85013	86-0096787	501(c)(3)	60,000				Medical Diagnosis
St Jude Children's Research Hospital PO Box 1000 Dept 949 Memphis,TN 38148	62-0646012	501(c)(3)	59,737				Research

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St Luke's Health System 190 E Bannock Boise,ID 83712	82-0161600	501(c)(3)	10,000				Medical Diagnosis
St Luke's Rehabilitation Institute S 711 Cowley Spokane,WA 99202	91-1307555	501(c)(3)	18,000				Medical Diagnosis
St Peter's Hospital Foundation 319 S Manning Blvd Ste 114 Albany,NY 12208	22-2262982	501(c)(3)	70,000				Medical Diagnosis

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Stanford University PO Box 44253 San Francisco,CA 94144	94-1156365	State of CA	184,467				Research
SUNY Downstate Med Ctr 450 Clarkson Ave Box 1213 Brooklyn,NY 11203	14-1368361	501(c)(3)	40,500				Medical Diagnosis
SUNY Upstate Medical University 750 E Adams St Syracuse,NY 13210	16-6066240	501(c)(3)	45,900				Medical Diagnosis

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Texas Children's Hospital PO Box 300327 Houston, TX 77230	74-1100555	501(c)(3)	18,000				Medical Diagnosis
Texas Neurology PA 6301 Gaston Ave Ste 100 West Towe Dallas, TX 75214	75-2654757	501(c)(3)	9,000				Medical Diagnosis
The Board of Trustees of the Univ of il 1737 W Polk St M/C 672 AOB 304 Chicago, IL 60612	37-6000511	State of IL	84,600				Research

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The Children's Hospital in Aurora 13123 E 16th Ave Aurora, CO 80045	84-0166760	501(c)(3)	52,200				Medical Diagnosis
The Children's Hospital in Birmingham 1600 7th Ave South Acc Ste 406 Birmingham, AL 35233	63-0307306	501(c)(3)	18,000				Medical Diagnosis
The Curators of the University of Missouri 310 Jesse Hall Columbia, MO 65211	43-6003859	State of MO	184,600				Research

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The Duluth Clinic Ltd 400 E 3rd St Acct 99902024-0 Duluth, MN 55805	41-0883623	501(c)(3)	6,750				Medical Diagnosis
The George Washington University 2121 Eye St NW Washington, DC 20052	53-0196584	501(c)(3)	84,600				Research
The Jackson Laboratory 600 Main St Bar Harbor, ME 04609	01-0211513	501(c)(3)	100,000				Research

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The Methodist Hospital Research Institute 6565 Fannin MGJ4-024 Houston,TX 77030	87-0721923	501(c)(3)	100,000				Research
The Mucio F Delgado Clinic 2800 E Ajo Way Tucson,AZ 85713	94-2958258	501(c)(3)	31,500				Medical Diagnosis
The Ohio State University Research Found 1960 Kenny Road Columbus,OH 43210	31-6025986	State of OH	233,930				Research

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The Queen's Medical Center 1301 Punchbowl St Honolulu, HI 96813	99-0073524	501(c)(3)	25,000				Medical Diagnosis
The Regents of the University of California (Davis 1850 Research Park Dr Ste 300 Davis, CA 95618	94-6036494	State of CA	95,907				Research
The Regents of the University of California Los A 11000 Kinross Ave Ste 211 Los Angeles, CA 90095	94-6006143	State of CA	715,870				Research

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The Regents of the University of California San D 9500 Gilman Dr Dept 0934 La Jolla, CA 92093	95-6006144	State of CA	159,648				Research
The Regents of the University of California San F 3333 California St Ste 315 San Francisco, CA 94118	94-6036493	State of CA	135,360				Research
The Regents of the University of Colorado 3100 Marine St Room 479 Boulder, CO 80309	84-6000555	State of CO	100,000				Research

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The Regents of the University of Michigan 3003 S State St Room 1054 Ann Arbor, MI 48109	38-6006309	State of MI	160,546				Research
The Research Foundation of SUNY 750 E Adams St 209 CAB Syracuse, NY 13210	14-1368361	State of NY	50,633				Research
The Research Institute at Nationwide Child 700 Childrens Dr Columbus, OH 43205	31-6056230	501(c)(3)	144,600				Research

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The Salk Institute for Biological Studies 10010 North Torrey Pines Road La Jolla, CA 92037	95-2160097	501(c)(3)	60,000				Research
The Scripps Research Institute 10550 North Torrey Pines Rd La Jolla, CA 92037	33-0435954	501(c)(3)	100,000				Research
The Trustees of the University of Pennsylvania 3451 Walnut St Franklin Bldg P-22 Philadelphia, PA 19104	23-1352685	State of PA	200,802				Research

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The University of Alabama at Birmingham 1720 2nd Ave South AB 990 Birmingham, AL 35294	63-6005396	State of AL	100,000				Research
The University of Alabama at Birmingham 1720 7th Ave South SC 350E1 Birmingham, AL 35233	63-0649108	State of AL	50,000				Medical Diagnosis
The University of Iowa 2 Gilmore Hall Iowa City, IA 52242	42-6004813	State of IA	460,325				Research

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The University of Oklahoma Health Sciences Center 1000 Stanton L Young Blvd Lib 12 Oklahoma City, OK 73117	73-6017987	State of OK	100,000				Research
The University of Texas Health Science Ctr Post Office Box 20036 Houston, TX 77225	74-1761309	State of TX	46,726				Research
Thomas Jefferson University 125 S 9th St Philadelphia, PA 19107	23-1352651	501(c)(3)	300,000				Research

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Toledo Children's Hospital - Center For Health Ser 3949 Sunforest Court Twin Oaks Bl Toledo, OH 43623	34-4428256	501(c)(3)	40,500				Medical Diagnosis
Tufts Medical Center Hospital 800 Washington St Dept of PM and Boston, MA 02111	04-3148378	501(c)(3)	22,500				Medical Diagnosis
UNC Hospitals 211 Friday Center Dr Ste 2033 Chapel Hill, NC 27514	57-0935917	State of NC	34,200				Medical Diagnosis

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University Medical Associates 1 Poston Road Ste 350 Charleston,SC 29407	57-1098556	State of SC	43,875				Medical Diagnosis
University Neurology Inc 231 Bethesda Ave Cincinnati, OH 45267	31-1000664	State of OH	70,200				Medical Diagnosis
University of Arizona Health Sciences Ctr 1501 N Campbell PO Box 245142 Tucson,AZ 85724	94-2958258	State of AZ	31,500				Medical Diagnosis

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University of Arkansas for Medical Sciences 4301 W Markham Little Rock, AR 72205	71-6046242	State of AR	54,000				Medical Diagnosis
University of Colorado PO Box 110247 Aurora, CO 80042	74-2161737	State of CO	135,000				Medical Diagnosis
University of Colorado Denver AMC and DC Anschutz Medical Campus Building 50 Aurora, CO 80045	84-6000555	State of CO	100,000				Research

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University of Florida 219 Grinter Hall Gainesville,FL 32611	59-6002052	State of FL	170,411				Research
University of Florida Health 302 Tigert Hall Gainesville,FL 32611	59-6002052	State of FL	27,450				Medical Diagnosis
University of IL Board of Trustees 506 S Wright St Urbana,IL 62708	37-6000511	State of IL	63,500				Medical Diagnosis

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University of Iowa Hospitals & Clinics B5 Jessup Hall Iowa City, IA 52242	42-6004813	State of IA	46,800				Medical Diagnosis
University of Kentucky Research Foundation 500 South Limestone 109 Kinkead Ha Lexington, KY 40526	61-6033693	State of KY	100,000				Research
University of Louisville Physicians Inc 500 S Preston St HSC-A Room 113 Louisville, KY 40202	27-3645560	State of KY	7,000				Medical Diagnosis

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University of MA Memorial Medical Center 55 Lake Ave North Room S1-802 1043 Worcester, MA 01655	04-3167352	State of MA	49,991				Medical Diagnosis
University of Maryland 620 W Lexington St 4th Floor Baltimore,MD 21201	52-6002033	State of MD	100,000				Research
University of Massachusetts Medical school 55 Lake Ave North Worcester, MA 01655	04-3167352	501(c)(3)	100,000				Research

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University of Miami Sponsored Programs PO Box 405803 Atlanta,GA 30384	59-2579826	State of GA	90,168				Medical Diagnosis
University of Missouri One Hospital Dr DC05630 Columbia,MO 65212	43-6003859	State of MO	12,600				Medical Diagnosis
University of Nebraska Medical Center Sponsored ProgAcct/600 S42nd St Omaha,NE 68198	47-0049123	State of NE	36,000				Medical Diagnosis

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University of Nevada School of Medicine 2040 W Charleston Blvd Ste 300 Las Vegas, NV 89102	88-0330858	State of NV	22,500				Medical Diagnosis
University of New Mexico Health & Science MSC 09 5225 1 University of New Mex Albuquerque, NM 87131	85-6000642	State of NM	41,400				Medical Diagnosis
University of Oregon 5219 University of Oregon Eugene, OR 97403	48-1278531	State of OR	84,600				Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 123 University Place Pittsburgh, PA 15213	25-0965591	State of PA	93,070				Research
University of Pittsburgh 200 Lothrop St Ste F875 Pittsburgh, PA 15213	25-0965591	State of PA	54,000				Medical Diagnosis
University of Puerto Rico Medical Sciences Clinica Las Americas 400 FD Rooseve San Juan, PR 00918	66-0433762	Puerto Rico	45,000				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Rochester 518 Hylan Bldg Box 270140 Rochester, NY 14627	16-0743209	501(c)(3)	172,064				Research
University of Rochester Medical Center 601 Elmwood Ave Box 673 Rochester, NY 14642	16-0743209	State of NY	94,500				Medical Diagnosis
University of Southern California 3720 S Flower St Los Angeles,CA 90089	95-1642394	State of CA	160,000				Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Tennessee Medical Center 1928 Alcoa Highway Medical Bldg B Knoxville,TN 37920	31-1626179	State of TN	12,600				Medical Diagnosis
University of TX Hlth Science Ctr MSRDP 7703 Floyd Curl Dr San Antonio, TX 78284	74-1586031	State of TX	74,700				Medical Diagnosis
University of TXSW Medical Center 5323 Harry Hines Blvd Dallas,TX 75390	75-6002868	State of TX	192,000				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Utah 75 S 2000 East 211 RAB Salt Lake City,UT 84112	87-6000525	State of UT	125,000				Research
University of Utah School of Medicine 175 North Medical Dr East 5th Floo Salt Lake City,UT 84132	87-0480520	State of UT	67,500				Medical Diagnosis
University of Virginia Health Services Foundation PO Box 9007 Charlottesville,VA 22906	54-1124769	State of VA	57,600				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98195	91-6001537	State of WA	342,741				Research
University of Washington MedCenter 1959 NE Pacific St PO Box 2561 Seattle, WA 98195	91-6001537	State of WA	63,900				Medical Diagnosis
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	State of TX	203,364				Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt Department of Neurology 1236 PO Box 121236 Dallas, TX 75312	62-0476822	501(c)(3)	149,000				Medical Diagnosis
Via Christi Hospitals Wichita Inc 707 N Emporia Wichita, KS 67147	48-1172106	501(c)(3)	29,250				Medical Diagnosis
Virginia Commonwealth University PO Box 980599 VCU Neurology Richmond, VA 23298	54-1581185	501(c)(3)	40,000				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University PO BOX 980568 Richmond, VA 23298	54-6001758	State of VA	100,000				Research
W Virginia University Research Corp 1 Medical Ctr Dr Ste 7500 Morgantown, WV 26508	55-0665758	State of WV	32,400				Medical Diagnosis
Wake Forest University School of Medicine 475 Vine St WinstonSalem, NC 27157	22-3849199	State of NC	18,000				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University in St Louis 660 South Euclid Ave Campus Box 80 St Louis,MO 63110	43-0653611	501(c)(3)	266,902				Research
Washington University School of Medicine DeptOf Neurology Box 8111 600 S St Louis,MO 63110	43-0653611	State of MO	126,000				Medical Diagnosis
White Plains Hospital & Medical Center Davis Ave at East Post Road White Plains,NY 10601	13-1740130	501(c)(3)	12,600				Medical Diagnosis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wright State University 3640 Colonel Glenn Hwy Dayton,OH 45435	31-0732831	501(c)(3)	82,603				Research
Yale University 800 Howard Ave PO Box 208071 New Haven,CT 06520	06-0646973	501(c)(3)	37,000				Medical Diagnosis

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION INC

Employer identification number
13-1665552

Part I	Questions Regarding Compensation		Yes	No
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			
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in 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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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?	5a		No
b	Any related organization?	5b		No
	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?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
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	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
schedule J, Part I, Line 4b	Steven M. Derks \$66,750 457(B) & (F) retirement plan

Additional Data

Software ID:

Software Version:

EIN: 13-1665552

Name: MUSCULAR DYSTROPHY ASSOCIATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STEVEN M DERKS PRESIDENT & CEO	(i)	473,271	35,600	0	66,750	18,074	593,695	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1JULIE FABER CPA ASST TREASURER & CFO	(i)	243,128	0	0	0	6,807	249,935	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2VALERIE A CWIK MD ASST SEC/CHIEF MED SCIENTIFIC	(i)	237,933	0	0	0	6,807	244,740	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3ANN MCNAMARA EVP - CHIEF DEV OFFICER	(i)	223,425	0	0	0	620	224,045	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4STEVEN FORD EVP - CHIEF COMM/MRKT OFFICER	(i)	212,036	5,250	0	0	18,074	235,360	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5ROBERT GRINSFELDER EVP - CHIEF FIELD OPS OFFICER	(i)	192,274	0	0	0	12,908	205,182	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6JOHN WALSH DIVISION CHIEF EXECUTIVE	(i)	160,587	0	0	0	18,074	178,661	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7BRADLEY BARGHOLS DIVISION CHIEF EXECUTIVE	(i)	151,446	0	0	0	18,074	169,520	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8GRACE K PAVLATH PHD SR VP - SCIENTIFIC PROG DIR	(i)	197,601	0	0	0	12,908	210,509	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9GAIL SCHMERTZ KERNER ESQ CHIEF LEGAL OFFICER	(i)	196,731	0	0	0	18,074	214,805	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10EILEEN TIMMINS PHD VP & CHIEF HR OFFICER	(i)	194,250	0	0	0	12,498	206,748	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11JEANNINE M HOULIHAN CHIEF INFORMATION OFFICER	(i)	184,945	0	0	0	6,807	191,752	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12MARGARET HODGES DIVISION CHIEF EXECUTIVE	(i)	145,472	0	0	0	18,074	163,546	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
Information about Schedule L (Form 990 or 990-EZ) and its instructions is available at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION INC	Employer identification number 13-1665552
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

[illegible]

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$ _____

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

Part II Loans to and/or From Interested Persons.

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

[illegible]

Part III Grants or Assistance Benefiting Interested Persons.

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

[illegible]

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Daniel G Fries	MDA Board Member	215,281	Pension Actuaries Service		No

Part V

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON DANIEL G FRIES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION MDA BOARD MEMBER (C) AMOUNT OF TRANSACTION \$215,281 (D) DESCRIPTION OF TRANSACTION MDA BOARD MEMBER DAN FRIES IS EMPLOYED BY SIBSON CONSULTING AS A SENIOR VP, NEW YORK REGIONAL LEADER, AND IS NOT DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY ASSOCIATION, INC SIBSON CONSULTING PROVIDES MDA'S PENSION ACTUARIES (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION INC

Employer identification number
13-1665552

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	32	88,139	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>MEDICAL EQUIPMENT</u>)	X	69	609,489	APPRAISAL
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

42

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information.

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION INC	Employer identification number 13-1665552
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	MDA IS THE NONPROFIT HEALTH AGENCY DEDICATED TO CURING MUSCULAR DYSTROPHY, ALS, AND RELATED DISEASES BY FUNDING WORLDWIDE RESEARCH THE ASSOCIATION ALSO PROVIDES COMPREHENSIVE HEALTH CARE AND SUPPORT SERVICES, ADVOCACY, AND EDUCATION
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION REVISED ITS BYLAWS IN 2015 TO ADD TERMS FOR BOARD OF DIRECTOR MEMBERS AND OFFICERS AND TO UPDATE AND CLARIFY THE ROLES AND RESPONSIBILITIES OF CERTAIN MEMBERS, OFFICERS AND COMMITTEES INCLUDING THE PRESIDENT
FORM 990, PART VI, SECTION B, LINE 11	ALL BOARD MEMBERS WERE PROVIDED A COPY OF THE FEDERAL FORM 990 BEFORE FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE HUMAN RESOURCE DEPARTMENT IN CONJUNCTION WITH LEGAL
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION STUDY WAS DONE AND WAS APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE INTERNAL DOCUMENTS COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
OTHER CHANGES IN NET ASSETS - FORM 990, PART XI, LINE 9	CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS 885,031