

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning , 2014, 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"/> Final return/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: STEVEN DERKS 222 S. RIVERSIDE PL, STE 1500 CHICAGO, IL 60606				G Gross receipts \$ 214,180,662.		
				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				H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1950 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <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	17.
	4	17.
	5	1,150.
	6	1,500,000.
	7a	211,673.
7b	0	
Revenue	Prior Year Current Year	
	8 Contributions and grants (Part VIII, line 1h)	144,990,094. 135,174,690.
	9 Program service revenue (Part VIII, line 2g)	0 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,164,516. 3,594,376.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,171,110. 1,602,169.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,325,720. 140,371,235.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,730,052. 29,432,206.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,530,638. 60,138,523.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	534,111. 540,001.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,355,553.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,210,391. 41,404,992.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,005,192. 131,515,722.
19 Revenue less expenses. Subtract line 18 from line 12	2,320,528. 8,855,513.	
Net Assets or Fund Balances	Beginning of Current Year End of Year	
	20 Total assets (Part X, line 16)	102,852,460. 97,787,518.
	21 Total liabilities (Part X, line 26)	81,721,263. 91,626,238.
22 Net assets or fund balances. Subtract line 21 from line 20	21,131,197. 6,161,280.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ JULIE FABER Type or print name and title		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MIKE SORRELLS	<i>R. Michael Sorrells</i>	8/14/2015		P00001737
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 301-654-4900	
Firm's address ▶ 7101 WISCONSIN AVE, SUITE 800 BETHESDA, MD 20814-4827					

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 61,377,651. including grants of \$ 13,368,540.) (Revenue \$ 0)

ATTACHMENT 1

4b (Code:) (Expenses \$ 18,498,911. including grants of \$ 16,063,666.) (Revenue \$ 0)

ATTACHMENT 2

4c (Code:) (Expenses \$ 17,459,993. including grants of \$ 0) (Revenue \$ 0)

ATTACHMENT 3

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

4e Total program service expenses 97,336,555.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 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
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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 question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 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, 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

STEPHEN P. EVANS, VP FINANCE 222 SOUTH RIVERSIDE PLAZA, STE 1500 CHICAGO, 312-260-5900

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) PATRICIA NAZEMETZ DIRECTOR	1.00	X					0	0	0	
(16) CHRISTOPHER J. ROSA, PHD DIRECTOR	2.00	X					0	0	0	
(17) CHARLES D. SCHOOR, ESQ. TREASURER	2.00	X					0	0	0	
(18) JOHN TOGNINO DIRECTOR	1.00	X					0	0	0	
(19) VICTOR WRIGHT DIRECTOR	1.00	X					0	0	0	
(20) STEVEN DERKS PRESIDENT & CEO	60.00			X			471,134.	0	86,049.	
(21) JULIE FABER, CPA CFO & ASST TREASURER	50.00			X			233,810.	0	6,860.	
(22) VALERIE A. CWIK, MD ASST. SEC/CHIEF MED SCIENTIFIC	50.00			X			200,863.	0	6,881.	
(23) GAIL SCHMERTZ KERNER, ESQ. ASST. SEC-CHIEF LEGAL OFFICER	50.00			X			191,725.	0	19,272.	
(24) STEPHEN P. EVANS, CPA ASST. TREAS & VP FINANCE	50.00			X			115,680.	0	19,321.	
(25) JODI WALTERS ASST. TREAS & ASST. VP FINANCE	50.00			X			66,689.	0	6,856.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,869,786.	0	312,847.	
d Total (add lines 1b and 1c)							2,869,786.	0	312,847.	

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 **▶ 16**

	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 **▶ 63**

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) PETER MORGAN EVP & COO	50.00				X		146,589.	0	19,321.	
(27) ANN MCNAMARA EVP-CHIEF DEVELOPMENT OFFICER	50.00				X		215,180.	0	19,299.	
(28) STEVEN FORD EVP CHIEF COMMUNICATIONS & MKT	50.00				X		203,643.	0	19,299.	
(29) ROBERT M. GRINSFELDER EVP & CHIEF FIELD OP OFFICER	50.00				X		150,981.	0	12,762.	
(30) JOHN WALSH DIV CHIEF EXECUTIVE	50.00				X		150,784.	0	19,321.	
(31) KEVIN W. MORAN VP PROGRAM DEVELOPMENT	50.00					X	156,291.	0	19,321.	
(32) TODD HERMON NVP RETAIL PARTNERSHIPS	50.00					X	147,514.	0	12,762.	
(33) KIMBERLY BRUNA NVP & COMMUNITY ENGAGEMENT	50.00					X	146,265.	0	6,881.	
(34) BRADLEY BARGHOLS DIV CHIEF EXECUTIVE	50.00					X	141,175.	0	19,321.	
(35) MARGARET HODGES DIV CHIEF EXECUTIVE	50.00					X	131,463.	0	19,321.	
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 **▶** 16

	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 579,185.					
	b Membership dues	1b					
	c Fundraising events	1c 108,315,636.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 283,164.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 25,996,705.					
	g Noncash contributions included in lines 1a-1f: \$	507,905.					
	h Total. Add lines 1a-1f	▶ 135,174,690.					
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).	▶ 1,714,249.				1,714,249.	
	4 Income from investment of tax-exempt bond proceeds	▶ 0					
	5 Royalties	▶ 840,881.					840,881.
		(i) Real (ii) Personal					
	6a Gross rents						0
	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 62,168,394. 7,599.					1,880,127.
	b Less: cost or other basis and sales expenses	60,295,866.					
	c Gain or (loss)	1,872,528. 7,599.					
	d Net gain or (loss)	▶ 1,880,127.					
	8a Gross income from fundraising events (not including \$ 108,315,636. of contributions reported on line 1c). See Part IV, line 18	a 13,415,167.					0
	b Less: direct expenses	b 13,415,167.					
	c Net income or (loss) from fundraising events.	▶ 0					
9a Gross income from gaming activities. See Part IV, line 19	a 316,534.	218,140.					
b Less: direct expenses	b 98,394.						
c Net income or (loss) from gaming activities.	▶ 218,140.						
10a Gross sales of inventory, less returns and allowances	a	0					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory.	▶ 0						
Miscellaneous Revenue		Business Code					
11a QUEST ADVERTISING	541800	211,673.					
b OTHER REVENUE	900099	331,475.					
c _____							
d All other revenue							
e Total. Add lines 11a-11d	▶ 543,148.						
12 Total revenue. See instructions	▶ 140,371,235.		211,673.	4,984,872.			

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	27,448,858.	27,448,858.		
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	1,983,348.	1,983,348.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,315,569.	889,264.	1,165,439.	260,866.
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	43,006,166.	35,159,129.	3,638,899.	4,208,138.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	11,094,205.	9,576,534.	1,033,083.	484,588.
10 Payroll taxes	3,722,583.	3,048,019.	328,789.	345,775.
11 Fees for services (non-employees):				
a Management	0			
b Legal	250,642.	81,135.	169,507.	
c Accounting	251,180.		251,180.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	540,001.			540,001.
f Investment management fees	172,249.		172,249.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,448,012.	2,955,077.	372,372.	9,120,563.
12 Advertising and promotion	0			
13 Office expenses	10,634,515.	4,837,123.	1,220,051.	4,577,341.
14 Information technology	685,926.		685,926.	
15 Royalties	0			
16 Occupancy	8,037,415.	6,878,322.	596,999.	562,094.
17 Travel	4,672,556.	3,681,073.	327,873.	663,610.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	183,002.	126,931.	31,990.	24,081.
20 Interest	314,306.		314,306.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,081,004.	464,862.	580,401.	35,741.
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MISC EXPENSES</u>	2,674,185.	206,880.	1,934,550.	532,755.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	131,515,722.	97,336,555.	12,823,614.	21,355,553.
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)	3,487,202.	1,230,207.	292,538.	1,964,457.

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	30,728,769.	1	25,464,796.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	2,608,340.	3	3,027,391.
	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	2,808,342.	9	3,741,121.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,786,535.		
	b Less: accumulated depreciation	10b 5,559,648.	1,745,951.	10c 1,226,887.
	11 Investments - publicly traded securities	55,961,890.	11	64,327,323.
	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	8,999,168.	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,852,460.	16	97,787,518.	
Liabilities	17 Accounts payable and accrued expenses	10,214,400.	17	7,471,537.
	18 Grants payable	21,825,074.	18	12,161,000.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	15,500,000.	23	15,500,000.
	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	34,181,789.	25	56,493,701.
	26 Total liabilities. Add lines 17 through 25	81,721,263.	26	91,626,238.
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	15,824,975.	27	55,712.
	28 Temporarily restricted net assets	4,832,997.	28	5,616,191.
	29 Permanently restricted net assets	473,225.	29	489,377.
	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	21,131,197.	33	6,161,280.
	34 Total liabilities and net assets/fund balances	102,852,460.	34	97,787,518.

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	140,371,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,515,722.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,855,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,131,197.
5	Net unrealized gains (losses) on investments	5	-620,278.
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	-23,205,152.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,161,280.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

2014

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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) 2014

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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; 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 2014 (line 6, column (f) divided by line 11, column (f)) 98.71%; 15 Public support percentage from 2013 Schedule A, Part II, line 14 98.79%; 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 17b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2014, 2013. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2014, 2013. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

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

19b 33 1/3% support tests - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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.		Yes	No
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. **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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

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

2012 OTHER REVENUE 270,273

2013 OTHER REVENUE 478,287

2014 OTHER REVENUE 331,475

TOTAL OTHER REVENUE 1,080,035

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2014

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.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

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)		15,977.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		245,074.	
c Total lobbying expenditures (add lines 1a and 1b)		261,051.	
d Other exempt purpose expenditures		97,075,504.	
e Total exempt purpose expenditures (add lines 1c and 1d)		97,336,555.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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	428,715.	341,893.	333,447.	261,051.	1,365,106.
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	12,650.	13,285.	15,277.	15,977.	57,189.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2014

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 [X] Public exhibition
b [] Scholarly research
c [X] Preservation for future generations
d [X] 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 [X] No

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 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 in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations [] Yes [X] No
(ii) related organizations [] Yes [X] No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? [] Yes [X] No
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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	56,493,701.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	139,750,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -620,278.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-620,278.
3	Subtract line 2e from line 1		3	140,371,235.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	140,371,235.

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

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

1	Total expenses and losses per audited financial statements		1	131,515,722.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	131,515,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	131,515,722.

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 LIFES TO OUTER SPACE FANTASIES. IN ADDITION TO SHOWCASING THE WORK OF TALENTED ARTISTS WHO ARE AFFECTED BY NEUROMUSCULAR DISEASES, THE COLLECTION ALLOWS THE ARTISTS TO ARTICULATE THEIR DISTINCTIVE VISION OF LIVING WITH A DISABILITY.

FORM 990, SCHEDULE D, PART X, LINE 2

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN THEIR FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR THE YEARS ENDED DECEMBER 31, 2013, 2012, AND 2011 ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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

Employer identification number

MUSCULAR DYSTROPHY ASSOCIATION, INC.

13-1665552

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANTS TO RECIPIENTS	479,741.
(2) EUROPE			PROGRAM SERVICES	GRANTS TO RECIPIENTS	596,198.
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	100,003.
(4) NORTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS	807,406.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,983,348.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,983,348.

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

Schedule F (Form 990) 2014

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	479,741.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	596,198.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH	100,003.	CHECK			
(4)			NORTH AMERICA	RESEARCH	807,406.	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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CONVIO, INC.	SHARED APP SERVICES		X	5,619,989.	140,500.	5,479,489.
2 BLACKBAUD INC.	SHARED APP SERVICE		X	10,874,075.	271,852.	10,602,223.
3 STRATEGIC FUNDRAISING INC.	TELEMKTG		X	205,040.	127,649.	77,391.
4 DONOR CARE CENTER, INC.	TELEMKTG		X	15,194.		15,194.
5						
6						
7						
8						
9						
10						
Total				16,714,298.	540,001.	16,174,297.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENTS (event type)	SIGNATURE EVEN (event type)	476. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	93,906,993.	14,873,185.	12,950,625.	121,730,803.
	2 Less: Contributions	85,474,297.	12,336,420.	10,504,919.	108,315,636.
	3 Gross income (line 1 minus line 2).	8,432,696.	2,536,765.	2,445,706.	13,415,167.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,432,696.	2,536,765.	2,445,706.	13,415,167.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				13,415,167.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			79,044.	79,044.
	4 Rent/facility costs				
	5 Other direct expenses			19,350.	19,350.
	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) ▶					98,394.
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					218,140.

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: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEPHEN P. EVANS, VICE PRESIDENT FINANCE

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

ADDRESSES FOR EACH FUNDRAISER - FORM 990, SCH G, PART I, COLUMN (I)

1. CONVIO, INC.
11501 DOMAIN DRIVE STE 200
DALLAS, TX 78758
2. BLACKBAUD INC.
PO BOX 930256
ATLANTA, GA 31193

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

3. STRATEGIC FUNDRAISING INC.

7800 3RD ST NORTH STE 900

ST. PAUL, MN 55128

4. DONOR CARE CENTER, INC.

480 W. TUSCARAWAS AVE 3RD FLR

BARBERTON, OH 44203

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBANY MEDICAL COLLEGE-DEPT OF NEUROLOGY 47 NEW SCOTLAND AVE. MC 70 ALBANY, NY 12208	14-1338310	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
(2) ALFRED I. DUPONT HOSPITAL FOR CHILDREN 1600 ROCKLAND ROAD-P.O. BOX 269	59-0634433	501(C)(3)	49,500.				MEDICAL DIAGNOSIS
(3) ALS THERAPY DEVELOPMENT FOUNDATION 215 FIRST STREET CAMBRIDGE, MA 02142	04-3462719	501(C)(3)	959,410.				RESEARCH
(4) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL O 225 E CHICAGO, BOX 205 CHICAGO, IL 60611	36-2170833	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(5) ANN AN ROBERT H. LURIE CHILDREN'S HOSPITAL 225 E CHICAGO, BOX 205 CHICAGO, IL 60611	36-2170833	501(C)(3)	135,000.				RESEARCH
(6) ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARI 1303 E. UNIVERSITY BLVD, BOX 3	74-2652689	STATE OF ARIZON	279,600.				RESEARCH
(7) ARMOGO PHARMA, INC. 777 OLD SAW MILL RIVER ROAD	26-0107795	C CORP	999,056.				RESEARCH
(8) BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(9) BARROW NEUROLOGICAL INSTITUTE - ST. JOSEPH 350 WEST THOMAS ROAD (8 FL. BNI)	86-0096787	501(C)(3)	700,000.				RESEARCH
(10) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, MS: BCM 310	74-1613878	501(C)(3)	100,000.				RESEARCH
(11) BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	11,700.				MEDICAL DIAGNOSIS
(12) BOARD OF REGENTS UNIVERSITY OF WISCONSIN SY 21 NORTH PARK STREET, SUITE 6401	39-6006492	STATE OF WISCON	25,000.				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 ▶

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

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

13-1665552

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) BOARD OF REGENTS, NSHE, DBA UNIVERSITY OF N 204 ROSS HALL MAILSTOP 325 RENO, NV 89557	88-6000024	STATE OF NEVADA	162,676.				RESEARCH
(2) BOARD OF TRUSTEES OF SIU P.O. BOX 19616 SPRINGFIELD, IL 62794	37-6005961	STATE OF ILLINOIS	18,750.				MEDICAL DIAGNOSIS
(3) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST. BOSTON, MA 02115	04-2312909	501(C)(3)	32,580.				MEDICAL DIAGNOSIS
(4) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	135,000.				RESEARCH
(5) BUFFALO GENERAL MEDICAL CENTER 100 HIGH STREET BUFFALO, NY 14203	16-7359213	501(C)(3)	10,125.				MEDICAL DIAGNOSIS
(6) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	C CORP	84,600.				RESEARCH
(7) CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN STREET, STE 220	94-0562680	501(C)(3)	306,000.				RESEARCH
(8) CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO STREET	94-0562680	501(C)(3)	371,771.				MEDICAL DIAGNOSIS
(9) CARILION MEDICAL CENTER 3 RIVERSIDE CIRCLE ROANAKE, VA 24016	54-0506332	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) CARLE PHYSICIAN GROUP 611 W. PARK ST. URBANA, IL 61801	37-1140016	501(C)(3)	11,425.				MEDICAL DIAGNOSIS
(11) CAROLINAS MEDICAL CENTER 1221 E. MOREHEAD CHARLOTTE, NC 28204	56-1398929	501(C)(3)	276,328.				RESEARCH
(12) CAROLINAS MEDICAL CENTER P.O. BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)(3)	90,000.				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) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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Department of the Treasury
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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S CLINICS FOR REHABILITATIVE SERVI 2600 N. WYATT DRIVE TUCSON, AZ 85712	86-0667510	501(C)(3)	18,225.				MEDICAL DIAGNOSIS
(2) CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTIS 1687 TULLIE CIRCLE ATLANTA, GA 30329	58-1947689	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(3) CHILDREN'S HOSP.NATIONAL MED. CTR. 111 MICHIGAN N.W. WASHINGTON, DC 20010	53-0196580	501(C)(3)	32,400.				MEDICAL DIAGNOSIS
(4) CHILDREN'S HOSP.OF PHILADELPHIA 34TH STREET & CIVIC CTR.	23-1352166	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
(5) CHILDREN'S HOSPITAL & MEDICAL CNTR. 4800 SAND POINT WAY-P.O.BOX 5371	91-0564748	501(C)(3)	49,050.				MEDICAL DIAGNOSIS
(6) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	144,600.				RESEARCH
(7) CHILDREN'S HOSPITAL CENTRAL CA 9300 VALLEY CHILDREN'S PL. MS PCX103	94-1294954	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(8) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE., ML 2015	31-0833963	501(C)(3)	54,450.				MEDICAL DIAGNOSIS
(9) CHILDREN'S HOSPITAL NEUROLOGY FOUNDATION FEGAN 11-300 LINGWOOD AVE BOSTON, MA 02115	22-2678594	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(10) CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BOULEVARD MAIL STOP #97	95-1690977	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(11) CHILDREN'S HOSPITAL OF ORANGE COUNTY 455 S. MAIN STREET ORANGE, CA 92868	95-2321788	501(C)(3)	5,400.				MEDICAL DIAGNOSIS
(12) CHILDREN'S HOSPITAL, NEW ORLEANS 200 HENRY CLAY AVENUE 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 ▶

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

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
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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 non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL, RICHMOND 2924 BROOK ROAD RICHMOND, VA 23220	54-0506309	501(C)(3)	15,300.				MEDICAL DIAGNOSIS
(2) CHILDREN'S HOSPITAL, SAN DIEGO 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	95-1691313	501(C)(3)	11,250.				MEDICAL DIAGNOSIS
(3) CHILDREN'S MEDICAL CENTER 2350 STEMMONS FRWY STE 5400	75-0800628	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
(4) CHILDREN'S RESEARCH INSTITUTE (CNMC) 111 MICHIGAN AVENUE, NW	52-1654453	501(C)(3)	452,177.				RESEARCH
(5) CHOP OF UPMC 4401 PENN AVE. FAC PAVILION 6TH FL	25-0402510	501(C)(3)	18,900.				MEDICAL DIAGNOSIS
(6) CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI MEMO 2606 HOSPITAL BLVD.	74-1109836	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(7) CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	130,000.				RESEARCH
(8) CLINICAL NEUROLOGY, PC 4221 S. WESTERN, SUITE 5010	41-2141136	C CORP	107,100.				MEDICAL DIAGNOSIS
(9) COLORADO STATE UNIVERSITY CAMPUS DELIVERY BOX 2002	84-6000545	STATE OF COLORA	121,000.				RESEARCH
(10) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET, BOX 49	13-5598093	501(C)(3)	861,930.				RESEARCH
(11) COLUMBUS CHILDREN'S HOSPITAL 700 CHILDREN'S DR. COLUMBUS, OH 43205	31-4379441	501(C)(3)	21,600.				MEDICAL DIAGNOSIS
(12) COOK CHILDREN'S MEDICAL CENTER 901 SEVENTH AVENUE, STE. 120	75-2051646	501(C)(3)	8,100.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I General Information on Grants and Assistance

- 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.

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	120,000.				RESEARCH
(2) COVENANT HEALTH SYSTEM 3615 19TH ST. LUBBOCK, TX 79408	75-2765566	501(C)(3)	23,600.				MEDICAL DIAGNOSIS
(3) DEAN CLINIC 1808 WEST BELTLINE HWY MADISON, WI 53713	39-1128616	C CORP	25,000.				MEDICAL DIAGNOSIS
(4) DENT NEUROLOGIC GROUP, LLP 3980 SHERIDAN DRIVE, SUITE B	16-1582336	PARTNERSHIP	12,600.				MEDICAL DIAGNOSIS
(5) DREXEL NEUROLOGICAL ASSOCIATES 245 NORTH 15TH ST., MAIL STOP 423	75-4022380	C CORP	33,750.				MEDICAL DIAGNOSIS
(6) DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA STREET	74-2577746	501(C)(3)	6,000.				MEDICAL DIAGNOSIS
(7) DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	100,000.				RESEARCH
(8) DUKE UNIVERSITY MEDICAL CENTER BOX 3069 DURHAM, NC 27710	56-1029437	501(C)(3)	81,000.				MEDICAL DIAGNOSIS
(9) EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 04401	01-0211501	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(10) EL PASO CHILD NEUROLOGY, P.A. 1900 N. OREGON, STE. 520 EL PASO, TX 79902	26-4347703	C CORP	16,200.				MEDICAL DIAGNOSIS
(11) ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 07103	35-1911857	PARTNERSHIP	14,400.				MEDICAL DIAGNOSIS
(12) EMORY CLINIC INC. 101 WOODRUFF CIRCLE ATLANTA, GA 30322	58-2030692	501(C)(3)	81,000.				MEDICAL DIAGNOSIS

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

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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(1) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR	58-0566256	501(C)(3)	294,655.				RESEARCH
(2) FLETCHER ALLEN HEALTH CARE CENTER 1 SOUTH PROSPECT STREET	03-0219303	STATE OF VERMON	6,300.				MEDICAL DIAGNOSIS
(3) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE N J6-500	23-7156071	501(C)(3)	100,000.				RESEARCH
(4) GEORGETOWN UNIVERSITY 4000 RESERVOIR RD NW BLDG D, RM 207	53-0196603	501(C)(3)	20,700.				MEDICAL DIAGNOSIS
(5) GEORGIA HEALTH SCIENCES MEDICAL CENTER 1120 15TH STREET, RM FY127	58-2144788	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(6) GEORGIA HEALTH SCIENCES UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912	58-6002053	STATE OF GEORGI	130,000.				RESEARCH
(7) GLENDALE NEUROLOGICAL ASSOC. DBA (M.I.N.D.) 28595 ORCHARD LAKE RD., #200	38-1889896	C CORP	63,000.				MEDICAL DIAGNOSIS
(8) GOOD SHEPHERD REHABILITATION HOSP. 501 ST. JOHN STREET ALLENTOWN, PA 18103	23-1371947	501(C)(3)	61,200.				MEDICAL DIAGNOSIS
(9) GREENVILLE HOSP. SYSTEM UNIV. MEDICAL GROUP 200 PATEWOOD DRIVE, A-200	57-6007863	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(10) HALO THERAPEUTICS LLC 275 GROVE ST, SUITE 2-400 NEWTON, MA 02466	27-5336394	PARTNERSHIP	207,000.				RESEARCH
(11) HAMOT 2ND CENTURY FUND 302 FRENCH STREET ERIE, PA 16507	25-1400909	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(12) HERSHEY MEDICAL CENTER 500 UNIVERSITY DRIVE, MAIL CODE#EC037	25-1854772	STATE OF PENNSY	73,800.				MEDICAL DIAGNOSIS

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(1) HOSP.ESPAÑOL DE AUXILIO MUTUO, INC. P.O. BOX 191227 HATO REY, PR 00919	66-0486907	C CORP	49,500.				MEDICAL DIAGNOSIS
(2) HOSPITAL DE LA CONCEPCION P.O. BOX 285 SAN GERMAN, PR 00681	66-0227304	501(C)(3)	28,800.				MEDICAL DIAGNOSIS
(3) HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	62,600.				MEDICAL DIAGNOSIS
(4) HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET, 3RD FL.	13-1624135	501(C)(3)	80,000.				MEDICAL DIAGNOSIS
(5) HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET PHILADELPHIA, PA 19104	23-1352685	STATE OF PENNSY	52,583.				MEDICAL DIAGNOSIS
(6) IDAHO ELKS REHABILITATION HOSPITAL P.O. BOX 1100 BOISE, ID 83701	82-0302317	501(C)(3)	7,294.				MEDICAL DIAGNOSIS
(7) INST. OF REHAB. MED./NY UNIV. MED. SCHOOL 240 EAST 348TH STREET, ROOM 15-60B	13-3971298	501(C)(3)	72,900.				MEDICAL DIAGNOSIS
(8) IOWA HEALTH DES MOINES 1200 PLEASANT ST. DES MOINES, IA 50309	42-0680452	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(9) IU HEALTH RILEY HOSPITAL FOR CHILDREN 702 BARNHILL DRIVE, ROOM 1757	35-1955872	501(C)(3)	33,750.				MEDICAL DIAGNOSIS
(10) JOAN AN SANFORD I. WEILL MEDICAL COLLEGE OF 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	218,439.				RESEARCH
(11) JOHN HOPKINS UNIV. SCHOOL OF MEDICINE 600 N.WOLFE STREET, MEYER 5-119	32-0061260	501(C)(3)	195,300.				MEDICAL DIAGNOSIS
(12) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117	52-0595110	501(C)(3)	492,406.				RESEARCH

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(1) KENNEDY HOSPITAL 500 MARLBORO RD. CHERRY HILL, NJ 08034	22-1773439	501(C)(3)	15,300.				MEDICAL DIAGNOSIS
(2) KUMC RESEARCH INSTITUTE MS-1039 3901 RAINBOW BLVD, 6003 WESCOE MS 1	48-1108830	501(C)(3)	70,200.				MEDICAL DIAGNOSIS
(3) LAHEY CLINIC FOUNDATION, INC. 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)(3)	11,138.				MEDICAL DIAGNOSIS
(4) LE BONHEUR CHILDREN'S HOSPITAL 50 PEABODY PLACE, SUITE 400	62-1872938	501(C)(3)	24,300.				MEDICAL DIAGNOSIS
(5) LOMA LINDA UNIVERSITY HEALTH CARE 11175 CAMPUS STREET, COLEMAN PAVILION RM. A	33-0364239	501(C)(3)	26,100.				MEDICAL DIAGNOSIS
(6) LOUISIANA STATE UNIV. HEALTH SCI. CTR. 1501 KINGS HIGHWAY SHREVEPORT, LA 71130	72-0702002	STATE OF LOUISI	27,000.				MEDICAL DIAGNOSIS
(7) LSU SCHOOL OF MEDICINE 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-1304948	STATE OF LOUISI	33,300.				MEDICAL DIAGNOSIS
(8) LUCILE SALTER PACKARD CHILD. HOSP. 4100 BOHANNON DRIVE MAIL CODE 5894, 1ST FLO	77-0003859	501(C)(3)	43,000.				MEDICAL DIAGNOSIS
(9) LUTHERAN HOSPITAL OF INDIANA, INC. 7950 W. JEFFERSON BLVD.	35-1963748	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(10) MAINE MEDICAL CNTR-DEPT OF REHABIL. 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	14,850.				MEDICAL DIAGNOSIS
(11) MARSHFIELD CLINIC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,800.				MEDICAL DIAGNOSIS
(12) MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR. LEBANON, NH 03756	02-0222140	501(C)(3)	22,500.				MEDICAL DIAGNOSIS

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(1) MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	5,500.				RESEARCH
(2) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(3) MEDICAL COLLEGE OF VIRGINIA P.O. BOX 980599 RICHMOND, VA 23298	54-1581185	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) MEDICAL COLLEGE OF WISCONSIN 9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226	39-0806261	501(C)(3)	30,600.				MEDICAL DIAGNOSIS
(5) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE, BOX 701	13-1924236	501(C)(3)	128,634.				RESEARCH
(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 200JEFFERSON SE GRAND RAPIDS, MI 49503	38-2113393	501(C)(3)	40,000.				MEDICAL DIAGNOSIS
(8) METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN STREET, #802 HOUSTON, TX 77030	87-0721923	501(C)(3)	132,300.				MEDICAL DIAGNOSIS
(9) METROHEALTH MEDICAL CENTER P.O. BOX 73122 CLEVELAND, OH 44193	34-6004382	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(10) MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY 1320 SOUTH DIXIE HIGHWAY, SUITE 650	59-0624458	STATE OF FLORID	299,200.				RESEARCH
(11) MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVE. LONG BRANCH, NJ 07740	22-3452412	501(C)(3)	27,000.				MEDICAL DIAGNOSIS
(12) MONTEFIORE MEDICAL CENTER 3351 STEUBEN AVE, 3RD FLR BRONX, NY 10467	13-3908657	501(C)(3)	46,575.				MEDICAL DIAGNOSIS

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(1) NATIONWIDE CHILDREN'S HOSPITAL 555 SOUTH 18TH ST. COLUMBUS, OH 43205	31-1036370	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(2) NEUROLOGY ASSOCIATES 1301 S. CLIFF AVE. #506	46-0364889	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(3) NEUROLOGY ASSOCIATES OF ARLINGTON 811 INTERSTATE 20 W. STE. 212	75-2405825	501(C)(3)	24,300.				MEDICAL DIAGNOSIS
(4) NEUROLOGY MEDICAL SERVICE GROUP 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-6066240	501(C)(3)	45,900.				MEDICAL DIAGNOSIS
(5) NEUROLOGY SPECIALISTS OF JUPITER 601 UNIVERSITY BLVD, SUITE 102	65-0925187	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(6) NORTHWESTERN MEDICAL FACULTY FOUND. 710 N. LAKE SHORE DR. RM# 1119	39-3097297	501(C)(3)	62,000.				MEDICAL DIAGNOSIS
(7) OHIO STATE UNIVERSITY HOSPITALS 1581 DODD DRIVE, MCCAMPBELL HALL	31-6025986	STATE OF OHIO	61,200.				MEDICAL DIAGNOSIS
(8) OLIVE VIEW - UCLA MEDICAL CENTER 14445 OLIVE VIEW DRIVE #2C136	95-2249539	STATE OF CALIFC	22,500.				MEDICAL DIAGNOSIS
(9) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD	93-1176109	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(10) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD.	93-1176109	170 (C) (1)	117,216.				RESEARCH
(11) OSF MEDICAL GROUP NEUROLOGY P.O. BOX 1712 PEORIA, IL 61656	37-0662569	501(C)(3)	14,125.				MEDICAL DIAGNOSIS
(12) OUR LADY OF LOURDES R.M.C. 611 ST. LANDRY ST. LAFAYETTE, LA 70506	72-0423635	501(C)(3)	9,000.				MEDICAL DIAGNOSIS

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(1) PHOENIX CHILDREN'S HOSPITAL 1919 EAST THOMAS RD. PHOENIX, AZ 85016	86-0422559	501(C)(3)	6,000.				MEDICAL DIAGNOSIS
(2) PONCE SCHOOL OF MEDICINE P.O. BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	36,000.				MEDICAL DIAGNOSIS
(3) PRESIDENT AN FELLOWS OF HARVARD COLLEGE P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	100,538.				RESEARCH
(4) PREVEA CLINIC P.O. BOX 19070 GREEN BAY, WI 54307	39-1839349	501(C)(3)	17,932.				MEDICAL DIAGNOSIS
(5) PURDUE UNIVERSITY YOUNG HALL, 155 S. GRANT STREET	35-6002041	STATE OF INDIAN	84,600.				RESEARCH
(6) RADY CHILDREN'S HOSPITAL - SAN DIEGO 3020 CHILDREN'S WAY, MC 5118	95-1691313	501(C)(3)	33,750.				MEDICAL DIAGNOSIS
(7) RAPID CITY REGIONAL HOSPITAL P.O. BOX 3450 RAPID CITY, SD 57709	46-0319070	501(C)(3)	5,400.				MEDICAL DIAGNOSIS
(8) RAPIDES SPECIALTY CLINIC DIVISION OF RRM BOX 30101, 211 FOURTH STREET	72-0702002	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(9) REGENTS OF THE UNIVERSITY OF CALIFORNIA(LOS 710 WESTWOOD PLAZA, 4-231 RNRC	95-6006143	STATE OF CALIFC	108,000.				MEDICAL DIAGNOSIS
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA(SAN 1855 FOLSOM MCB 425 SAN FRANCISCO, CA 94143	94-6036493	STATE OF CALIFC	25,000.				MEDICAL DIAGNOSIS
(11) REGENTS OF THE UNIVERSITY OF CALIFORNIA, IR 200 SOUTH MANCHESTER AVENUE, STE. 110	95-2226406	STATE OF CALIFC	66,000.				MEDICAL DIAGNOSIS
(12) REGENTS OF THE UNIVERSITY OF MINNESOTA - TW 450 MCNAMARA ALUMNI CENTER, 200 OAK STREET	41-6007513	STATE OF MINNES	251,840.				RESEARCH

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REVERAGEN BIOPHARMA, INC. 8070 GEORGIA AVE STE 416	26-3808415	C CORP	507,600.				RESEARCH
(2) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	16,200.				MEDICAL DIAGNOSIS
(3) ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE. ROUND ROCK, TX 78681	74-2781812	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(4) RUTGERS NEW JERSEY MEDICAL SCHOOL 90 BERGEN ST., SUITE 8100 NEWARK, NJ 07101	35-1911857	501(C)(3)	78,300.				MEDICAL DIAGNOSIS
(5) SACRED HEART MEDICAL CENTER FOUND. 1255 HILYARD ST., P.O. BOX 10905	93-1084906	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(6) SANFORD CLINIC FARGO REGION 720 4TH STREET NORTH FARGO, ND 58122	91-1770748	501(C)(3)	17,100.				MEDICAL DIAGNOSIS
(7) SANOFI-AVENTIS U.S. INC 55 CORPORATE DRIVE BRIDGEWATER, NJ 08807	42-1612939	C CORP	60,000.				RESEARCH
(8) SARASOTA MEMORIAL HOSPITAL 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	24,000.				MEDICAL DIAGNOSIS
(9) SENTARA NORFOLK GENERAL HOSPITAL 6015 POPLAR HALL DR STE 212	54-1547408	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(10) SHANDS HOSPITAL 302 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	22,050.				MEDICAL DIAGNOSIS
(11) SHRINERS HOSP.FOR CHILDREN - PORTLAND 3101 SW SAM JACKSON PARK R.	36-2193608	501(C)(3)	9,000.				MEDICAL DIAGNOSIS
(12) SHRINERS HOSPITAL FOR CHILDREN CHICAGO 2211 N. OAK PARK AVENUE CHICAGO, IL 60707	36-2193608	501(C)(3)	25,000.				MEDICAL DIAGNOSIS

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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(1) SHRINERS HOSPITAL FOR CHILDREN IN SPOKANE 911 W. 5TH AVENUE SPOKANE, WA 99204	36-2193608	501(C)(3)	7,200.				MEDICAL DIAGNOSIS
(2) SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVENUE SOUTH	63-0288868	501(C)(3)	84,600.				RESEARCH
(3) SPARTANBURG NEUROLOGICAL SERVICES 362 N PINE STREET SPARTANBURG, SC 29302	57-0902952	501(C)(3)	8,100.				MEDICAL DIAGNOSIS
(4) SPECIALLY FOR CHILDREN 1301 BARBARA JORDAN BLVD., #200	74-2800601	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(5) ST. ANTHONY'S SPECIALIST, LLC 300 S. PARK PLACE BLVD STE 170	74-3168197	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(6) ST. CHARLES HOSPITAL AND REHABILITATION CEN 200 BELLE TERRE ROAD	41-2076312	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(7) ST. FRANCIS MEDICAL CTR. PO BOX 1901 MONROE, LA 71210	72-0408970	501(C)(3)	11,250.				MEDICAL DIAGNOSIS
(8) ST. JOSEPH'S CHILDREN'S HOSPITAL OF TAMPA 2700 W. DR. MARTIN LUTHER KING JR. BLVD STE	59-1100828	501(C)(3)	31,500.				MEDICAL DIAGNOSIS
(9) ST. JOSEPH'S HOSP. & MEDICAL CENTER 350 WEST THOMAS RD. PHOENIX, AZ 85013	86-0096787	501(C)(3)	66,000.				MEDICAL DIAGNOSIS
(10) ST. JUDE CHILDREN'S RESEARCH HOSPITAL P.O. BOX 1000, DEPT. 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	60,000.				RESEARCH
(11) ST. LUKE'S REHABILITATION INSTITUTE S. 711 COWLEY SPOKANE, WA 99202	91-1307555	501(C)(3)	16,094.				MEDICAL DIAGNOSIS
(12) ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD., STE. 309	22-2262982	501(C)(3)	120,000.				MEDICAL DIAGNOSIS

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(1) STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	STATE OF CALIFC	84,600.				RESEARCH
(2) TEXAS CHILDREN'S HOSPITAL 6621 FANNIN HOUSTON, TX 77030	74-1100555	501(C)(3)	13,500.				MEDICAL DIAGNOSIS
(3) TEXAS NEUROLOGY, P.A. 6301 GASTON AVE., STE. 200W	75-2654757	C CORP	9,000.				MEDICAL DIAGNOSIS
(4) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF 1737 W. POLK ST M/C 672 AOB 304	37-6000511	STATE OF ILLINO	250,286.				RESEARCH
(5) THE CHILDREN'S HOSPITAL 13123 E. 16TH AVENUL REHAB MEDICINE BOX 285	84-0166760	501(C)(3)	52,200.				MEDICAL DIAGNOSIS
(6) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD.	23-1352166	501(C)(3)	219,600.				RESEARCH
(7) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MISSOU	84,600.				RESEARCH
(8) THE DULUTH CLINIC, LTD. 400 E. 3RD STREET DULUTH, MN 55805	41-0883623	C CORP	6,750.				MEDICAL DIAGNOSIS
(9) THE GENERAL HOSPITAL CORPORATION PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	123,300.				MEDICAL DIAGNOSIS
(10) THE GEORGE WASHINGTON UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	84,600.				RESEARCH
(11) THE METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN, MGJ4-024 HOUSTON, TX 77030	87-0721923	501(C)(3)	178,955.				RESEARCH
(12) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH	59-0634433	501(C)(3)	50,000.				MEDICAL DIAGNOSIS

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Schedule I (Form 990) (2014)

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Name of the organization

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(1) THE OHIO STATE UNIVERSITY RESEARCH FOUNDATI 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OHIO	204,493.				RESEARCH
(2) THE REGENTS OF THE UNIV. OF MICHIGAN 2301 COMMONWEALTH BLVD ANN ARBOR, MI 48105	38-6006809	STATE OF MICHIG	30,000.				MEDICAL DIAGNOSIS
(3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DRIVE, STE 300	94-6036494	STATE OF CALIFC	137,500.				RESEARCH
(4) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 11000 KINROSS AVENUE, STE 211	94-6006143	STATE OF CALIFC	665,000.				RESEARCH
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE, DEPT 0934	95-6006144	STATE OF CALIFC	288,491.				RESEARCH
(6) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA STREET, STE 315	94-6036493	STATE OF CALIFC	135,360.				RESEARCH
(7) THE REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE STREET, ROOM 479	84-6000555	STATE OF COLORA	212,925.				RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ROOM 1054	38-6006309	STATE OF MARYLA	240,630.				RESEARCH
(9) THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS ST., 209 CAB SYRACUSE, NY 13210	14-1368361	STATE OF NEW YO	185,760.				RESEARCH
(10) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDR 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501(C)(3)	390,600.				RESEARCH
(11) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD	33-0435954	501(C)(3)	240,908.				RESEARCH
(12) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVA 3451 WALNUT STREET, FRANKLIN BLDG P-221	23-1352685	STATE OF PENNSY	437,350.				RESEARCH

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(1) THE UNIV. OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TEXAS	192,000.				MEDICAL DIAGNOSIS
(2) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 990	63-6005396	STATE OF ALABAM	103,133.				RESEARCH
(3) THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	431,657.				RESEARCH
(4) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 104 AIRPORT DRIVE, STE 2200, CAMPUS BOX 135	56-6001393	STATE OF NORTH	132,000.				RESEARCH
(5) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT POST OFFICE BOX 20036 HOUSTON, TX 77225	74-1761309	STATE OF TEXAS	177,374.				RESEARCH
(6) TIVORSAN PHARMACEUTICALS, INC 3 DAVOL SQUARE, A301 PROVIDENCE, RI 02903	77-0702642	C CORP	600,000.				RESEARCH
(7) TOLEDO HOSPITAL 3949 SUNFOREST CT., SUITE 203	34-4428256	501(C)(3)	40,500.				MEDICAL DIAGNOSIS
(8) TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET BOX 16	13-3908657	501(C)(3)	176,400.				MEDICAL DIAGNOSIS
(9) TUFTS MEDICAL CENTER HOSPITAL 800 WASHINGTON ST., DEPT. OF PM&R, BOX 400	04-3148378	501(C)(3)	22,500.				MEDICAL DIAGNOSIS
(10) UAB DIVISION OF PEDIATRIC NEUROLOGY 1600 7TH AVE SOUTH STE 406	63-0307306	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(11) UMPHYSICIANS 2101 SE 6TH ST. STE 4-184 MMC 2641E	41-1843943	501(C)(3)	157,500.				MEDICAL DIAGNOSIS
(12) UNIV OF MA MEDICAL SCHOOL RMS 5-752, 55 LAKE AVENUE N.	04-3167352	STATE OF MASSAC	21,600.				MEDICAL DIAGNOSIS

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(1) UNIV OF NORTH CAROLINA HOSPITALS 211 FRIDAY CENTER DR., SUITE 2033	57-0935917	STATE OF NORTH	34,200.				MEDICAL DIAGNOSIS
(2) UNIV. HOSP. BROOKLYN SUNY-DOWNSTATE MED. CT 450 CLARKSON AVE. BOX 1213	14-1368361	STATE OF NEW YC	40,500.				MEDICAL DIAGNOSIS
(3) UNIV. OF ARKANSAS FOR MEDICAL SCIENCES ONE HOSPITAL DRIVE, DC056.30	71-6046242	STATE OF ARKANS	54,000.				MEDICAL DIAGNOSIS
(4) UNIV. OF MIAMI SPONSORED PROGRAMS P.O. BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)(3)	57,600.				MEDICAL DIAGNOSIS
(5) UNIV. OF NEVADA SCHOOL OF MEDICINE 2040 W. CHARLESTON BLVD., STE. 300	88-0330858	STATE OF NEVADA	53,100.				MEDICAL DIAGNOSIS
(6) UNIV. OF NEW MEXICO, HEALTH SCIENCES CTR. MSC10 5620 1 UNIVERSITY OF NEW MEXICO	85-6000642	STATE OF NEW ME	10,800.				MEDICAL DIAGNOSIS
(7) UNIV. OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 14642	16-0743209	501(C)(3)	94,500.				MEDICAL DIAGNOSIS
(8) UNIV. OF TX HLTH SCIENCE CTR. MSRDP 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78284	74-1586031	STATE OF TEXAS	74,700.				MEDICAL DIAGNOSIS
(9) UNIV. OF UTAH SCHOOL OF MEDICINE 175 NORTH MEDICAL DR. EAST 5TH FLOOR	87-0480520	STATE OF UTAH	209,836.				MEDICAL DIAGNOSIS
(10) UNIV.OF ALABAMA HEALTH SVCS.FOUND. 1720 7TH AVE. SOUTH SUITE #350 SPARKS CTR	63-0649108	STATE OF ALABAM	75,000.				MEDICAL DIAGNOSIS
(11) UNIV.OF MISSISSIPPI MEDICAL CENTER 2500 N. STATE STREET JACKSON, MS 39216	64-6008520	STATE OF MISSOU	37,500.				MEDICAL DIAGNOSIS
(12) UNIVERSITY MEDICAL ASSOCIATES 1 POSTON ROAD, STE. 350	57-1098556	STATE OF SOUTH	35,100.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY MEDICAL CENTER 1501 N. CAMPBELL PO BOX 245142	94-2958258	501(C)(3)	63,000.				MEDICAL DIAGNOSIS
(2) UNIVERSITY NEUROLOGY, INC. M.L.#525-231 BETHESDA AVE.	31-1000664	501(C)(3)	70,200.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF CALIFORNIA REGENTS (SACRAMENT) 4860 Y STREET, STE. 3850	94-6036494	STATE OF CALIFC	45,000.				MEDICAL DIAGNOSIS
(4) UNIVERSITY OF CALIFORNIA REGENTS (SAN FRANC) 505 PARNASSUS AVE., M 798, BOX 0114	94-6036493	STATE OF CALIFC	108,000.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, P.O. BOX 210222	31-6000989	STATE OF OHIO	110,000.				RESEARCH
(6) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FLORID	100,000.				RESEARCH
(7) UNIVERSITY OF IOWA HOSPITALS & CLINICS B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	46,800.				MEDICAL DIAGNOSIS
(8) UNIVERSITY OF LOUISVILLE PHYSICIANS, INC. 500 S PRESTON STREET LOUISVILLE, KY 40202	27-3645560	STATE OF KENTUC	7,000.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF MIAMI 1120 NW 14TH AVENUE, SUITE 1306	59-0624458	STATE OF FLORID	12,195.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF NEBRASKA MEDICAL CENTER 600 S.42ND ST. OMAHA, NE 68198	47-0049123	STATE OF NEBRAS	36,000.				MEDICAL DIAGNOSIS
(11) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	48-1278531	STATE OF OREGON	84,600.				RESEARCH
(12) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	STATE OF PENNSY	84,600.				RESEARCH

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- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PITTSBURGH 200 LOTHROP STREET, SUITE F875	25-0965591	STATE OF PENNSY	54,000.				MEDICAL DIAGNOSIS
(2) UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES GPO 365067 1ST FL. UNIV HOSPITAL	66-0433762	STATE OF PUERTO	45,000.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG., BOX 270140	16-0743209	501(C)(3)	772,333.				RESEARCH
(4) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1928 ALCOA HIGHWAY, MEDICAL BLDG B - STE. 1	31-1626179	STATE OF TENNES	29,600.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF UTAH 75 S 2000 EAST, 211 RAB	87-6000525	STATE OF UTAH	125,000.				RESEARCH
(6) UNIVERSITY OF VIRGINIA HEALTH P.O. BOX 9007 CHARLOTTESVILLE, VA 22906	54-1124769	STATE OF VIRGIN	57,600.				MEDICAL DIAGNOSIS
(7) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	STATE OF WASHIN	622,358.				RESEARCH
(8) UNIVERSITY OF WASHINGTON MED.CENTER 1959 NE PACIFIC STREET, P.O. BOX 256143	91-6001537	STATE OF WASHIN	63,900.				MEDICAL DIAGNOSIS
(9) UNIVERSITY PHYSICIANS ONE HOSPITAL DRIVE, DC056.30	43-6003859	STATE OF MISSOU	12,600.				MEDICAL DIAGNOSIS
(10) UNIVERSITY PHYSICIANS, INC. P.O. BOX 725 AURORA, CO 80040	74-2161737	STATE OF COLORA	135,000.				MEDICAL DIAGNOSIS
(11) UNIVERSITY OF IL BOARD OF TRUSTEES P.O. BOX 20787 SPRINGFIELD, IL 62708	37-6000511	STATE OF ILLINC	63,500.				MEDICAL DIAGNOSIS
(12) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	STATE OF TEXAS	182,261.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VALERION THERAPEUTICS, INC 100 MAIN ST., SUITE 110 CONCORD, MA 01742	32-0246380	C CORP	1,448,461.				RESEARCH
(2) VANDERBILT DEPARTMENT OF NEUROLOGY DEPT. AT 40303 - CENTER# 4-01-400-5632	62-0476822	501(C)(3)	149,000.				MEDICAL DIAGNOSIS
(3) VIA CHRISTI MED. CTR. ST. FRANCIS CAMPUS 707 N EMPORIA WICHITA, KS 67147	48-1172106	501(C)(3)	29,250.				MEDICAL DIAGNOSIS
(4) W. VIRGINIA UNIVERSITY RESEARCH CORP. 1 MEDICAL CTR. DR. STE 7500	55-0665758	STATE OF WEST V	32,400.				MEDICAL DIAGNOSIS
(5) WAKE FOREST UNIV. SCHOOL OF MEDICINE MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	18,000.				MEDICAL DIAGNOSIS
(6) WASHINGTON UNIV.SCHOOL OF MEDICINE BOX 8111, 600 S. EUCLID AVE.	43-0653611	STATE OF MISSOU	94,500.				MEDICAL DIAGNOSIS
(7) WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVENUE, CAMPUS BOX 8018	43-0653611	501(C)(3)	668,356.				RESEARCH
(8) WESLEY NEUROLOGY CLINIC, P.C. 1211 UNION AVENUE, SUITE 400	58-1544781	501(C)(3)	55,700.				MEDICAL DIAGNOSIS
(9) WHITE PLAINS HOSPITAL & MEDICAL CENTER DAVIS AVENUE AT EAST POST ROAD	13-1740130	501(C)(3)	6,300.				MEDICAL DIAGNOSIS
(10) WICHITA FALLS NEUROLOGY CENTER, PLLC 1600 7TH STREET, STE B	75-2151000	PARTNERSHIP	5,400.				MEDICAL DIAGNOSIS
(11) YALE UNIVERSITY 800 HOWARD AVE. PO BOX 208071	06-0646973	501(C)(3)	16,750.				MEDICAL DIAGNOSIS
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 213.

3 Enter total number of other organizations listed in the line 1 table ▶ 26.

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA

REQUIRYS THE FOLLOWING OF RESEARCH GRANTEEES:

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 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

2014

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVEN DERKS PRESIDENT & CEO	(i) 441,134.	30,000.	0	66,750.	19,299.	557,183.	0
	(ii)	0	0	0	0	0	0	0
2	JULIE FABER, CPA CFO & ASST TREASURER	(i) 233,810.	0	0	0	6,860.	240,670.	0
	(ii)	0	0	0	0	0	0	0
3	VALERIE A. CWIK, MD ASST. SEC/CHIEF MED SCIENTIFIC	(i) 200,863.	0	0	0	6,881.	207,744.	0
	(ii)	0	0	0	0	0	0	0
4	GAIL SCHMERTZ KERNER, E ASST. SEC-CHIEF LEGAL OFFICER	(i) 191,725.	0	0	0	19,272.	210,997.	0
	(ii)	0	0	0	0	0	0	0
5	PETER MORGAN EVP & COO	(i) 146,589.	0	0	0	19,321.	165,910.	0
	(ii)	0	0	0	0	0	0	0
6	ANN MCNAMARA EVP-CHIEF DEVELOPMENT OFFICER	(i) 215,180.	0	0	0	19,299.	234,479.	0
	(ii)	0	0	0	0	0	0	0
7	STEVEN FORD EVP CHIEF COMMUNICATIONS & MKT	(i) 203,643.	0	0	0	19,299.	222,942.	0
	(ii)	0	0	0	0	0	0	0
8	KEVIN W. MORAN VP PROGRAM DEVELOPMENT	(i) 156,291.	0	0	0	19,321.	175,612.	0
	(ii)	0	0	0	0	0	0	0
9	ROBERT M. GRINSFELDER EVP & CHIEF FIELD OP OFFICER	(i) 150,981.	0	0	0	12,762.	163,743.	0
	(ii)	0	0	0	0	0	0	0
10	JOHN WALSH DIV CHIEF EXECUTIVE	(i) 147,784.	3,000.	0	0	19,321.	170,105.	0
	(ii)	0	0	0	0	0	0	0
11	TODD HERMON NVP RETAIL PARTNERSHIPS	(i) 147,514.	0	0	0	12,762.	160,276.	0
	(ii)	0	0	0	0	0	0	0
12	KIMBERLY BRUNA NVP & COMMUNITY ENGAGEMENT	(i) 146,265.	0	0	0	6,881.	153,146.	0
	(ii)	0	0	0	0	0	0	0
13	BRADLEY BARGHOLS DIV CHIEF EXECUTIVE	(i) 138,175.	3,000.	0	0	19,321.	160,496.	0
	(ii)	0	0	0	0	0	0	0
14	MARGARET HODGES DIV CHIEF EXECUTIVE	(i) 131,463.	0	0	0	19,321.	150,784.	0
	(ii)	0	0	0	0	0	0	0
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

PARTICIPATION IN, OR RECEIVED PAYMENT FROM RETIREMENT PLAN

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

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.**

Open To Public Inspection

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)					

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	301,889.	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 \$301,889

(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

2014

**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				
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	18.	56,566.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		28.	451,339.	
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** 25.

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

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

5909HI 701M

V 14-6F

200527

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MEDICAL EQUIPMENT	X	24.	451,099.	APPRAISAL
BASEBALL TICKETS	X	4.	240.	APPRAISAL
TOTALS		<u>28.</u>	<u>451,339.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

FORM 990, PART I, LINE 1

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

FORM 990, PART VI, SECTION B, LINE 11

ALL BOARD MEMBERS WERE INVITED TO THE AUDIT COMMITTEE MEETING FOR THE
FEDERAL FORM 990 REVIEW BY BDO BEFORE FILING WITH THE IRS. THOSE NOT IN
ATTENDANCE WERE PROVIDED A COPY.

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

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

FORM 990, PART VI, SECTION B, LINE 15

A COMPENSATION STUDY WAS DONE AND WAS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE INTERNAL
DOCUMENTS. COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

OTHER CHANGES IN NET ASSETS - FORM 990, PART XI, LINE 9

CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS -23,205,152

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FORM 990, PART XI, LINE 2C

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 4: CHANGE TO BYLAWS

THE ORGANIZATION MADE SEVERAL BYLAWS CHANGES EFFECTIVE JUNE 26, 2014 AND OCTOBER 23, 2014. INCLUDED IN THESE CHANGES WAS THE CREATION OF A COMPENSATION COMMITTEE WHICH HAS RESPONSIBILITY RELATING TO THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND OTHER SENIOR STAFF EXECUTIVES.

ATTACHMENT 1

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

HEALTH CARE AND COMMUNITY SERVICES

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

FAMILIES LIVING WITH NEUROMUSCULAR DISEASES FACE ENORMOUS DAILY CHALLENGES. MDA MAINTAINS THE MOST COMPREHENSIVE SERVICES PROGRAM OF ANY VOLUNTARY HEALTH AGENCY IN THE COUNTRY TO HELP IMPROVE LIVES AND SUPPORT FAMILIES FROM DAY ONE. RANGING FROM A NATIONWIDE NETWORK OF COMPREHENSIVE CLINICS AT THE NATION'S TOP MEDICAL FACILITIES TO ASSISTANCE WITH ESSENTIAL SUPPORT SERVICES, MDA IS

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 ATTACHMENT 1 (CONT'D)

HERE TO HELP FAMILIES TODAY. OUR HEALTH CARE AND COMMUNITY SERVICES ACCOUNTED FOR \$61,377,651 OF OUR 2014 EXPENDITURES.

AS WE STRIVE TO REVOLUTIONIZE CARE AND SUPPORT, HERE ARE SOME OF THE KEY WAYS WE SUPPORTED FAMILIES IN 2014:

1. PROVIDED COMPREHENSIVE CARE FOCUSED ON FAMILIES' NEEDS AT NEARLY 200 MDA CLINICS THROUGH NEARLY 57,000 VISITS
2. HOSTED NEARLY 150 CRITICAL SUPPORT GROUPS FOR FAMILIES TO ADDRESS DAILY NEEDS AND CHALLENGES
3. OFFERED NEARLY 80 WEEK-LONG SUMMER CAMPS FOR MORE THAN 3,700 CHILDREN TO HELP BUILD SELF-CONFIDENCE AND INDEPENDENCE AND REMOVE BARRIERS OF EVERYDAY LIFE
4. PROVIDED EQUIPMENT REPAIRS AND SUPPORT TO HELP FAMILIES MAINTAIN INDEPENDENCE
5. GAVE HELP AND GUIDANCE TO YOUNG PEOPLE TRANSITIONING FROM CHILDHOOD TO ADULTHOOD AT TRANSITIONS.MDA.ORG TO HELP THEM LIVE INDEPENDENTLY AND THRIVE.

ADDITIONALLY, THROUGH MDA'S ADVOCACY PROGRAM, WE'VE MADE LEGISLATORS AND REGULATORY AGENCIES MORE AWARE OF ISSUES AFFECTING THE NEUROMUSCULAR DISEASE COMMUNITY AND HAVE PUSHED FOR PASSAGE OF LIFE-CHANGING LEGISLATION. IN 2014, OUR EFFORTS ALONGSIDE OUR PASSIONATE FAMILIES AND VOLUNTEERS HELPED GET THE ABLE ACT SIGNED INTO LAW AND HELPED ENACT CRITICAL UPDATES TO THE MD-CARE ACT AND THE NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT, AMONG OTHER IMPORTANT PROGRESS.

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ATTACHMENT 2

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

RESEARCH

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

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

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

IN 2014, MDA SPENT \$18,498,911 ON RESEARCH DESIGNED TO ACCELERATE URGENTLY-NEEDED TREATMENTS AND CURES FOR THE FAMILIES WE SERVE. WE CONTRIBUTED TO MORE THAN 30 CLINICAL TRIALS FOR NOVEL DRUGS AND THERAPIES. THANKS IN PART TO THIS PROGRESS, MORE NEW DRUGS IN DEVELOPMENT ARE EXPECTED DURING THE NEXT FIVE YEARS THAN IN THE PREVIOUS 50.

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

1. GENE TARGETING THERAPIES (REPLACEMENT, EXON SKIPPING, MUTATION READ-THROUGH): GAINING TRACTION IN DMD, SMA, LGMD, FSHD
2. STEM CELL THERAPIES: TESTING IN DMD, BMD, FSHD, MG, ALS
3. SMALL MOLECULE THERAPIES: IN TRIALS TO IMPROVE MULTIPLE FACETS

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ATTACHMENT 2 (CONT'D)

OF NEUROMUSCULAR DISEASE, SUCH AS MUSCLE ATROPHY, MITOCHONDRIAL DYSFUNCTION, MUSCLE CONTRACTILITY, INFLAMMATION, REDUCED PERFUSION AND FIBROSIS (HT-100)

IN 2014, MDA WAS SPONSORING 155 RESEARCH GRANTS TO LEADING SCIENTISTS ACROSS THE GLOBE. MDA'S SCIENTIFIC AND MEDICAL ADVISORY COMMITTEES, WHOSE MEMBERS ARE AMONG THE NATION'S FOREMOST SCIENTISTS AND PHYSICIANS IN THE FIELD OF NEUROMUSCULAR DISEASE, CAREFULLY EVALUATE ALL GRANT PROPOSALS SUBMITTED.

REPORTS ON ONGOING PROGRESS IN MDA'S EFFORT TO DISCOVER TREATMENTS AND CURES, INCLUDING THE STATUS OF HUMAN TRIALS OF POTENTIAL THERAPIES, CAN BE FOUND AT WWW.MDA.ORG/RESEARCH2.

ATTACHMENT 3

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

PROFESSIONAL AND PUBLIC HEALTH EDUCATION

MUSCULAR DYSTROPHY, ALS AND OTHER LIFE-THREATENING DISEASES THAT LIMIT MUSCLE STRENGTH AND MOBILITY TAKE AWAY EVERYDAY ABILITIES SUCH AS WALKING, STANDING, DRESSING ONESELF, HUGGING SOMEONE DEAR AND EVEN BREATHING. AT MDA, WE DEDICATE EVERY MINUTE OF EVERY DAY TO FIGHTING TO FREE OUR FAMILIES FROM THE HARMFUL EFFECTS OF THESE DISEASES. PROVIDING PROFESSIONAL AND PUBLIC EDUCATION IS ONE OF THE MANY WAYS MDA IS WORKING TO SAVE AND IMPROVE LIVES.

IN 2014, MDA SPENT \$17,459,993 TO PROVIDE PROFESSIONAL AND PUBLIC HEALTH EDUCATION. WE PROMOTED DEEPER UNDERSTANDING AND AWARENESS TO RALLY AND INSPIRE ACTION THROUGH A VARIETY OF INNOVATIVE

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ATTACHMENT 3 (CONT'D)

STRATEGIES:

1. PLACED THOUSANDS OF DOCUMENTED NEWS STORIES ABOUT MDA'S MISSION WITH NETWORK, SYNDICATED AND LOCAL BROADCAST OUTLETS, PRINT NEWS PUBLICATIONS AND ONLINE, INCLUDING FREQUENT SOCIAL MEDIA POSTINGS THROUGH FACEBOOK, TWITTER AND INSTAGRAM.
2. PRODUCED, DISTRIBUTED AND POSTED ON YOUTUBE HUNDREDS OF INFORMATIONAL VIDEOS AND EDUCATIONAL MATERIALS ABOUT THE CHALLENGES OF LIVING WITH MUSCULAR DYSTROPHY AND RELATED DISEASES, FACTS AND INFORMATION, PRACTICAL TIPS TO HELP FAMILIES, PERSONAL STORIES AND MORE.
3. DELIVERED TIMELY INFORMATION ON MDA.ORG, WHICH IS RECOGNIZED INTERNATIONALLY AS A KEY SOURCE OF INFORMATION ABOUT NEUROMUSCULAR DISEASES.
4. HOSTED THE PRE-EMINENT GATHERING OF NEUROMUSCULAR DISEASE PHYSICIANS AND HEALTH CARE PROVIDERS AT THE 2014 MDA CLINICAL CONFERENCE IN CHICAGO TO BRING TOGETHER THE NATION'S BEST AND BRIGHTEST CLINICIANS TO ACCELERATE PROGRESS AND ENHANCE CARE FOR PEOPLE LIVING WITH NEUROMUSCULAR AND MOTOR NEURON DISEASES.

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

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

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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>
AGGREGATED SOURCING LLC 8338 AUSTIN AVE MORTON GROVE, IL 60053	PRINTING	3,255,642.
AMERICAN BROADCASTING COMPANY, INC. 77 W 66TH ST NEW YORK, NY 10023	ABC NTRK BROADCAST.	2,300,000.
NEW EDGE NETWORK, INC. UNIT 47 PO BOX 4800 PORTLAND, OR 97208	NETWORK PROVIDER	1,038,179.
CC CREATIONS LTD 1800 SHILOH AVE BRYAN, TX 77803	PROMOTIONAL MATERIAL	921,964.
ROBERT HALF INTERNATIONAL, INC. PO BOX 743295 LOS ANGELES, CA 90074	TEMP AGENCY	888,167.