

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning , **2016**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC. Doing Business As				D Employer identification number 13-1665552	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		E Telephone number (312) 260-5900	
	222 SOUTH RIVERSIDE PLAZA		1500			
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606-6000					
F Name and address of principal officer: LYNN O'CONNOR VOS SAME AS C ABOVE						
G Gross receipts \$ 141,730,271.						
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)						
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: WWW.MDA.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
				L Year of formation: 1950		
				M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	18.		
	4	18.		
	5	1,020.		
	6	350,000.		
	7a	369,757.		
7b	0.			
Revenue	8	121,934,463.	117,071,918.	
	9	0.	0.	
	10	2,737,030.	2,325,061.	
	11	1,366,323.	1,263,423.	
	12	126,037,816.	120,660,402.	
	Expenses	13	27,847,205.	26,545,578.
		14	0.	0.
		15	57,706,251.	56,846,712.
		16a	1,438,181.	1,302,349.
		16b	18,760,448.	
17	33,819,429.	33,386,666.		
18	120,811,066.	118,081,305.		
19	5,226,750.	2,579,097.		
Net Assets or Fund Balances	20	94,245,972.	91,932,738.	
	21	85,826,209.	84,003,147.	
	22	8,419,763.	7,929,591.	

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Part II Signature Block

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

Sign Here	Signature of officer JULIE FABER		Date 11/08/2017	
	Type or print name and title CFO			
Paid Preparer Use Only	Print/Type preparer's name MARC BERGER	Preparer's signature 	Date 11/10/2017	Check <input type="checkbox"/> if self-employed PTIN P01871563
	Firm's name ▶ BDO USA, LLP		Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102		Phone no. 703-893-0600	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: MDA IS THE NONPROFIT HEALTH AGENCY DEDICATED TO CURING MUSCULAR DYSTROPHY, ALS, AND RELATED DISEASES BY FUNDING WORLDWIDE RESEARCH. THE ASSOCIATION ALSO PROVIDES COMPREHENSIVE HEALTH CARE AND SUPPORT SERVICES, ADVOCACY, AND EDUCATION.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 54,809,533. including grants of \$ 13,412,398.) (Revenue \$)
ATTACHMENT 1

4b (Code:) (Expenses \$ 15,992,994. including grants of \$ 13,133,180.) (Revenue \$)
ATTACHMENT 2

4c (Code:) (Expenses \$ 15,274,561. including grants of \$) (Revenue \$)
ATTACHMENT 3

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

4e Total program service expenses 86,077,088.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEPHEN P. EVANS, VP FINANCE 222 SOUTH RIVERSIDE PLAZA, STE 1500 CHICAGO, 312-260-5900

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STANLEY H. APPEL, M.D. DIRECTOR	1.00 0.	X					0.	0.	0.	
(2) C. THOMAS CASKEY, M.D. DIRECTOR	1.00 0.	X					0.	0.	0.	
(3) HAROLD C. CRUMP DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) BENJAMIN F. CUMBO, III DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) STEVE FARELLA DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) DANIEL G. FRIES DIRECTOR	1.00 0.	X					0.	0.	0.	
(7) GOVERNOR BRAD HENRY DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) R. RODNEY HOWELL, M.D., CHAIRMAN	5.00 0.	X		X			0.	0.	0.	
(9) DAVE HUTTON DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) LOUIS M. KUNKEL, PHD DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) OLIN F. MORRIS DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) PATRICIA NAZEMETZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) CHRISTOPHER J. ROSA, PHD VICE CHAIR	2.00 0.	X		X			0.	0.	0.	
(14) MIKE ROWLETT DIRECTOR	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHARLES D. SCHOOR, ESQ SECRETARY	2.00 0.	X		X				0.	0.	0.
(16) MARK SMITH DIRECTOR	1.00 0.	X						0.	0.	0.
(17) JOHN TOGNINO DIRECTOR	1.00 0.	X						0.	0.	0.
(18) KRISTINE WELKER DIRECTOR	1.00 0.	X						0.	0.	0.
(19) VICTOR WRIGHT TREASURER	2.00 0.	X		X				0.	0.	0.
(20) LILIAN WU, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
(21) STEVEN M. DERKS PRESIDENT & CEO	50.00 0.			X				475,679.	0.	87,394.
(22) JULIE FABER, CPA ASST. TREASURER & CFO	50.00 0.			X				239,264.	0.	6,461.
(23) VALERIE A. CWIK, MD ASST. SEC.CHIEF MED SCIENTIFIC	50.00 0.			X				240,003.	0.	6,461.
(24) ROBERT M. GRINSFELDER EVP - CHIEF FIELDS OPS OFFICER	50.00 0.				X			212,691.	0.	10,066.
(25) STEVEN G. FORD EVP-CHIEF COMM/MRKT OFFICER	50.00 0.				X			209,009.	0.	16,009.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,823,345.	0.	204,708.
d Total (add lines 1b and 1c)								2,823,345.	0.	204,708.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 41

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 60

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) EILEEN M. TIMMINS, PHD EVP - CHIEF PEOPLE OFFICER	50.00 0.				X			186,859.	0.	9,668.
(27) ANN MCNAMARA EVP - CHIEF DEV. OFFICER	50.00 0.				X			173,286.	0.	620.
(28) JOHN WALSH DIVISION CHIEF EXECUTIVE	50.00 0.				X			172,298.	0.	16,009.
(29) JEANNINE M. HOULIHAN CHIEF INFORMATION OFFICER	50.00 0.					X		203,651.	0.	2,372.
(30) GRACE K. PAVLATH, PHD SR. VP. - SCIENTIFIC PROG DIR	50.00 0.					X		189,935.	0.	10,066.
(31) GAIL SCHMERTZ KERNER, ESQ CHIEF LEGAL OFFICER	50.00 0.					X		188,785.	0.	16,078.
(32) NANCY STINSON HARRIS NVP OF CORP PARTNERSHIP	50.00 0.					X		187,637.	0.	7,495.
(33) MARGARET HODGES DIVISION CHIEF EXECUTIVE	50.00 0.					X		144,248.	0.	16,009.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 41

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	412,763.				
	b Membership dues	1b					
	c Fundraising events	1c	95,818,189.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	455,382.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,385,584.				
	g Noncash contributions included in lines 1a-1f: \$		196,135.				
	h Total. Add lines 1a-1f			117,071,918.			
Program Service Revenue	2a _____	Business Code					
	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).			1,673,834.			1,673,834.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			62,932.			62,932.
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,538,468.	113.				
	b Less: cost or other basis and sales expenses			11,885,855.	1,499.		
	c Gain or (loss)			652,613.	-1,386.		
	d Net gain or (loss)			651,227.			651,227.
	8a Gross income from fundraising events (not including \$ <u>95,818,189.</u> of contributions reported on line 1c). See Part IV, line 18	a		8,970,739.			
	b Less: direct expenses	b		8,970,739.			
	c Net income or (loss) from fundraising events			0.			
9a Gross income from gaming activities. See Part IV, line 19	a		729,932.				
b Less: direct expenses	b		211,776.				
c Net income or (loss) from gaming activities			518,156.			518,156.	
10a Gross sales of inventory, less returns and allowances	a		0.				
b Less: cost of goods sold	b		0.				
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a QUEST ADVERTISING		541800		369,757.		369,757.	
b OTHER REVENUE		900099		312,578.			312,578.
c _____							
d All other revenue							
e Total. Add lines 11a-11d				682,335.			
12 Total revenue. See instructions.				120,660,402.		369,757.	3,218,727.

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	24,386,277.	24,386,277.		
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	2,159,301.	2,159,301.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,995,028.	848,839.	950,908.	195,281.
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	42,020,566.	33,118,816.	4,363,124.	4,538,626.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	9,316,523.	7,796,777.	1,109,102.	410,644.
10 Payroll taxes	3,514,595.	2,789,015.	360,926.	364,654.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	90,727.	43,919.	38,906.	7,902.
c Accounting	234,402.		234,402.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,302,349.			1,302,349.
f Investment management fees	132,491.		132,491.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,066,556.	2,686,044.	497,614.	6,882,898.
12 Advertising and promotion	0.			
13 Office expenses	9,005,369.	3,182,336.	2,119,176.	3,703,857.
14 Information technology	642,003.		642,003.	
15 Royalties	0.			
16 Occupancy	6,636,086.	5,570,836.	586,180.	479,070.
17 Travel	3,133,329.	2,505,357.	236,312.	391,660.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	644,660.	530,070.	55,159.	59,431.
20 Interest	310,917.		310,917.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	359,512.	238,225.	104,944.	16,343.
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	2,130,614.	221,276.	1,501,605.	407,733.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	118,081,305.	86,077,088.	13,243,769.	18,760,448.
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)	3,248,082.	373,245.	943,748.	1,931,089.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,563,965.	1	18,072,103.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	3,029,209.	3	2,721,033.
	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	2,560,027.	9	1,927,974.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,704,270.		
	b Less: accumulated depreciation	10b 6,065,210.	869,411.	10c 639,060.
	11 Investments - publicly traded securities	64,223,360.	11	68,572,568.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	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)	94,245,972.	16	91,932,738.	
Liabilities	17 Accounts payable and accrued expenses	5,303,388.	17	6,162,142.
	18 Grants payable	11,486,911.	18	9,061,097.
	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	14,500,000.	23	13,500,000.
	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	54,535,910.	25	55,279,908.
	26 Total liabilities. Add lines 17 through 25	85,826,209.	26	84,003,147.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,908,059.	27	3,423,467.
	28 Temporarily restricted net assets	4,027,996.	28	3,902,429.
	29 Permanently restricted net assets	483,708.	29	603,695.
	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	8,419,763.	33	7,929,591.
	34 Total liabilities and net assets/fund balances	94,245,972.	34	91,932,738.

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	120,660,402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,081,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,579,097.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,419,763.
5	Net unrealized gains (losses) on investments	5	2,329,506.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,398,775.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,929,591.

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		X
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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

- 1 A church, convention of churches, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 98.44%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 98.55%; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 I of Schedule L (Form 990 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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? 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.	1	
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? 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.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. 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? 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.	2a	
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? 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.	2b	
3	Parent of Supported Organizations. 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? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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).

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER REVENUE	270,273.	478,287.	331,475.	432,222.	312,578.	1,824,835.
TOTALS	<u>270,273.</u>	<u>478,287.</u>	<u>331,475.</u>	<u>432,222.</u>	<u>312,578.</u>	<u>1,824,835.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

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)	1,438.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	461,618.													
c Total lobbying expenditures (add lines 1a and 1b)	463,056.													
d Other exempt purpose expenditures	126,498,404.													
e Total exempt purpose expenditures (add lines 1c and 1d)	126,961,460.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	333,447.	261,051.	375,042.	463,056.	1,432,596.
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	15,277.	15,977.	17,255.	1,438.	49,947.

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).

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

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	357,197.	362,888.	346,757.	251,275.	175,428.
b Contributions	90,075.			50,000.	50,000.
c Net investment earnings, gains, and losses	29,883.	-5,691.	16,131.	45,482.	25,847.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	477,155.	357,197.	362,888.	346,757.	251,275.

- 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 100.0000 %
 - 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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,247.	11,285.	5,962.
d Equipment		6,630,916.	6,035,223.	595,693.
e Other		56,107.	18,702.	37,405.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				639,060.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PENSION POSTRETIREMENT PLAN OB	55,279,908.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	55,279,908.	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue per audited statements is 122,989,908. Total revenue per return is 120,660,402. Adjustments include net unrealized gains of 2,329,506.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses per audited statements is 118,081,305. Total expenses per return is 118,081,305. All adjustments are zero.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

U.S. GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR YEARS ENDED DECEMBER 31, 2016, 2015, 2014 AND 2013 ARE ALSO OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANTS TO RECIPIENTS	254,370.
(2) EUROPE			PROGRAM SERVICES	GRANTS TO RECIPIENTS	984,626.
(3) NORTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	822,305.
(4) SOUTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	98,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,159,301.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,159,301.

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

Schedule F (Form 990) 2016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	254,370.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	984,626.	CHECK			
(3)			NORTH AMERICA	RESEARCH	822,305.	CHECK			
(4)			SOUTH AMERICA	RESEARCH	98,000.	CHECK			
(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. **4.**

3 Enter total number of other organizations or entities. **4.**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				18,892,334.	1,302,349.	17,589,985.

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, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPECIAL EVENTS	SIGNATURE	520.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	77,717,923.	14,429,802.	12,641,203.	104,788,928.
	2	Less: Contributions	74,084,334.	11,489,025.	10,244,830.	95,818,189.
	3	Gross income (line 1 minus line 2)	3,633,589.	2,940,777.	2,396,373.	8,970,739.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,633,589.	2,940,777.	2,396,373.	8,970,739.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				8,970,739.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			729,932.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			112,207.	112,207.
	4	Rent/facility costs			15,000.	15,000.
	5	Other direct expenses			84,569.	84,569.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				211,776.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				518,156.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
BLACKBAUD, INC PO BOX 930256 ATLANTA GA 31193	SHARED APP SERVICES		X	13,108,229.	409,960.	12,698,269.
THOMPSON HABIB & DENISON 80 HAYDEN AVE, SUITE 300 LEXINGTON MA 02421	DIRECT MAIL		X	5,608,532.	759,280.	4,849,252.
INFOCISION 325 SPRINGSIDE DRIVE AKRON OH 44333	DIRECT MAIL		X	175,573.	133,109.	42,464.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ STEPHEN P. EVANS, VICE PRESIDENT FINANCE

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

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

AK, FL, KS, MI, MN, NE, NY, OK, TX, VA, WI,

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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.

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV OF CALIFORNIA 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	STATE OF CA	875,983.				RESEARCH
(2) COLUMBIA UNIV MEDICAL CTR 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	478,298.				RESEARCH
(3) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	52-0595110	501(C)(3)	448,976.				RESEARCH
(4) CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVE WASHINGTON, DC 20010	52-1654453	501(C)(3)	450,225.				RESEARCH
(5) UNIV OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	382,500.				RESEARCH
(6) UNIV OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195	91-6001537	STATE OF WA	351,475.				RESEARCH
(7) UNIV OF ROCHESTER 518 HYLAN BLDG ROCHESTER, NY 14627	16-0743209	501(C)(3)	330,606.				RESEARCH
(8) WASHINGTON UNIV IN ST LOUIS 660 SOUTH EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	319,600.				RESEARCH
(9) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	300,000.				RESEARCH
(10) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S P.O. BOX 78000 DETROIT, MI 48278	31-6056230	501(C)(3)	275,270.				RESEARCH
(11) STANFORD UNIVERSITY 3172 PORTER DR PALO ALTO, CA 94304	94-1156365	STATE OF CA	274,375.				RESEARCH
(12) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	272,282.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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.

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV OF COLORADO AT BOULDER 3100 MARINE ST BOULDER, CO 80309	84-6000555	STATE OF CO	239,759.				RESEARCH
(2) JOAN & SANFORD I WEILL MED COL 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	229,444.				RESEARCH
(3) UNIV OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	STATE OF MI	223,608.				RESEARCH
(4) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	284,243.				RESEARCH & MEDICAL DIAGNOSIS
(5) UNIV OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	194,858.				RESEARCH
(6) UNIV OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	193,959.				RESEARCH
(7) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES LA JOLLA, CA 92037	33-0435954	501(C)(3)	190,454.				RESEARCH
(8) CATABASIS PHARMACEUTICALS INC. ONE KENDALL SQUARE CAMBRIDGE, MA 02139	26-3687168	C CORP	180,640.				RESEARCH
(9) UT SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TX	175,000.				RESEARCH
(10) THE UNIV OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	270,795.				RESEARCH & MEDICAL DIAGNOSIS
(11) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OH	152,688.				RESEARCH
(12) SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	151,665.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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.

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	150,000.				RESEARCH
(2) JOHNS HOPKINS UNIVERSITY, SCH OF MED 733 N BRDWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	145,000.				RESEARCH
(3) UNIV OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	143,983.				RESEARCH
(4) SANOFI 55 CORPORATE DR BRIDGEWATER, NJ 08807	42-1612939	C CORP	139,375.				RESEARCH
(5) THE REGENTS OF THE UNIV OF CA 1850 RESEARCH PARK DR DAVIS, CA 95618	94-6036494	STATE OF CA	136,575.				RESEARCH
(6) UNIV OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	STATE OF PA	135,370.				RESEARCH
(7) UNIV OF ARIZONA 1303 E UNIV BLVD TUCSON, AZ 85719	74-2652689	STATE OF AZ	133,668.				RESEARCH
(8) UNIV OF MIAMI SCH OF MED 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	STATE OF FL	132,500.				RESEARCH
(9) COLORADO STATE UNIVERSITY BOX 2002 FORT COLLINS, CO 80523	84-6000545	STATE OF CO	130,225.				RESEARCH
(10) UNIV OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MO	127,949.				RESEARCH
(11) METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN ST HOUSTON, TX 77030	87-0721923	501(C)(3)	126,900.				RESEARCH
(12) PURDUE UNIVERSITY 155 S. GRANT ST WEST LAFAYETTE, IN 46202	35-6002041	STATE OF IN	126,900.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE METHODIST HOSPITAL RESEARCH INS ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	125,000.				RESEARCH
(2) UNIVOF ILLINOIS AT URBANA-CHAMPAIGN 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6000511	STATE OF IL	105,750.				RESEARCH
(3) UNIVOF KENTUCKY RESEARCH FOUNDATION 500 S LIMESTONE LEXINGTON, KY 40526	61-6033693	STATE OF KY	100,000.				RESEARCH
(4) NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	100,000.				RESEARCH
(5) UNIV OF OKLAHOMA 1000 STNTON YNG BLVD	73-6017987	STATE OF OK	100,000.				RESEARCH
(6) LUDWIG INSTITUTE FOR CANCER RESEARCH LTD 9500 GILMAN DR LA JOLLA, CA 92093	23-7121131	501(C)(3)	100,000.				RESEARCH
(7) CEDARS-SINAI MEDICAL CTR 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	100,000.				RESEARCH
(8) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	99,528.				RESEARCH
(9) MAYO CLINIC 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	97,500.				RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	91,302.				RESEARCH
(11) THE GEORGE WASH. UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	90,513.				RESEARCH
(12) THE JACKSON LABORATORY 600 MAIN ST BAR HARBOR, ME 04609	01-0211513	501(C)(3)	90,302.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV OF OREGON 5219 UNIV OF OREGON EUGENE, OR 97403	48-1278531	STATE OF OR	89,661.				RESEARCH
(2) THE UNIV OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	89,600.				RESEARCH
(3) UNIV OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST LOS ANGELES, CA 90089	95-1642394	STATE OF CA	85,000.				RESEARCH
(4) HOUSTON METHODIST RESEARCH INSTITUTE 6670 BERTNER HOUSTON, TX 77030	87-0721923	501(C)(3)	84,600.				RESEARCH
(5) MILLER SCHOOL OF MEDICINE 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	STATE OF FL	84,600.				RESEARCH
(6) SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVE S BIRMINGHAM, AL 35205	63-0288868	501(C)(3)	84,600.				RESEARCH
(7) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	C CORP	84,600.				RESEARCH
(8) WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435	31-0732831	501(C)(3)	82,603.				RESEARCH
(9) THE UNIV TX HEALTH SCI CTR PO BOX 301418 DALLAS, TX 77225	74-1761309	STATE OF TX	82,070.				RESEARCH
(10) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	STATE OF VA	75,000.				RESEARCH
(11) ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 MEMPHIS, TN 38148	62-0646012	501(C)(3)	75,000.				RESEARCH
(12) BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	75,000.				RESEARCH

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Department of the Treasury
Internal Revenue Service

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV OF MARYLAND 620 W. LEXINGTON ST BALTIMORE, MD 21201	52-6002033	STATE OF MD	75,000.				RESEARCH
(2) UNIV MASSACHUSETTS MED SCH 55 LAKE AVE N. WORCESTER, MA 01655	04-3167352	STATE OF MA	75,000.				RESEARCH
(3) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TOR. PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	60,000.				RESEARCH
(4) PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVE PALO ALTO, CA 94304	77-0207331	501(C)(3)	60,000.				RESEARCH
(5) HARVARD COLLEGE P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	59,995.				RESEARCH
(6) UNIV OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221	31-6000989	501(C)(3)	55,000.				RESEARCH
(7) THE RESEARCH INST AT NATIONWIDE CHILDREN'S 700 CHILDRENS DR COLUMBUS, OH 43205	31-6056230	501(C)(3)	55,000.				RESEARCH
(8) THE UNIV OF SAN FRANCISCO 1855 FOLSOM MCB 425 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	50,760.				RESEARCH
(9) THE RESEARCH FOUNDATION OF STATE UNIV NY 450 CLARKSON AVE BROOKLYN, NY 11203	14-1368361	501(C)(3)	50,760.				RESEARCH
(10) NORTHEAST ALS CONSORTIUM 2720 NEILSON WAY SANTA MONICA, CA 90409	56-2547779	501(C)(3)	50,750.				RESEARCH
(11) HARVARD MEDICAL SCHOOL P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	50,000.				RESEARCH
(12) DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	50,000.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	50,000.				RESEARCH
(2) RUTGERS UNIVERSITY 35-1911857 PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	50,000.				RESEARCH
(3) ANN & ROBERT H LURIE CHLDRN'S HOSP CHICAGO 225 E CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(C)(3)	75,000.				RESEARCH & MEDICAL DIAGNOSIS
(4) FRED HUTCHINSON CANCER RESEARCH CTR 1100 FAIRVIEW AVE SEATTLE, WA 98109	23-7156071	501(C)(3)	41,688.				RESEARCH
(5) INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	37,256.				RESEARCH
(6) RESEARCH FOUNDATION OF SUNY 450 CLARKSON AVE BROOKLYN, NY 11203	14-1368361	501(C)(3)	67,441.				RESEARCH
(7) CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	32,500.				RESEARCH
(8) MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVE, BOX 701 NEW YORK, NY 10065	13-1924236	501(C)(3)	32,159.				RESEARCH
(9) THE UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	31,381.				RESEARCH
(10) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	30,000.				RESEARCH
(11) BOSTON BIOMEDICAL RESEARCH INSTITUTE, MA 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	28,655.				RESEARCH
(12) THE UNIV OF PENNSYLVANIA 3400 SPRUCE ST PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	26,897.				RESEARCH

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1) UNIV OF ILLINOIS 1737 W. POLK ST CHICAGO, IL 60612	37-6000511	STATE OF IL	26,422.				RESEARCH
(2) HARVARD UNIV SCHL PUBLIC HEALTH PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	24,792.				RESEARCH
(3) UNIV OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	21,465.				RESEARCH
(4) UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	21,306.				RESEARCH
(5) ILLINOIS INSTITUTE OF TECHNOLOGY 7562 SOLUTION CTR CHICAGO, IL 60677	36-2170136	501(C)(3)	16,880.				RESEARCH
(6) ST LOUIS COLLEGE OF PHARMACY 4588 PKVW PLACE ST. LOUIS, MO 63110	43-0652675	501(C)(3)	15,000.				RESEARCH
(7) THE BOARD OF TRUSTEES UNIV OF IL 1737 W POLK ST CHICAGO, IL 60612	37-6000511	STATE OF IL	15,000.				RESEARCH
(8) UNIV OF NEVADA 204 ROSS HALL RENO, NV 89557	88-6000024	STATE OF NV	14,353.				RESEARCH
(9) AMERICAN FAMILY CHILDREN'S HOSPITAL 21 NORTH PARK ST MADISON, WI 53715	39-6006492	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(10) AUGUSTA UNIV HEALTH 1120 15TH ST AUGUSTA, GA 30912	58-2144788	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(11) BEAUMONT HOSPITALS 3555 W. 13 MILE RD ROYAL OAK, MI 48073	38-1459362	N/A	12,500.				MEDICAL DIAGNOSIS
(12) BUFFALO GENERAL MEDICAL CTR 100 HIGH ST BUFFALO, NY 14203	16-1359213	501(C)(3)	13,500.				MEDICAL DIAGNOSIS

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Schedule I (Form 990) (2016)

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**Grants and Other Assistance to Organizations,
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(1) CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(2) CHILDREN'S NATIONAL MEDICAL CTR 111 MICHIGAN NW WASHINGTON, DC 20010	53-0196580	501(C)(3)	32,400.				MEDICAL DIAGNOSIS
(3) HOUSTON METHODIST HOSPITAL 6560 FANNIN ST HOUSTON, TX 77030	87-0721923	501(C)(3)	132,300.				MEDICAL DIAGNOSIS
(4) IU HEALTH NEUROSCIENCE CTR 355 W 16TH ST INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(5) IU HEALTH RILEY HOSPITAL FOR CHILDREN 355 WEST 16TH INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(6) LE BONHEUR CHILDREN'S HOSPITAL 50 PEABODY PL MEMPHIS, TN 38103	62-1872938	501(C)(3)	80,000.				MEDICAL DIAGNOSIS
(7) MDA CARE CTR AT PONCE HEALTH SCIENCES UNIV PO BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(8) MDA CARE CTR AT SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY SEATTLE, WA 98105	91-0564748	501(C)(3)	49,050.				MEDICAL DIAGNOSIS
(9) MDA CARE CTR AT UNIV OF VIRGINIA P.O. BOX 9007 CHARLOTTESVILLE, VA 22906	54-1124769	STATE OF VA	57,600.				MEDICAL DIAGNOSIS
(10) MDA CLINIC & MDA/ALS CTR AT CAROLINAS MED 1221 E MOREHEAD ST CHARLOTTE, NC 28204	56-6060481	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
(11) MDA CLINIC & MDA/ALS CTR AT OHIO STATE 2006 KENNY RD COLUMBUS, OH 43212	31-6025986	STATE OF OH	61,200.				MEDICAL DIAGNOSIS
(12) MDA CLINIC & MDA/ALS CTR AT TX NEUROLOGY 6301 GASTON AVE DALLAS, TX 75214	75-2654757	501(C)(3)	9,000.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC & MDA/ALS UNIV COLORADO P.O. BOX 110247 AURORA, CO 80042	74-2161737	STATE OF CO	135,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC & MDA/ALS UNIV NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	30,600.				MEDICAL DIAGNOSIS
(3) MDA CLINIC & MDA/ALS CTR AT UMASS 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	STATE OF MA	21,600.				MEDICAL DIAGNOSIS
(4) MDA CLINIC & MDA/ALS CTR AT YALE UNIVERSITY 800 HOWARD AVE NEW HAVEN, CT 06520	06-0646973	501(C)(3)	37,000.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AND MDA/ALS ST. JOSEPH'S HOSP 350 W THOMAS RD PHOENIX, AZ 85013	86-0096787	501(C)(3)	60,000.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT ALBANY MEDICAL CTR HOSPITAL 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT ALFRED I. DUPONT HOSPITAL 1600 ROCKLAND RD WILMINGTON, DE 19899	59-0634433	501(C)(3)	49,500.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT BENEFIS HEALTHCARE FDN PO BOX 7008 GREAT FALLS, MT 59406	81-0480587	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT BILLINGS CLINIC PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT BOARD OF TRUSTEES OF SIU P.O. BOX 19616 SPRINGFIELD, IL 62794	37-6005961	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT BRIGHAM & WOMEN'S HOSPITAL 41 AVE BOSTON, MA 02115	04-2312909	501(C)(3)	32,580.				MEDICAL DIAGNOSIS

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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.

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MDA CLINIC AT CA PAC MED CTR 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT CARILION MEDICAL CTR 3 RIVERSIDE CIRCLE ROANAKE, VA 24016	54-0506332	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT CHILDREN'S HOSP CENTRAL CA 9300 VALLEY CHILDREN'S PL MADERA, CA 93636	94-1294954	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT CHILDREN'S CLINICS REHAB SVCS 2600 NORTH WYATT DR TUCSON, AZ 85712	86-0667510	501(C)(3)	55,800.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT CHILDREN'S HEALTHCARE OF ATL 1687 TULLIE CIRCLE ATLANTA, GA 30329	58-1947689	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT CHILDREN'S HOSP PHILADELPHIA 34TH ST & CIVIC CTR PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	22-2678594	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT CHILDREN'S HOSPITAL MED CTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833963	501(C)(3)	54,450.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT CHILDREN'S HOSPITAL 455 S. MAIN ST ORANGE, CA 92868	95-2321788	501(C)(3)	5,400.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT CHILDREN'S HOSP PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224	25-0402510	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT CHILDREN'S HOSPITAL OF WISC 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT CHILDREN'S HOSP NEW ORLEANS 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	9,000.				MEDICAL DIAGNOSIS

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

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(1) MDA CLINIC AT CHILDREN'S MED CTR 2350 STEMMONS FRWY DALLAS, TX 75207	75-0800628	501(C)(3)	60,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT CLINICAL NEUROLOGY 4221 S. WESTERN OKLAHOMA CITY, OK 73109	41-2141136	501(C)(3)	107,100.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT COLUMBIA UNIV MED CTR 622 W 168TH ST NEW YORK, NY 10032	13-3908657	501(C)(3)	132,300.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT COMMUNITY MEDICAL CTRS 1855 FOLSOM SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT COOK CHILDREN'S MEDICAL CTR 901 SEVENTH AVE FT. WORTH, TX 76104	75-2051646	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT COVENANT HEALTH SYSTEM 3615 19TH ST LUBBOCK, TX 79408	75-2765566	501(C)(3)	23,600.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT DARTMOUTH-HITCHCOCK MED CTR ONE MEDICAL CTR DR LEBANON, NH 03756	02-0222140	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT DEAN CLINIC 1808 W BELTLINE HWY MADISON, WI 53713	39-1128616	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT DENT NEUROLOGIC GROUP, LLP 3980 SHERIDAN DR AMHERST, NY 14226	16-1582336	501(C)(3)	12,600.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT DREXEL NEUROLOGICAL ASSO 245 N 15TH ST PHILADELPHIA, PA 19102	75-4022380	501(C)(3)	94,950.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT DRISCOLL CHILDREN'S HOSPITAL 3533 S ALAMEDA ST CORPUS CHRISTI, TX 78411	74-2577746	501(C)(3)	6,000.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT DUKE UNIV MEDICAL CTR BOX 3069 DURHAM, NC 27710	56-1029437	501(C)(3)	81,000.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC AT EASTERN MAINE MEDICAL CTR 489 STATE ST BANGOR, ME 04401	01-0211501	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 46514	35-1911857	501(C)(3)	14,400.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT FAIRVIEW UNIV MEDICAL CTR 2101 SE 6TH ST MINNEAPOLIS, MN 55455	41-1843943	501(C)(3)	97,500.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT FLETCHER ALLEN HEALTH CARE CT 1 SOUTH PROSPECT ST BURLINGTON, VT 05401	03-0219303	501(C)(3)	6,300.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT FROEDTERT MEM LUTH 9200 W. WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	23,400.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT GEISINGER MEDICAL CTR 100 ACADEMY AVE DANVILLE, PA 17822	24-0795959	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT GEORGETOWN UNIV 4000 RESV RD NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	20,700.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT GILLETTE CHILDREN'S SPEC PO BOX 1450 MINNEAPOLIS, MN 55485	36-3379150	501(C)(3)	60,000.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT GLENDALE 28595 ORCH LK RD FARMINGTON HILLS, MI 48334	38-1889896	501(C)(3)	63,000.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT HAMOT 2ND CENTURY FUND 302 FRENCH ST ERIE, PA 16507	25-1400909	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT HERSHEY MEDICAL CTR 500 UNIVERSITY DR HERSHEY, PA 17033	25-1854772	501(C)(3)	73,800.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT HOSP ESPANOL DE AUXILIO MUTUO P.O. BOX 191227 HATO REY, PR 00919	66-0486907	501(C)(3)	49,500.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC AT HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	62,600.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT HOSPITAL FOR SPECIAL SURGERY 535 E 70TH ST NEW YORK, NY 10021	13-1624135	501(C)(3)	80,000.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT HOSPITAL OF THE UNIV PENN 3400 SPRUCE ST PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	70,110.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT JOHN HOPKINS UNIV 600 N.WOLFE ST BALTIMORE, MD 21287	32-0061260	501(C)(3)	195,300.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT KUMC RESEARCH INST 6003 WESCOE KANSAS CITY, KS 66160	48-1108830	501(C)(3)	93,600.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT LOMA LINDA UNIVERSITY 11175 CAMPUS ST LOMA LINDA, CA 92354	33-0364239	501(C)(3)	26,100.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT LOUISIANA STATE UNIV. 1501 KINGS HIGHWAY SHREVEPORT, LA 71130	72-0702002	STATE OF LA	27,000.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT LSU SCHOOL OF MEDICINE 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-1304948	501(C)(3)	33,300.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT LUCILE SALTER PACKARD CHILD. 4100 BOHANNON DR MENLO PARK, CA 94025	77-0003859	501(C)(3)	43,000.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT MAINE MEDICAL CTR 49 SPRING ST SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	14,850.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	27,000.				MEDICAL DIAGNOSIS

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Schedule I (Form 990) (2016)

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**Grants and Other Assistance to Organizations,
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(1) MDA CLINIC AT MEDICAL UNIVOF SOUTH CAROLINA 1 POSTON ROAD CHARLESTON, SC 29407	57-1098556	STATE OF SC	26,325.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT METROHEALTH MEDICAL CTR P.O. BOX 73122 CLEVELAND, OH 44193	34-6004382	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT MICHIGAN STATE UNIVERSITY 788 SERVICE RD EAST LANSING, MI 48824	38-6005984	STATE OF MI	27,000.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT MONTEFIORE MEDICAL CTR 3351 STEUBEN AVE BRONX, NY 10467	13-3908657	501(C)(3)	62,100.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT NATIONWIDE CHILDREN'S HSPTL 555 SOUTH 18TH ST. COLUMBUS, OH 43205	31-1036370	501(C)(3)	28,800.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT NEUROLOGY ASSOCIATES 1301 S. CLIFF AVE SIOUX FALLS, SD 57105	46-0364889	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT NEUROLOGY ASSOC OF ARLINGTON 2800 E. BROAD ST MANSFIELD, TX 76063	75-2405825	501(C)(3)	24,300.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT NORTHWESTERN MED FDN 710 N. LAKE SHORE DR CHICAGO, IL 60611	39-3097297	501(C)(3)	62,000.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT NYU MED CTR 15TH FLR 240 E 38TH ST. NEW YORK, NY 10016	13-3971298	501(C)(3)	72,900.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT OLIVE VIEW - UCLA MEDICAL CTR 14445 OLIVE VIEW DR SYLMAR, CA 91342	95-2249539	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT OREGON HEALTH & SCIENCE UNIV 3181 SW SAM JKSN PK RD PORTLAND, OR 97201	93-1176109	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT OSF MED GROUP NEUROLOGY P.O. BOX 1712 PEORIA, IL 61656	37-0662569	501(C)(3)	16,000.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC AT PREVEA CLINIC PO BOX 19070 GREEN BAY, WI 54307	39-1839349	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT RAPIDES 211 FOURTH ST ALEXANDRIA, LA 71301	72-0702002	STATE OF LA	9,000.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT REGENTS OF THE UNIV OF CA 710 WESTWOOD PLZA LOS ANGELES, CA 90095	95-6006143	STATE OF CA	108,000.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903	05-0258954	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT ROUND ROCK MEDICAL CTR 2400 ROUND ROCK AVE ROUND ROCK, TX 78681	74-2781812	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT SACRED HEART HOSPITAL 1255 HILYARD ST. EUGENE, OR 97440	93-1084906	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT SARASOTA MEM HOSP 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	24,000.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT SENTARA NORFOLK GEN HOSP 6015 POPLAR HALL DR NORFOLK, VA 23502	54-1547408	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT SHRINERS HOSP. 101 SW SAM JKSN PK RD PORTLAND, OR 97239	36-2193608	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT SHRINERS HOSP FOR CHILDREN 2211 N. OAK PARK AVE CHICAGO, IL 60707	36-2193608	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT SHRINERS HOSP SPOKANE 911 W. 5TH AVE SPOKANE, WA 99204	36-2193608	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT SPARTANBURG NEUROLOGICAL SVCS 362 N PINE ST SPARTANBURG, SC 29302	57-0902952	501(C)(3)	8,100.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC AT SPECIALLY FOR CHILDREN 1301 BARB JORDAN BLVD AUSTIN, TX 78723	74-2800601	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT ST. ANTHONY'S NEUROLOGY GROUP 300 S PARK PLACE BLVD CLEARWATER, FL 33759	74-3168197	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT ST. CHARLES HOSP AND REHAB CT 200 BELLE TERRE RD PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT ST. FRANCIS COMMUNITY HEALTH PO BOX 1901 MONROE, LA 71210	72-0408970	501(C)(3)	11,250.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT ST. JOSEPH'S CHILDREN'S HOSP 2700 W. DR. MLK JR. BLVD TAMPA, FL 33607	59-1100828	501(C)(3)	31,958.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT ST. LUKE'S REHABILITATION INS S. 711 COWLEY SPOKANE, WA 99202	91-1307555	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT ST. PETER'S HOSP FDN 319 S MANNING BLVD ALBANY, NY 12208	22-2262982	501(C)(3)	70,000.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT SUNY DOWNSTATE MED. CTR. 450 CLARKSON AVE BROOKLYN, NY 11203	14-1368361	501(C)(3)	40,500.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT TEXAS CHILDREN'S HOSPITAL P.O. BOX 300327 HOUSTON, TX 77230	74-1100555	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT THE CHILDREN'S HOSP AURORA 13123 E. 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	52,200.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT THE CHILDREN'S HSP BIRMINGHAM 1600 7TH AVE S BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT THE DULUTH CLINIC, LTD. 400 E. 3RD ST DULUTH, MN 55805	41-0883623	501(C)(3)	6,750.				MEDICAL DIAGNOSIS

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MDA CLINIC AT THE REGENTS OF THE UNIV OF MI 2301 COMMONWLTH BLVD ANN ARBOR, MI 48105	38-6006809	STATE OF MI	30,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT THE REGENTS OF THE UNIV.OF CA 200 S MANCHESTER AVE ORANGE, CA 92868	95-2226406	STATE OF CA	66,000.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT TOLEDO CHILDREN'S HOSP 3949 SUNFOREST CT TOLEDO, OH 43623	34-4428256	501(C)(3)	40,500.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT U OF A HEALTH SCIENCES CTR 1501 N. CAMPBELL TUCSON, AZ 85724	94-2958258	501(C)(3)	31,500.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT U.C. REGENTS 4860 Y ST SACRAMENTO, CA 95817	94-6036494	STATE OF CA	45,000.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT UC REGENTS 675 NELSON RIS LANE SAN FRANCISCO, CA 94158	94-6036493	501(C)(3)	108,000.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT UNC HOSPITALS 211 FRIDAY CTR DR CHAPEL HILL, NC 27514	57-0935917	STATE OF NC	34,200.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT UNIV. OF ARKANSAS 4301 W. MARKHAM LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	54,000.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT UNIV. OF MIAMI 1150 NW 14TH ST, STE 701 MIAMI, FL 33136	59-2579826	STATE OF GA	57,600.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT UNIV OF NEVADA SCHOOL OF MED 2040 W CHARLESTON BLVD LAS VEGAS, NV 89102	88-0330858	STATE OF NV	22,500.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT UNIV. OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	10,800.				MEDICAL DIAGNOSIS
(12) MDA CLINIC AT UNIV OF ROCHESTER MED CTR 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	STATE OF NY	94,500.				MEDICAL DIAGNOSIS

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MDA CLINIC AT UNIV. OF UTAH SCHOOL OF MED 175 NORTH MED DR SALT LAKE CITY, UT 84132	87-0480520	STATE OF UT	67,500.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT UNIV NEUROLOGY 231 BETHESDA AVE CINCINNATI, OH 45267	31-1000664	STATE OF OH	70,200.				MEDICAL DIAGNOSIS
(3) MDA CLINIC AT UNIV OF IOWA HOSPITAL B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	46,800.				MEDICAL DIAGNOSIS
(4) MDA CLINIC AT UNIV OF MISSOURI ONE HOSPITAL DR COLUMBIA, MO 65212	43-6003859	STATE OF MO	12,600.				MEDICAL DIAGNOSIS
(5) MDA CLINIC AT UNIV OF NEBRASKA MEDICAL CTR 600 S.42ND ST OMAHA, NE 68198	47-0049123	STATE OF NE	36,000.				MEDICAL DIAGNOSIS
(6) MDA CLINIC AT UNIV PITTSBURGH 200 LOTHROP ST PITTSBURGH, PA 15213	25-0965591	STATE OF PA	54,000.				MEDICAL DIAGNOSIS
(7) MDA CLINIC AT UNIV OF PUERTO RICO 400 ROOSEVELT AVE. SAN JUAN, PR 00918	66-0433762	STATE OF PUERTO	45,000.				MEDICAL DIAGNOSIS
(8) MDA CLINIC AT UNIV OF TENNESSEE MEDICAL CTR 1928 ALCOA HGWY KNOXVILLE, TN 37920	31-1626179	STATE OF TN	12,600.				MEDICAL DIAGNOSIS
(9) MDA CLINIC AT UNIV WASH. MED CTR 1959 NE PACIFIC ST SEATTLE, WA 98195	91-6001537	STATE OF WA	63,900.				MEDICAL DIAGNOSIS
(10) MDA CLINIC AT VANDERBILT DEPT NEUROLOGY PO BOX 121236 DALLAS, TX 75312	62-0476822	501(C)(3)	149,000.				MEDICAL DIAGNOSIS
(11) MDA CLINIC AT W VIRGINIA UNIV RESEARCH CORP 1 MEDICAL CTR DR MORGANTOWN, WV 26508	55-0665758	STATE OF WV	32,400.				MEDICAL DIAGNOSIS
(12) MDA CLINIC WAKE FOREST UNIV. SCHOOL OF MED MEDICAL CTR BLVD WINSTON-SALEM, NC 27157	22-3849199	STATE OF NC	18,000.				MEDICAL DIAGNOSIS

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MDA CLINIC AT WASHINGTON UNIV SCHOOL OF MED 600 S EUCLID AVE. ST. LOUIS, MO 63110	43-0653611	STATE OF MO	126,000.				MEDICAL DIAGNOSIS
(2) MDA CLINIC AT WHITE PLAINS HOSPITAL DAVIS AVE WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	12,600.				MEDICAL DIAGNOSIS
(3) MDA CLINIC/UNIV. OF IL P.O. BOX 20787 SPRINGFIELD, IL 62708	37-6000511	STATE OF IL	63,500.				MEDICAL DIAGNOSIS
(4) MDA/ALS CTR & CLINIC AT UNIV. OF TX 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TX	162,000.				MEDICAL DIAGNOSIS
(5) MDA/ALS CTR AT MASS. GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	123,300.				MEDICAL DIAGNOSIS
(6) MERCY CLINIC NEUROLOGY 2115 S FREMONT SPRINGFIELD, MO 65804	44-0552485	501(C)(3)	19,000.				MEDICAL DIAGNOSIS
(7) MERCY HEALTH SAINT MARY'S 200 JEFFERSON SE GRAND RAPIDS, MI 49503	38-2113393	501(C)(3)	40,000.				MEDICAL DIAGNOSIS
(8) NEMOURS CHILDREN'S CLINIC ORLANDO 10140 CENT PKWY JACKSONVILLE, FL 32246	59-0634433	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(9) NEUROLOGY LLPC 1919 S WHEELING AVE TULSA, OK 74104	73-1502318	N/A	25,000.				MEDICAL DIAGNOSIS
(10) PEDIATRIC MDA CARE CTR AT GREENVILLE 200 PATEWOOD DR GREENVILLE, SC 29615	57-6007863	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(11) PHOENIX CHILDREN'S HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 85016	86-0422559	501(C)(3)	12,000.				MEDICAL DIAGNOSIS
(12) RADY CHILDREN'S HOSPITAL - SAN DIEGO 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	95-1691313	501(C)(3)	45,000.				MEDICAL DIAGNOSIS

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RUTGERS NEW JERSEY MEDICAL SCHOOL 65 DAVIDSON RD PISCATAWAY, NJ 08854	35-1911857	501(C)(3)	78,300.				MEDICAL DIAGNOSIS
(2) SANFORD CLINIC 720 4TH ST NORTH FARGO, ND 58122	91-1770748	501(C)(3)	17,100.				MEDICAL DIAGNOSIS
(3) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) ST. LUKE'S HEALTH SYSTEM 190 E. BANNOCK BOISE, ID 83712	82-0161600	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(5) SUNY UPSTATE MEDICAL UNIVERSITY 750 E ADAMS ST SYRACUSE, NY 13210	16-6066240	501(C)(3)	45,900.				MEDICAL DIAGNOSIS
(6) THE QUEEN'S MEDICAL CTR 1301 PUNCHBOWL ST HONOLULU, HI 96813	99-0073524	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(7) TUFTS MEDICAL CTR PHYSICIANS ORGANIZATION 800 WASHINGTON ST BOSTON, MA 02111	04-3148378	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(8) UF HEALTH 302 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	27,410.				MEDICAL DIAGNOSIS
(9) UNIV OF LOUISVILLE PHYSICIANS, INC. 500 S PRESTON ST LOUISVILLE, KY 40202	27-3645560	STATE OF KY	7,000.				MEDICAL DIAGNOSIS
(10) UNIV OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78284	74-1586031	STATE OF TX	74,700.				MEDICAL DIAGNOSIS
(11) VIA CHRISTI HOSPITALS WICHITA, INC. 707 N EMPORIA WICHITA, KS 67147	48-1172106	501(C)(3)	29,250.				MEDICAL DIAGNOSIS
(12) VIRGINIA COMMONWEALTH UNIV. P.O. BOX 980599 RICHMOND, VA 23298	54-1581185	501(C)(3)	40,000.				MEDICAL DIAGNOSIS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 247.

3 Enter total number of other organizations listed in the line 1 table ▶ 5.

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

Schedule I (Form 990) (2016)

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
1					
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

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
1					
2					
3					
4					
5					
6					
7					

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

FUNDING FOR THE GRANT. FOR SOME MDA TRANSLATIONAL RESEARCH GRANTS,
 PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING DEFINED MILESTONES.
 IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE PROGRESS OF THE GRANTEE
 AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	STEVEN M. DERKS PRESIDENT & CEO	(i)	455,679.	20,000.	0.	66,750.	20,644.	563,073.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	JULIE FABER, CPA ASST. TREASURER & CFO	(i)	239,264.	0.	0.	0.	6,461.	245,725.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	VALERIE A. CWIK, MD ASST. SEC.CHIEF MED SCIENTIFIC	(i)	240,003.	0.	0.	0.	6,461.	246,464.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	ROBERT M. GRINSFELDER EVP - CHIEF FIELDS OPS OFFICER	(i)	212,691.	0.	0.	0.	10,066.	222,757.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	STEVEN G. FORD EVP-CHIEF COMM/MRKT OFFICER	(i)	209,009.	0.	0.	0.	16,009.	225,018.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	EILEEN M. TIMMINS, PHD EVP - CHIEF PEOPLE OFFICER	(i)	186,859.	0.	0.	0.	9,668.	196,527.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ANN MCNAMARA EVP - CHIEF DEV. OFFICER	(i)	173,286.	0.	0.	0.	620.	173,906.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JOHN WALSH DIVISION CHIEF EXECUTIVE	(i)	172,298.	0.	0.	0.	16,009.	188,307.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JEANNINE M. HOULIHAN CHIEF INFORMATION OFFICER	(i)	193,651.	10,000.	0.	0.	2,372.	206,023.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	GRACE K. PAVLATH, PHD SR. VP. - SCIENTIFIC PROG DIR	(i)	189,935.	0.	0.	0.	10,066.	200,001.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	GAIL SCHMERTZ KERNER, E CHIEF LEGAL OFFICER	(i)	188,785.	0.	0.	0.	16,078.	204,863.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	NANCY STINSON HARRIS NVP OF CORP PARTNERSHIP	(i)	187,637.	0.	0.	0.	7,495.	195,132.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	MARGARET HODGES DIVISION CHIEF EXECUTIVE	(i)	144,248.	0.	0.	0.	16,009.	160,257.	0.
		(ii)	0.	0.	0.	0.		0.	0.
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

SCHEDULE J, PART I, LINE 4B:

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2016

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	195,732.	PENSION ACTUARIES SERVICE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: DANIEL G. FRIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MDA BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$195,732

(D) DESCRIPTION OF TRANSACTION: MDA BOARD MEMBER DAN FRIES IS EMPLOYED BY SIBSON CONSULTING AS A SENIOR VP, NEW YORK REGIONAL LEADER, AND IS NOT DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY ASSOCIATION, INC. SIBSON CONSULTING PROVIDES MDA'S PENSION ACTUARIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1 .	0 .	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11 .	28,241 .	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>ATCH 1</u>)		24 .	167,894 .	
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** 23 .

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

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

Schedule M (Form 990) (2016)

JSA

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MEDICAL EQUIPMENT	X	24.	167,894.	APPRAISAL
TOTALS		<u>24.</u>	<u>167,894.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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

2016

**Open to Public
Inspection**

Employer identification number

13-1665552

FORM 990, PART I, LINE 1

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS (5,398,775)

ATTACHMENT 1

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

HEALTH CARE AND COMMUNITY SERVICES

INDIVIDUALS WITH MUSCULAR DYSTROPHY, ALS AND RELATED

LIFE-THREATENING DISEASES ARE OUR MOMS AND DADS, SONS AND

DAUGHTERS, OUR FRIENDS, NEIGHBORS, CO-WORKERS AND LOVED ONES. AT

MDA, WE'RE PROUD TO OFFER EXPERT MULTIDISCIPLINARY CARE THAT WILL

HELP MANAGE DISEASE SYMPTOMS TO HELP OPTIMIZE HEALTH AND

WELL-BEING FROM DAY ONE. WE'RE COMMITTED TO MAXIMIZING STRENGTH

AND MOBILITY FOR FAMILIES, PROMOTING THEIR QUALITY OF LIFE AND

INDEPENDENCE, BREAKING DOWN BARRIERS AND MAKING SURE THEY KNOW

THEY ARE NEVER ALONE IN THIS FIGHT.

INDIVIDUALS AND FAMILIES LIVING WITH NEUROMUSCULAR DISEASES FACE A

VARIETY OF DAILY CHALLENGES. TO HELP, MDA OFFERS A COMPREHENSIVE

SERVICES PROGRAM TO HELP IMPROVE LIVES AND SUPPORT FAMILIES FROM

DAY ONE. RANGING FROM A NATIONWIDE NETWORK OF STATE-OF-THE-ART MDA

CARE CENTERS LOCATED 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 \$54,809,533 OF OUR 2016 EXPENDITURES.

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

THE KEY WAYS WE SUPPORTED FAMILIES IN 2016:

-MORE THAN 100,000 KIDS AND ADULTS AND THEIR FAMILIES ARE

REGISTERED WITH MDA TO RECEIVE CARE, SERVICES, SUPPORT AND

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

INFORMATION THROUGH MDA CARE CENTERS AND OTHER MDA LOCAL AND NATIONAL PROGRAMS.

-PROVIDED COMPREHENSIVE MULTIDISCIPLINARY CARE FOCUSED ON FAMILIES' NEEDS AT MORE THAN 150 MDA CARE CENTERS THROUGH NEARLY 50,000 VISITS.

-HOSTED MORE THAN 340 EVENTS AND ACTIVITIES, INCLUDING SUPPORT GROUPS, EDUCATIONAL EVENTS AND FAMILY GATHERINGS, FOR FAMILIES TO LEARN, CONNECT AND ADDRESS DAILY NEEDS AND CHALLENGES.

-OFFERED 71 WEEKLONG, BARRIER-FREE SUMMER CAMPS FOR NEARLY 3,800 CHILDREN - AT NO COST TO THEIR FAMILIES - TO HELP THEM BUILD SELF-CONFIDENCE AND INDEPENDENCE SO THEY CAN LIVE UNLIMITED.

-PROVIDED MORE THAN 3,000 GENTLY USED ASSISTIVE DEVICES TO KIDS AND ADULTS TO HELP THEM MAINTAIN MOBILITY AND INDEPENDENCE THROUGH MDA'S EQUIPMENT ASSISTANCE PROGRAM.

-SUPPORTED YOUNG ADULTS THROUGH MDA'S ONLINE TOOLS AND SERVICES, HELPING THEM NAVIGATE EDUCATION, EMPLOYMENT AND INDEPENDENT LIVING THROUGH RESOURCES, PROGRAMMING AND COMMUNITY CONNECTIONS.

-HELPED 10,000 INDIVIDUALS WITH THE ANSWERS AND ASSISTANCE THEY NEEDED THROUGH ITS NATIONAL RESOURCE CENTER, WHICH CONNECTS INDIVIDUALS IMPACTED BY NEUROMUSCULAR DISEASE WITH TRAINED ONE-ON-ONE SPECIALISTS FOR RESOURCES AND SUPPORT.

ADDITIONALLY, THROUGH MDA'S PUBLIC POLICY AND ADVOCACY PROGRAM, WE'RE WORKING TOGETHER TO ENSURE THAT POLICYMAKERS UNDERSTAND THE NEEDS OF THE NEUROMUSCULAR DISEASE COMMUNITY.

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

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

RESEARCH

EVERY DAY, CHILDREN ARE BORN WITH MUSCULAR DYSTROPHY AND RELATED LIFE-THREATENING DISEASES AFFECTING MUSCLES THAT TAKE AWAY THE ABILITY TO WALK, MOVE, HUG, TALK AND EVEN BREATHE. SIMILARLY, ADULTS ARE FACING DEVASTATING DISEASES LIKE ALS THAT CAUSE NERVES TO DIE AND MUSCLES TO DETERIORATE, RESULTING 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 FOCUSING ON MAKING BREAKTHROUGHS ACROSS DISEASES. WHAT WE LEARN ON THE FRONTLINES IN ONE AREA CAN POTENTIALLY HAVE POSITIVE IMPACTS IN OTHERS.

IN 2016, MDA SPENT \$15,992,994 ON RESEARCH PROJECTS AIMED AT ACCELERATING URGENTLY NEEDED TREATMENTS AND CURES FOR THE FAMILIES WE SERVE. MDA'S LONG-TERM INVESTMENT IN RESEARCH HAS CONTRIBUTED TO DOZENS OF CLINICAL TRIALS NOW UNDERWAY FOR NOVEL DRUGS AND THERAPIES, AND LED TO THE APPROVALS IN 2016 OF EXONDYS 51 TO TREAT SOME FORMS OF DUCHENNE MUSCULAR DYSTROPHY AND SPINRAZA TO TREAT SPINAL MUSCULAR ATROPHY. ON THE HEELS OF THIS PROGRESS, MORE NEW DRUGS IN DEVELOPMENT TO TREAT NEUROMUSCULAR DISEASES ARE EXPECTED DURING THE NEXT FIVE YEARS THAN IN THE PREVIOUS 50.

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 2 (CONT'D)

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 2016, MDA AWARDED 70 NEW RESEARCH GRANTS TO LEADING SCIENTISTS
AROUND THE GLOBE. MDA'S RESEARCH AND MVP ADVISORY COMMITTEES -
WHOSE MEMBERS ARE AMONG THE NATION'S FOREMOST SCIENTISTS,
PHYSICIANS AND EXPERTS IN THE FIELD OF NEUROMUSCULAR DISEASE AND
THE DRUG DEVELOPMENT INDUSTRY - CAREFULLY EVALUATE ALL GRANT
PROPOSALS SUBMITTED AND RECOMMEND THE BEST TO MDA'S BOARD OF
DIRECTORS FOR APPROVAL.

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

ATTACHMENT 3

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

PROFESSIONAL AND PUBLIC HEALTH EDUCATION

MUSCULAR DYSTROPHY, ALS AND RELATED LIFE-THREATENING DISEASES THAT

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

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 HEALTH EDUCATION IS ONE OF THE MANY WAYS IN WHICH MDA IS WORKING TO SAVE AND IMPROVE LIVES.

IN 2016, MDA SPENT \$15,274,561 TO PROVIDE PROFESSIONAL AND PUBLIC HEALTH EDUCATION. WE PROMOTED A DEEPER UNDERSTANDING AND AN AWARENESS TO RALLY AND INSPIRE ACTION THROUGH A VARIETY OF INNOVATIVE STRATEGIES, INCLUDING THE FOLLOWING:

-DELIVERED TIMELY INFORMATION ON MDA.ORG, WHICH IS RECOGNIZED INTERNATIONALLY AS A KEY SOURCE OF INFORMATION ABOUT NEUROMUSCULAR DISEASES.

-EVERY MONTH, NEARLY 300,000 VISITORS COME TO MDA.ORG AND RELATED MDA WEBSITES TO FIND THE INFORMATION AND RESOURCES THEY NEED - THAT'S ABOUT 3.4 MILLION PEOPLE A YEAR.

-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.

-DELIVERED CRITICAL INFORMATION ON RESEARCH, CARE AND INDEPENDENT LIVING THROUGH MDA'S AWARD-WINNING NATIONAL QUEST MAGAZINE, WHICH HAS A READERSHIP OF NEARLY 800,000 IN PRINT AND ONLINE COMBINED.

-PRODUCED, DISTRIBUTED AND POSTED ON YOUTUBE HUNDREDS OF

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

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.

-LAUNCHED ITS BLOG STRONGLY TO BRING TOGETHER THE STORIES AND VOICES OF INDIVIDUALS AND FAMILIES ACROSS THE MDA COMMUNITY, PUBLISHING MORE THAN 200 STORIES THAT REACHED MORE THAN 80,000 PEOPLE. MDA USED SOCIAL MEDIA TO PROMOTE STRONGLY STORIES AND OTHER CONTENT OF INTEREST TO MDA FAMILIES AND SUPPORTERS, REACHING MORE THAN 20 MILLION PEOPLE.

-HOSTED THE PRE-EMINENT GATHERING OF CLINICIANS, ALLIED HEALTH PROFESSIONALS AND SCIENTIFIC EXPERTS SPECIALIZING IN NEUROMUSCULAR DISEASE RESEARCH AND CLINICAL CARE AT THE 2016 MDA CLINICAL CONFERENCE IN ARLINGTON, VA., BRINGING TOGETHER THE NATION'S BEST AND BRIGHTEST EXPERTS TO SHARE INFORMATION AND LEARN ABOUT NEW APPROACHES AND TECHNIQUES FOR CLINICAL MANAGEMENT OF NEUROMUSCULAR DISORDERS, TO HEAR ABOUT THE LATEST INFORMATION REGARDING CLINICAL TRIAL RESULTS AND TO ENGAGE IN DIALOGUE AND NETWORKING AMONG PEERS.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

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

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WORLDWIDE PRINTING & DISTRIBUTION INC. 2900 E. APACHE ST TULSA, OK 74110	DIRECT MAIL	2,701,477.
CAUSEMEDIA GROUP LLC 1880 SANTA BARBARA ST. STE 260 SAN LUIS OBISPO, CA 93401	DIGITAL MARKETING	848,877.
THOMPSON HABIB & DENISON INC. 80 HAYDEN AVENUE, STE 300 LEXINGTON, MA 02421	DIRECT MAIL	759,280.
ROBERT HALF INTERNATIONAL INC. PO BOX 743295 LOS ANGELES, CA 90074	TEMP STAFFING	603,948.
ROI SOLUTIONS INC. ONE ALEWIFE CENTER STE 220 CAMBRIDGE, MA 02140	DATABASE MANAGEMENT	418,502.