

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2017

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** , 2017, and ending , 20

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.			<b>D</b> Employer identification number 13-1665552	
	Doing Business As			<b>E</b> Telephone number (312) 260-5975	
	Number and street (or P.O. box if mail is not delivered to street address) 161 N CLARK ST.		Room/suite 3550		
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601				
	<b>F</b> Name and address of principal officer: LYNN O'CONNOR VOS SAME AS C ABOVE				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>G</b> Gross receipts \$ 154,243,004.		
<b>J</b> Website: WWW.MDA.ORG			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1950		<b>M</b> State of legal domicile: NY

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	939.
	6	Total number of volunteers (estimate if necessary)	6	350,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	298,749.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	117,071,918.	113,962,253.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,325,061.	2,531,003.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,263,423.	992,004.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,660,402.	117,485,260.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,545,578.	26,449,500.
	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)	56,846,712.	56,599,128.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,302,349.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,591,367.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,386,666.	29,034,942.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,081,305.	112,083,570.
19	Revenue less expenses. Subtract line 18 from line 12	2,579,097.	5,401,690.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	91,932,738.	94,239,232.
	21	Total liabilities (Part X, line 26)	84,003,147.	78,070,364.
22	Net assets or fund balances. Subtract line 21 from line 20	7,929,591.	16,168,868.	

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

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

Sign Here	Signature of officer		Date	
	MICHAEL J KENNEDY 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
	MARC BERGER	<i>Marc Berger</i>	11/10/18	P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

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

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

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

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

**4a** (Code: ) (Expenses \$ 48,615,507. including grants of \$ 11,107,459. ) (Revenue \$ )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 18,275,689. including grants of \$ 15,342,041. ) (Revenue \$ )

ATTACHMENT 2

**4c** (Code: ) (Expenses \$ 14,307,318. including grants of \$ ) (Revenue \$ )

ATTACHMENT 3

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

**4e** Total program service expenses ▶ 81,198,514.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (Form 990 distribution), 11b (review process), 12a (conflict of interest), 12b (disclosure requirements), 12c (policy enforcement), 13 (whistleblower), 14 (document retention), 15 (compensation review), 15a (CEO), 15b (other officers), 16a (joint ventures), 16b (joint venture policy).

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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER BUZALSKI, VP FINANCE 161 N CLARK STREET, STE 3550 CHICAGO, IL 6060 312-260-5975

**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 APPEL, M.D. DIRECTOR	1.00 0.	X					0.	0.	0.	
(2) BENJAMIN CUMBO, III DIRECTOR	1.00 0.	X					0.	0.	0.	
(3) STEVE FARELLA DIRECTOR	1.00 0.	X					0.	0.	0.	
(4) DANIEL G. FRIES DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) GOVERNOR BRAD HENRY DIRECTOR	1.00 0.	X					0.	0.	0.	
(6) R. RODNEY HOWELL, M.D., CHAIRMAN	5.00 0.	X		X			0.	0.	0.	
(7) DAVE HUTTON DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) LOUIS KUNKEL, PHD DIRECTOR	1.00 0.	X					0.	0.	0.	
(9) PATRICIA NAZEMETZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) CHRISTOPHER J. ROSA, PHD VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(11) MIKE ROWLETT DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) CHARLES D. SCHOOR, ESQ SECRETARY	2.00 0.	X		X			0.	0.	0.	
(13) MARK SMITH DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) JOHN TOGNINO DIRECTOR	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) VICTOR WRIGHT ----- TREASURER	2.00 ----- 0.	X		X				0.	0.	0.
( 16) LILIAN WU, PHD ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 17) HAROLD CRUMP ----- EMERITUS DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 18) OLIN MORRIS ----- EMERITUS DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 19) BART CONNER ----- EMERITUS DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 20) JOSEPH S. DIMARTINO ----- EMERITUS DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 21) TIMMI MASTERS ----- EMERITUS DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 22) KRISTINE WELKER ----- INTERIM PRES. & CEO (FEB-SEPT)	50.00 ----- 0.	X		X				211,207.	0.	0.
( 23) STEVEN M DERKS ----- PRESIDENT & CEO	50.00 ----- 0.			X				1,088,326.	0.	3,504.
( 24) JULIE FABER, CPA ----- ASST. TREASURER & CFO	50.00 ----- 0.			X				240,628.	0.	7,361.
( 25) EILEEN TIMMINS, PHD ----- ASST.SEC.EVP CHIEF PPL OFFICER	50.00 ----- 0.			X				194,724.	0.	14,341.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,208,989.	0.	133,090.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,208,989.	0.	133,090.

**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 **▶** 56

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 13



**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) VALERIE A. CWIK, MD ASST. SEC. CHIEF MED SCIENTIFI	50.00 0.			X			74,157.	0.	0.	
( 27) KAREN ALEXANDER EVP, CHIEF IMPACT/PHILAN.OFFICE	50.00 0.				X		357,243.	0.	11,213.	
( 28) JOHN WALSH DIVISION CHIEF EXECUTIVE	50.00 0.				X		167,054.	0.	18,503.	
( 29) GRACE K PAVLATH , PHD SR VP SCIENTIFIC PROGRAM DIR.	50.00 0.					X	197,227.	0.	12,233.	
( 30) GAIL SCHMERTZ KERNER, ESQ SR. VP & GENERAL COUNSEL	50.00 0.					X	189,068.	0.	18,503.	
( 31) NANCY STINSON HARRIS NVP OF CORP PARTNERSHIPS	50.00 0.					X	188,168.	0.	7,906.	
( 32) KRISTIN STEPHENSON SVP, CHIEF POL&COMM ENG OFFICER	50.00 0.					X	156,384.	0.	18,503.	
( 33) NATALIE STAMER VP OF DIGITAL & CONTENT MARKET	50.00 0.					X	144,803.	0.	21,023.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 56

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 479,536.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 89,304,229.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b> 490,406.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 23,688,082.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,723,809.				
	<b>h Total.</b> Add lines 1a-1f . . . . .		113,962,253.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .		1,918,927.			1,918,927.
	<b>4</b> Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b> Royalties . . . . .		1,550.			1,550.
	<b>6a</b> Gross rents . . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		29,396,969.	1,375.		
	<b>c</b> Gain or (loss) . . . . .		28,783,518.	-1,375.		
	<b>d</b> Net gain or (loss) . . . . .		613,451.			612,076.
	<b>8a</b> Gross income from fundraising events (not including \$ 89,304,229. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 7,942,063.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 7,942,063.				
	<b>c</b> Net income or (loss) from fundraising events. . . . .			0.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 374,547.				
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 30,788.					
<b>c</b> Net income or (loss) from gaming activities. . . . .			343,759.		343,759.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory. . . . .			0.			
Miscellaneous Revenue		<b>Business Code</b>				
<b>11a</b> QUEST ADVERTISING	541800	298,749.		298,749.		
<b>b</b> OTHER REVENUE	900099	347,946.			347,946.	
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			646,695.			
<b>12 Total revenue.</b> See instructions. . . . .			117,485,260.		298,749.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	23,988,758.	23,988,758.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,460,742.	2,460,742.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,543,740.	399,002.	1,765,827.	378,911.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	41,632,172.	32,815,341.	4,325,981.	4,490,850.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
<b>9</b> Other employee benefits . . . . .	8,925,427.	6,116,006.	1,859,285.	950,136.
<b>10</b> Payroll taxes . . . . .	3,497,789.	2,735,128.	398,790.	363,871.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	168,199.	76,306.	86,318.	5,575.
<b>c</b> Accounting . . . . .	271,389.		271,389.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	152,064.		133,329.	18,735.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	8,400,679.	1,726,820.	993,500.	5,680,359.
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	8,206,220.	3,118,259.	1,499,631.	3,588,330.
<b>14</b> Information technology . . . . .	329,186.		329,186.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	5,815,123.	4,808,874.	593,535.	412,714.
<b>17</b> Travel . . . . .	3,069,619.	2,477,285.	236,129.	356,205.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	73,723.	64,692.	6,315.	2,716.
<b>20</b> Interest . . . . .	327,298.		327,298.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	278,568.	203,728.	59,980.	14,860.
<b>23</b> Insurance . . . . .	0.			
<b>24</b> 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.)				
<b>a</b> MISC EXPENSES	1,942,874.	207,573.	1,407,196.	328,105.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	112,083,570.	81,198,514.	14,293,689.	16,591,367.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	3,154,925.	452,907.	766,296.	1,935,722.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	18,072,103.	<b>1</b>	19,034,996.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	2,721,033.	<b>3</b>	2,897,784.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,927,974.	<b>9</b>	1,916,899.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,897,201.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 6,341,269.	639,060.	<b>10c</b> 555,932.
	<b>11</b> Investments - publicly traded securities . . . . .	68,572,568.	<b>11</b>	69,833,621.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	91,932,738.	<b>16</b>	94,239,232.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,162,142.	<b>17</b>	5,713,039.
	<b>18</b> Grants payable . . . . .	9,061,097.	<b>18</b>	9,674,969.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	13,500,000.	<b>23</b>	10,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	55,279,908.	<b>25</b>	52,682,356.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	84,003,147.	<b>26</b>	78,070,364.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,423,467.	<b>27</b>	10,090,586.
	<b>28</b> Temporarily restricted net assets . . . . .	3,902,429.	<b>28</b>	5,160,724.
	<b>29</b> Permanently restricted net assets . . . . .	603,695.	<b>29</b>	917,558.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	7,929,591.	<b>33</b>	16,168,868.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	91,932,738.	<b>34</b>	94,239,232.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	117,485,260.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	112,083,570.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,401,690.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,929,591.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,376,730.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,539,143.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,168,868.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .
  - g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	144,990,094.	135,174,690.	121,934,463.	117,071,918.	113,962,253.	633,133,418.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	144,990,094.	135,174,690.	121,934,463.	117,071,918.	113,962,253.	633,133,418.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						633,133,418.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	144,990,094.	135,174,690.	121,934,463.	117,071,918.	113,962,253.	633,133,418.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,465,164.	2,555,130.	1,700,561.	1,736,766.	1,918,927.	9,376,548.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	478,287.	331,475.	432,222.	312,578.	347,946.	1,902,508.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						644,412,474.

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

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

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	98.25%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.44%

- 16a 33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .
- b 33 1/3% support test - 2016.** 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 - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .
- b 10%-facts-and-circumstances test - 2016.** 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 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . .			
b Excess from 2014 . . . .			
c Excess from 2015 . . . .			
d Excess from 2016 . . . .			
e Excess from 2017 . . . .			

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

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER REVENUE	478,287.	331,475.	432,222.	312,578.	347,946.	1,902,508.
TOTALS	<u>478,287.</u>	<u>331,475.</u>	<u>432,222.</u>	<u>312,578.</u>	<u>347,946.</u>	<u>1,902,508.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		510,119.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		510,119.	
<b>d</b> Other exempt purpose expenditures . . . . .		119,719,164.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		120,229,283.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	261,051.	375,042.	463,056.	510,119.	1,609,268.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	15,977.	17,255.	1,438.		34,670.

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

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

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**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.

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and other details.

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

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

Table with 2 columns: Description, Amount. Rows include 1a) If the organization elected not to report works of art, 1b) If the organization elected to report works of art, and 2) If the organization received or held works of art for financial gain.

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

Schedule D (Form 990) 2017

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	477,155.	357,197.	362,888.	346,757.	251,275.
<b>b</b> Contributions	259,816.	90,075.			50,000.
<b>c</b> Net investment earnings, gains, and losses	54,014.	29,883.	-5,691.	16,131.	45,482.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	790,985.	477,155.	357,197.	362,888.	346,757.

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

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		17,247.	14,735.	2,512.
<b>d</b> Equipment		6,823,847.	6,270,642.	553,205.
<b>e</b> Other		56,107.	55,892.	215.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				555,932.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PENSION POSTRETIREMENT PLAN OB	52,682,356.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	123,861,990.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	6,376,730.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,376,730.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	117,485,260.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> . . . . .	<b>5</b>	117,485,260.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	112,083,570.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	112,083,570.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i> . . . . .	<b>5</b>	112,083,570.

**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

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**Part XIII Supplemental Information** (continued)

FORM 990, SCHEDULE D, PART III, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

U.S. GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR YEARS ENDED DECEMBER 31, 2017, 2016, 2015 AND 2014 ARE ALSO OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	GRANTS TO RECIPIENTS	505,876.
<b>(2)</b> EUROPE	0.	0.	PROGRAM SERVICES	GRANTS TO RECIPIENTS	879,632.
<b>(3)</b> NORTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTS TO RECIPIENTS	907,234.
<b>(4)</b> SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GRANTS TO RECIPIENTS	158,000.
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					2,450,742.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					2,450,742.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	505,876.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	879,632.	CHECK			
(3)			NORTH AMERICA	RESEARCH	907,234.	CHECK			
(4)			SOUTH AMERICA	RESEARCH	158,000.	CHECK			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **4.**

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



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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

---

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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization  
MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number  
13-1665552

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPECIAL EVENTS	SIGNATURE	333.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	66,928,112.	14,569,963.	15,745,744.	97,243,819.
	2	Less: Contributions . . . . .	63,814,294.	11,777,030.	13,712,905.	89,304,229.
	3	Gross income (line 1 minus line 2) . . . . .	3,113,818.	2,792,933.	2,032,839.	7,939,590.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	3,113,818.	2,792,933.	2,032,839.	7,939,590.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				7,939,590.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			374,547.
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .			30,788.	30,788.
	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) . . . . . ▶				30,788.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				343,759.	

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

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

Name ▶ JENNIFER BUZALSKI, VICE PRESIDENT FINANCE

Address ▶ 161 N CLARK ST. CHICAGO, IL 60601

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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

CT, GA, LA, MN, NE, NY, OK, PA, TX, VA, WA, WI,

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALS BIOMARKER CONSORTIUM PO BOX 1598 NEW YORK, NY 10101-1598	81-0756743		100,000.				RESEARCH
(2) AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE. MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	43,333.				RESEARCH
(3) ANN & ROBERT H. LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(C)(3)	100,000.				RESEARCH
(4) ANN AN ROBERT H. LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(5) BAYCARE MEDICAL GROUP 300 PK PLACE BLVD CLEARWATER, FL 33759	59-3140335	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(6) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303-1207	74-1613878	501(C)(3)	35,000.				MEDICAL DIAGNOSIS
(7) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS HOUSTON, TX 77030	74-1613878	501(C)(3)	360,000.				RESEARCH
(8) BEAUMONT HEALTH SYSTEM 3601 W. 13 MILE RD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(9) BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107-1031	81-0407289	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(10) BOD OF S. ILLINOIS UNIVERSITY PO BOX 19616 SPRINGFIELD, IL 62794-9616	37-6005961	STATE OF IL	10,000.				MEDICAL DIAGNOSIS
(11) BRIGHAM & WOMENS HOSP RESEARCH P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	7,500.				MEDICAL DIAGNOSIS
(12) BRIGHAM & WOMENS HOSP RESEARCH P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	22,500.				MEDICAL DIAGNOSIS

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

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

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Schedule I (Form 990) (2017)

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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BROAD INSTITUTE 75 AMES ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	110,000.				RESEARCH
<b>(2)</b> BROWN UNIVERSITY 164 ANGELL ST PROVIDENCE, RI 02912	05-0258809	501(C)(3)	103,750.				RESEARCH
<b>(3)</b> CALI PACIFIC MEDICAL CENTER FOUNDATION 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-2728943	501(C)(3)	313,186.				MEDICAL DIAGNOSIS
<b>(4)</b> CALI PACIFIC MEDICAL 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-2728943	501(C)(3)	22,414.				MEDICAL DIAGNOSIS
<b>(5)</b> CARILION CLINIC RESRCH/DEV 101 ELM AVE SE ROANOKE, VA 24013	54-0506332	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(6)</b> CARLE FOUNDATION HOSPITAL 611 WEST PK URBANA, IL 61801-2512	37-1119538		10,000.				MEDICAL DIAGNOSIS
<b>(7)</b> CAROLINAS HEALTHCARE FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	60,659.				RESEARCH
<b>(8)</b> CAROLINAS HEALTHCARE FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	60,659.				RESEARCH
<b>(9)</b> CAROLINAS HEALTHCARE FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	60,659.				RESEARCH
<b>(10)</b> CAROLINAS HEALTHCARE FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	60,659.				RESEARCH
<b>(11)</b> CAROLINAS HEALTHCARE FOUNDATION 208 EAST BLVD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	90,000.				MEDICAL DIAGNOSIS
<b>(12)</b> CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	100,000.				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 ▶

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Schedule I (Form 990) (2017)



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Name of the organization

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Employer identification number

13-1665552

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CEDARS-SINAI MEDICAL CENTER 8701 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(2) CTRL TX NEUROLOGY CONSULTANTS 16040 PK VALLEY DR. ROUND ROCK, TX 78681	74-2710396	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(3) CHILD NEUROLOGY CONSULTANTS OF AUSTIN 6811 AUSTIN CTR BLVD AUSTIN, TX 78731	47-2192039		10,000.				MEDICAL DIAGNOSIS
(4) CHILDRENS CLINIC FOR REHAB SVC 2600 NORTH WYATT DRIVE TUCSON, AZ 85712	86-0667510	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(5) CHILDRENS HEALTHCARE OF ATLANTA 1577 NE EXPRESSWAY ATLANTA, GA 30329	58-0572465	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(6) CHILDRENS'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	358,387.				RESEARCH
(7) CHILDRENS HOSPITAL CO 13123 E. 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	55,000.				MEDICAL DIAGNOSIS
(8) CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(9) CHILDRENS HOSPITAL LOS ANGELES SPON. PROJ OFFICE LOS ANGELES, CA 90027	95-1690977	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE. CINCINNATI, OH 45229-3039	31-0833963	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(11) CHILDRENS HOSPITAL OF ORANGE CTY 1201 W LA VETA AVE ORANGE, CA 92868-3874	95-2321786	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(12) CHILDRENS HOSPITAL OF PA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	75,000.				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) (2017)

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Name of the organization

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Employer identification number

13-1665552

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDRENS HOSPITAL OF PA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	100,000.				RESEARCH
(2) CHILDRENS HOSPITAL OF PITTSBGH FDN 4401 PENN AVE PITTSBURGH, PA 15224	25-1865744	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(3) CHILDRENS HOSPITAL OF KING DAUG, INC 601 CHLDNS LANE NORFOLK, VA 23507	54-0506321	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(4) CHILDRENS HOSPITAL 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(5) CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	31,250.				MEDICAL DIAGNOSIS
(6) CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	219,563.				RESEARCH
(7) CLINICAL NEUROLOGY, PC 4221 S. WESTERN OKLAHOMA CITY, OK 73109	41-2141136	501(C)(3)	75,000.				MEDICAL DIAGNOSIS
(8) COLORADO STATE UNIVERSITY BOX 2002 FORT COLLINS, CO 80523-2002	84-6000545	STATE OF CO	100,000.				RESEARCH
(9) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	209,917.				RESEARCH
(10) COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	70,192.				RESEARCH
(11) CONNECTICUT CHLDNS MEDICAL CENTER 282 WASHINGTON ST HARTFORD, CT 06106-3322	06-0646755	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(12) COOK CHILDRENS MEDICAL CENTER 801 SEVENTH AVE FT WORTH, TX 76104	75-2051646	501(C)(3)	15,000.				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) (2017)

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**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**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CORNELL UNIVERSITY 373 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	99,999.				RESEARCH
(2) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215-5450	04-2263040	C-CORP	60,000.				RESEARCH
(3) DEAN HEALTH SYSTEMS, INC. 1808 WEST BELTLINE HWY MADISON, WI 53715	39-1128616	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) DENT NEUROLOGIC INSTITUTE 3980 SHERIDAN DRIVE AMHERST, NY 14226	16-1582336	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(5) ST. JOSEPHS HOSP AZ CASE FILE 57431 LOS ANGELES, CA 90074-8781	86-0096787	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(6) DRISCOLL CHILDRENS HOSPITAL 3533 S ALAMEDA ST CORPUS CHRISTI, TX 78411	74-2577746	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(7) DUKE UNI MEDICAL CENTER P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(8) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	99,998.				RESEARCH
(9) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	38,873.				RESEARCH
(10) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	77,746.				RESEARCH
(11) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	38,873.				RESEARCH
(12) ESSENTIA HEALTH DULUTH 400 E. 3RD ST DULUTH, MN 55805	41-0884623	501(C)(3)	10,000.				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) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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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
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<b>(1)</b> GEISINGER CLINIC 100 N. ACADEMY AVE. DANVILLE, PA 17822-3069	23-6291113	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(2)</b> GEORGE WASHINGTON UNIVERSITY 2121 EYE ST. NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	240,496.				RESEARCH
<b>(3)</b> GILLETTE CHILDRENS SPECIALTY HEALTHCARE 200 EAST UNI AVE ST. PAUL, MN 55101	36-3379150	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
<b>(4)</b> GLOBAL CONF ON MYOSITIS 4909 LANNIE RD JACKSONVILLE, FL 32218	81-2402265	501(C)(3)	7,500.				RESEARCH
<b>(5)</b> GOOD SHEPHERD REHAB HOSPITAL 850 SOUTH 5TH ST ALLENTOWN, PA 18103	23-1371947	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
<b>(6)</b> GREENVILLE HEALTH SYSTEM 701 GROVE RD GREENVILLE, SC 29605	81-1723202	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(7)</b> HARVARD MEDICAL SCHOOL P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	100,000.				RESEARCH
<b>(8)</b> HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 60530	06-0646766	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
<b>(9)</b> ICAGEN-T 2090 E INNO PK DR ORO VALLEY, AZ 85755	81-3002107	C-CORP	99,500.				RESEARCH
<b>(10)</b> INLAND NW HEALTH SERVICES PO BOX 2185 SPOKANE, WA 99210	91-1307555	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(11)</b> INSTITUTO REHABILITACION DEL CARIBE PO BOX 363792 SAN JUAN, PR 00936	583-88-0529		15,000.				MEDICAL DIAGNOSIS
<b>(12)</b> IRON HORSE DIAGNOSTICS 21053 N. 75TH ST SCOTTSDALE, AZ 85255	45-4537278	C-CORP	55,000.				RESEARCH

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<b>(1)</b> IU HEALTH NEUROSCIENCE CTR 355 W. 16TH ST INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(2)</b> IU HEALTH RILEY HOSPITAL FOR CHILDREN 355 W. 16TH ST INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(3)</b> IZUMI BIOSCIENCES INC. 23 BLUEBERRY LANE LEXINGTON, MA 02420	47-2572265	501(C)(3)	56,400.				RESEARCH
<b>(4)</b> JOAN&SANFORD WEILL MEDICAL COLLEGE 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	100,000.				RESEARCH
<b>(5)</b> JOHNS HOPKINS UNIVERSITY 12529 COLLS CTR DR CHICAGO, IL 60693	52-0595110	501(C)(3)	200,000.				MEDICAL DIAGNOSIS
<b>(6)</b> JOHNS HOPKINS UNIVERSITY SCHOOL 733 N. BRDWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	70,192.				RESEARCH
<b>(7)</b> JOHNS HOPKINS UNIVERSITY 733 N. BRDWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	520,000.				RESEARCH
<b>(8)</b> KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	75,000.				MEDICAL DIAGNOSIS
<b>(9)</b> LE BONHEUR COMMUNITY HEALTH 50 PEABODY PLACE MEMPHIS, TN 38103	62-1251288	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
<b>(10)</b> LOMA LINDA UNIVERSITY 24887 TAYLOR ST LOMA LINDA, CA 92350	95-1816009	501(C)(3)	35,000.				MEDICAL DIAGNOSIS
<b>(11)</b> LA STATE UNI HEALTH SCIENCES CENTER 433 BOLIVAR ST. NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
<b>(12)</b> LSUHSC-SHREVEPORT 1501 KINGS HWY SHREVEPORT, LA 71103	72-0702002	501(C)(3)	20,000.				MEDICAL DIAGNOSIS

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(1) LUDWIG INST FOR CANCER RESEARCH 9500 GILMAN DRIVE LA JOLLA, CA 92093-0660	23-7121131	501(C)(3)	220,000.				RESEARCH
(2) MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102	01-0238552	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(3) MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(4) MASS GENERAL HOSPITAL - RESEARCH P.O. BOX 414876 BOSTON, MA 02241-4876	04-2697983	501(C)(3)	125,000.				MEDICAL DIAGNOSIS
(5) MA GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	257,717.				RESEARCH
(6) MA GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	110,000.				RESEARCH
(7) MAYO CLINIC 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(8) MAYO CLINIC JACKSONVILL 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	195,000.				RESEARCH
(9) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	35,000.				MEDICAL DIAGNOSIS
(10) MCKINNON MD GROUP, PLLC 351 N BUFFALO DR LAS VEGAS, NV 89145	45-3720025		10,000.				MEDICAL DIAGNOSIS
(11) MCV ASSOCIATED PHYSICIANS PO BOX 980599 RICHMOND, VA 23298-0599	54-1581185	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
(12) MDA CARE CENTER 814 750 EAST ADAMS ST SYRACUSE, NY 13210	14-1368361	501(C)(3)	10,000.				MEDICAL DIAGNOSIS

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(1) MDA CLINIC AT DARTMOUTH ONE MD CTR DRIVE LEBANON, NH 03756	02-0222140	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(2) MEDICAL COLLEGE OF WISCONSIN 9200 WEST WI AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
(3) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE CHARLESTON, SC 29425-8080	57-6000722	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(4) MEDSTAR GEORGETOWN UNIVERISTY HOSPITAL 3800 RESERVOIR RD WASHINGTON, DC 20007	52-2228444	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(5) MERCY HEALTH FOUNDATION 620 S. GLENSTONE AVE SPRINGFIELD, MO 65802	32-0195818	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(6) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(7) MILLER SCHOOL OF MEDICINE 1320 S DIXIE HIGHWAY CORAL GABLES, FL 33146	59-0624458	STATE OF FL	150,000.				RESEARCH
(8) MONTEFIORE MEDICAL CENTER 3351 STEUBEN AVE BRONX, NY 10467	13-1740114	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(9) NTL INST OF NEURO DISORDER & STROKE 6001 EXECUTIVE BV NORTH BETHESDA, MD 20852	52-0858115	US GOV	59,794.				RESEARCH
(10) NEMOURS 10140 CENTRN PKWAY JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	35,000.				MEDICAL DIAGNOSIS
(11) NEMOURS FOUNDATION 10140 CENTRN PKWAY JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	65,000.				MEDICAL DIAGNOSIS
(12) NEUROLOGY LLPC 1919 S. WHEELING AVE TULSA, OK 74104	73-1502318		25,000.				MEDICAL DIAGNOSIS

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(1) NEUROLOGY MEDICAL SERVICE GROUP 750 EAST ADAMS ST SYRACUSE, NY 13210	14-1368361	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(2) NEW YORK UNI SCHOOL OF MEDICINE P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308	STATE OF NY	50,000.				MEDICAL DIAGNOSIS
(3) NORTHEAST ALS CONSORTIUM 2720 NEILSON WAY SANTA MONICA, CA 90409	56-2547779	501(C)(3)	53,045.				RESEARCH
(4) NW MEDICAL GROUP DEPT OF NEURO 710 N. LAKESHORE DR CHICAGO, IL 60611	36-3097297	ST OF IL	50,000.				MEDICAL DIAGNOSIS
(5) NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	160,000.				RESEARCH
(6) UCLA EDU/RESEARCH INSTITUTE 14445 OLIVE VIEW DR SYLMAR, CA 91342-1495	95-2249539	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(7) OREGON HEALTH AND SCI UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	STATE OF OR	25,000.				MEDICAL DIAGNOSIS
(8) OSF MULTI-SPECIALTY GROUP 800 NE GLEN OAK AVE PEORIA, IL 61603	38-3852646	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(9) PALO ALTO VET INSTITUTE FOR RESEARCH 3801 MIRANDA AVE PALO ALTO, CA 94304-0038	77-0207331	501(C)(3)	60,000.				RESEARCH
(10) PHOENIX CHILDRENS HOSPITAL 1919 EAST THOMAS RD. PHOENIX, AZ 85016	86-0422559	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(11) PONCE HEALTH SCIENCES UNIVERSITY P.O. BOX 7004 PONCE, PR 00732-7004	66-0379122	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(12) PURDUE UNIVERSITY 155 S. GRANT ST W LAFAYETTE, IN 47907-2114	35-6002041	STATE OF IN	58,074.				RESEARCH

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(1) RADY CHILDRENS HOSPITAL FOUNDATION 3020 CHLDNS WAY SAN DIEGO, CA 92123-4282	33-0170626	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(2) REGENTS OF THE UNIVERSITY OF CALIFORNIA 4860 Y ST SACRAMENTO, CA 95817	94-6036494	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(3) REGENTS OF THE UNIVERSITY OF MN PO BOX 1450 MINNEAPOLIS, MN 55485-5957	41-6007513	STATE OF MN	75,000.				MEDICAL DIAGNOSIS
(4) NATIONWIDE CHILDRENS HOSPITAL 700 CHLDNS DRIVE COLUMBUS, OH 43205	31-6056230	501(C)(3)	170,000.				RESEARCH
(5) RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903-4923	05-0258954	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(6) RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(7) RUTGERS 65 BERGEN ST NEWARK, NJ 07103	46-2354111	STATE OF NJ	100,000.				RESEARCH
(8) RUTGERS, STATE UNIVERSITY OF NJ 65 BERGEN ST NEWARK, NJ 07103	46-2354111	STATE OF NJ	50,000.				MEDICAL DIAGNOSIS
(9) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD	95-2160097	501(C)(3)	60,000.				RESEARCH
(10) SANFORD CHILDRENS SPECIALTY CLINIC 415 N 3RD AVE FARGO, ND 58102	91-1770748	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(11) SANFORD MEDICAL CENTER FARGO 415 N 3RD AVE FARGO, ND 58102	91-1770748	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(12) SANFORD-BURNHAM MEDICAL RESEARCH INST. 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	198,934.				RESEARCH

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(1) SARASOTA MEMORIAL HOSPITAL 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(2) SEATTLE CHILDRENS HOSPITAL 4300 ROOSEVELT WAY NE SEATTLE, WA 98105	91-0564748	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(3) SHRINERS HOSPITAL FOR CHILDREN 3101 SW SAM JKSN PK PORTLAND, OR 97239	36-2193608	501(C)(3)	7,500.				MEDICAL DIAGNOSIS
(4) SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DR TAMPA, FL 33612	36-2193608	501(C)(3)	6,250.				MEDICAL DIAGNOSIS
(5) SHRINERS HOSPITAL FOR CHILDREN 2211 NORTH OAK PK AVE CHICAGO, IL 60707	36-2193608	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(6) SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DR TAMPA, FL 33612	36-2193608	501(C)(3)	18,750.				MEDICAL DIAGNOSIS
(7) ST. CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE RD PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(8) ST. JOSEPH'S HOSPITAL MEDICAL CENTER 350 WEST THOMAS RD PHOENIX, AZ 85013	86-0096787	501(C)(3)	100,000.				RESEARCH
(9) ST. LUKES HEALTH SYSTEM PO BOX 1663 ATTN: GGA BOISE, ID 83701-1663	82-0161600	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) ST. PETERS HOSPITAL 310 S. MANNING BLVD. ALBANY, NY 12208	22-2262982	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(11) ST. VINCENT HOSPITAL PO BOX 19070 GREEN BAY, WI 54307-9070	39-0817529	501(C)(3)	7,500.				MEDICAL DIAGNOSIS
(12) STANFORD CHILD HEALTH RESEARCH INSTITUTE 4100 BOHANNON RD MENLO PK, CA 94025	77-0003859	501(C)(3)	62,500.				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) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1) STANFORD HEALTH CARE P.O. BOX 742835 LOS ANGELES, CA 90074	94-6174066	501(C)(3)	37,500.				MEDICAL DIAGNOSIS
(2) STANFORD UNIVERSITY 3172 PORTER DR PALO ALTO, CA 94304	94-1156365	501(C)(3)	227,500.				RESEARCH
(3) SUNY AT BINGHAMTON UNIVERSITY PO BOX 6000 BINGHAMTON, NY 13902-6000	14-1368361	501(C)(3)	100,000.				RESEARCH
(4) SUTTER PACIFIC MEDICAL FOUNDATION 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-2728943	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(5) TEMPLE UNIVERSITY P.O. BOX 827997 PHILADELPHIA, PA 19182-7997	23-1365971	501(C)(3)	17,500.				MEDICAL DIAGNOSIS
(6) TEMPLE UNI/DEPT OF NEURO 3401 N. BRD ST. PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	17,500.				MEDICAL DIAGNOSIS
(7) TEXAS NEUROLOGY, P.A. 6301 GASTON AVE DALLAS, TX 75214	75-2654757	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(8) TX TECH UNI HEALTH SCIENCE CENTER 3601 4TH ST LUBBOCK, TX 79430-6271	75-2668014	STATE OF TX	93,500.				RESEARCH
(9) UNI OF WISCONSIN SYSTEM UW-MADISON MILWAUKEE, WI 53278-0538	39-6006492	STATE OF WI	20,000.				MEDICAL DIAGNOSIS
(10) THE EMORY CLINIC, INC 12 EXECUTIVE PK DR ATLANTA, GA 30329	58-2030692	501(C)(3)	125,000.				MEDICAL DIAGNOSIS
(11) HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH. ST NEW YORK, NY 10021-4872	13-1624135	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(12) THE JACKSON LABORATORY 600 MAIN ST BAR HARBOR, ME 04609	01-0211513	501(C)(3)	100,000.				RESEARCH

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(1) THE METHODIST HOSP FDN 6560 FANNIN ST HOUSTON, TX 77030	76-0094743	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(2) THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501(C)(3)	25,000.				MEDICAL DIAGNOSIS
(3) THE OHIO STATE UNIVERSITY 1960 KENNY RD 4TH FL COLUMBUS, OH 43210	31-6025986	STATE OF OH	100,000.				MEDICAL DIAGNOSIS
(4) THE OHIO STATE UNIVERSITY RESEARCH 1960 KENNY RD 4TH FL COLUMBUS, OH 43210	31-6025986	STATE OF OH	24,989.				RESEARCH
(5) PA STATE UNI COLLEGE OF MEDICINE PO BOX 850 HERSHEY, PA 17033	24-6000376	STATE OF PA	35,000.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF VIRGINIA POB 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
(7) UNIVERSITY OF CALIFORNIA 120 THEORY IRVINE, CA 92697-1050	95-2226406	501(C)(3)	75,000.				MEDICAL DIAGNOSIS
(8) UNIVERSITY OF CALIFORNIA 1125 MURPHY HALL LOS ANGELES, CA 90095-9000	95-6006143	501(C)(3)	125,000.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093-0934	95-6006144	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093-0934	95-6006144	501(C)(3)	100,000.				RESEARCH
(11) UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)(3)	70,000.				MEDICAL DIAGNOSIS
(12) UNI OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251-2131	38-6006309	501(C)(3)	50,000.				MEDICAL DIAGNOSIS

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(1) NATIONWIDE CHILDRENS HOSPITAL PO BOX 78000 DETROIT, MI 48278-1653	31-6056230	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(2) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	100,000.				RESEARCH
(3) THE TOLEDO HOSPITAL 3949 SUNFOREST CT TOLEDO, OH 43623	34-4428256	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(4) COLUMBIA UNIVERSITY 710 W. 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	175,000.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 19178-5541	23-1352685	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
(6) TRUSTEES OF UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 19178-5541	23-1352685	501(C)(3)	100,000.				RESEARCH
(7) THE UNIVERSITY OF AL AT BIRMINGHAM 1600 7TH AVE BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	20,000.				MEDICAL DIAGNOSIS
(8) THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	251,496.				RESEARCH
(9) THE UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	300,000.				RESEARCH
(11) TRINITY HEALTH 200 JEFFERSON SE GRAND RAPIDS, MI 49503	27-2491974	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(12) UNIVERSITY FACULTY ASSOCIATES INC 2335 E. KASHIAN LN FRESNO, CA 93701	46-3969536	501(C)(3)	15,000.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY HOSPITAL BROOKLYN 450 CLARKSON AVE BROOKLYN, NY 11203	14-1368361	501(C)(3)	35,000.				MEDICAL DIAGNOSIS
(2) UNIVERSITY NEUROLOGY, INC. 77 GOODELL ST BUFFALO, NY 14203	16-1359213	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF AL AT BIRMINGHAM 1720 7TH AVE S BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	293,657.				RESEARCH
(4) UNIVERSITY OF AL AT BIRMINGHAM 1720 7TH AVE S BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	20,000.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF ARIZONA 1303 E. UNI BLVD TUCSON, AZ 85719	74-2652689	STATE OF AZ	99,881.				RESEARCH
(6) UNIVERSITY OF AK FOR MEDICAL SCIENCES 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	20,000.				MEDICAL DIAGNOSIS
(7) UNIVERSITY OF CALIFORNIA 1850 RESEARCH PK DR DAVIS, CA 95618	94-6036494	501(C)(3)	365,000.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	233,663.				RESEARCH
(9) UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	60,000.				RESEARCH
(10) UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	100,000.				RESEARCH
(11) UNIVERSITY OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221-0222	31-6000989	501(C)(3)	26,250.				MEDICAL DIAGNOSIS
(12) UNIVERSITY OF CINCINNATI PHYSICIANS 260 STETSON ST CINCINNATI, OH 45219	31-6000989	501(C)(3)	17,500.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY OF COLORADO 3100 MARINE ST BOULDER, CO 80309-0572	84-6000555	STATE OF CO	100,000.				RESEARCH
(2) UNIVERSITY OF COLORADO DENVER PO BOX 910238 DENVER, CO 80291-0238	84-6000555	STATE OF CO	100,000.				MEDICAL DIAGNOSIS
(3) UNIVERSITY OF COLORADO DENVER 500 13001 E. 17TH PL AURORA, CO 80045	84-6000555	STATE OF CO	60,000.				RESEARCH
(4) UNIVERSITY OF FLORIDA PO BOX 100244 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	55,000.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	748,310.				RESEARCH
(6) UNIVERSITY OF GA RESEARCH FOUNDATION 617 BOYD GSRC ATHENS, GA 30602	58-1353149	501(C)(3)	100,000.				RESEARCH
(7) UNIVERSITY OF ILLINOIS 1901 S 1ST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	100,000.				RESEARCH
(8) UNIVERSITY OF IOWA 118 S. CLINTON ST IOWA CITY, IA 52242	42-6004813	STATE OF IA	100,000.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF KY RESEARCH FOUNDATION 500 S LIMESTONE LEXINGTON, KY 40526-0001	61-6033693	501(C)(3)	100,000.				RESEARCH
(10) UNIVERSITY OF LOUISVILLE RESEARCH FDN 300 E. MARKET ST LOUISVILLE, KY 40202-1959	61-1029626	501(C)(3)	15,000.				MEDICAL DIAGNOSIS
(11) UNIVERSITY OF MARYLAND 620 W. LEXINGTON ST BALTIMORE, MD 21201	52-6002033	STATE OF MD	100,000.				RESEARCH
(12) UNIVERSITY OF MA MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655-0002	04-3167352	STATE OF MA	20,000.				MEDICAL DIAGNOSIS

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(1) UNIVERSITY OF MA MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	501(C)(3)	200,000.				RESEARCH
(2) UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY MIAMI, FL 33146	59-0624458	STATE OF FL	300,000.				RESEARCH
(3) UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	STATE OF FL	75,000.				MEDICAL DIAGNOSIS
(4) UNIVERSITY OF MIAMI DEPT OF NEURO PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	STATE OF FL	23,796.				MEDICAL DIAGNOSIS
(5) UNIVERSITY OF MICHIGAN 3003 S. STATE ST ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	200,000.				RESEARCH
(6) UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485-5957	41-6007513	STATE OF MN	460,000.				RESEARCH
(7) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE ST JACKSON, MS 39216-4505	64-6008520	STATE OF MS	20,000.				MEDICAL DIAGNOSIS
(8) UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE OF MO	100,000.				RESEARCH
(9) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985450 NEBRASKA CTR OMAHA, NE 68198-5450	47-0049123	STATE OF NE	35,000.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF NEVADA 1664 N. VA ST RENO, NV 89557-0325	88-6000024	STATE OF NV	200,000.				RESEARCH
(11) UNIVERSITY OF NEW MEXICO HSC 1 UNI OF NM ALBUQUERQUE, NM 87131-0001	85-6000642	STATE OF NM	20,000.				MEDICAL DIAGNOSIS
(12) UNIVERSITY OF OKLAHOMA 1000 STANTON BLVD OKL CITY, OK 73117	73-6017987	STATE OF OK	100,000.				RESEARCH

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PITTSBURGH 200 LATHROP ST PITTSBURGH, PA 15261	25-0965591	STATE OF PA	50,000.				MEDICAL DIAGNOSIS
(2) UNIVERSITY OF PITTSBURGH 123 UNI PLACE PITTSBURGH, PA 15213	25-0965591	STATE OF PA	276,659.				RESEARCH
(3) UNIVERSITY OF PUERTO RICO MEDICAL SCI. 400 FD ROOSEVELT AVE. SAN JUAN, PR 918	66-0433762	PUERTO RICO	40,000.				MEDICAL DIAGNOSIS
(4) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642-8673	16-0743209	501(C)(3)	383,500.				RESEARCH
(5) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642-8673	16-0743209	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF ROCHESTER 518 HYLAN BLDG ROCHESTER, NY 14627	16-0743209	501(C)(3)	93,548.				RESEARCH
(7) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST LOS ANGELES, CA 90089	95-1642394	STATE OF CA	60,000.				RESEARCH
(8) UNIVERSITY OF TX HEALTH SCIENCE CENTER 7703 FLOYD CURL DR SAN ANT, TX 78229-3900	74-1586031	STATE OF TX	75,000.				MEDICAL DIAGNOSIS
(9) UNIVERSITY OF UTAH 15 N. 2030 E SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	196,406.				MEDICAL DIAGNOSIS
(10) UNIVERSITY OF VERMONT MEDICAL CENTER P.O. BOX 1902 BURLINGTON, VT 05401-1902	03-0219303	STATE OF VT	20,000.				MEDICAL DIAGNOSIS
(11) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC SEATTLE, WA 98195-6143	91-6001537	STATE OF WA	38,237.				RESEARCH
(12) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC SEATTLE, WA 98195-6143	91-6001537	STATE OF WA	38,237.				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) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WASHINGTON MEDICAL CENTER 1959 NE PACIFIC SEATTLE, WA 98195-6143	91-6001537	STATE OF WA	12,500.				MEDICAL DIAGNOSIS
(2) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE N SEATTLE, WA 98195	91-6001537	STATE OF WA	200,000.				RESEARCH
(3) UNIVERSITY PHYSICIANS - FINANCE ONE HOSP DRIVE COLUMBIA, MO 65212	43-6003859	STATE OF MO	10,000.				MEDICAL DIAGNOSIS
(4) UNIVESITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	STATE OF WA	12,500.				MEDICAL DIAGNOSIS
(5) UNIVERISTY OF WASHINGTON MEDICAL CENTER 1959 NE PACIFIC SEATTLE, WA 98195-6143	91-6001537	STATE OF WA	25,000.				MEDICAL DIAGNOSIS
(6) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST LOS ANGELES, CA 90089	95-1642394	STATE OF CA	100,000.				RESEARCH
(7) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284-1753	75-6002868	STATE OF TX	190,000.				MEDICAL DIAGNOSIS
(8) UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284-1753	75-6002868	STATE OF TX	100,000.				RESEARCH
(9) UW HOSPITAL AND CLINICS AUTHORITY DRAWER 853 MILWAUKEE, WI 53278	39-1835630	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
(10) VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHLDN'S PL MADERA, CA 93636	94-1294954	501(C)(3)	10,000.				MEDICAL DIAGNOSIS
(11) VANDERBILT UNIVERISTY MEDICAL CENTER PO BOX 121236 DALLAS, TX 75312-1236	35-2528741	501(C)(3)	100,000.				MEDICAL DIAGNOSIS
(12) VIA CHRISTI HOSPITALS WICHITA, INC. 707 N EMPORIA AVE WICHITA, KS 67214	48-1172106	501(C)(3)	15,000.				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) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> VCU PO BOX 980568 RICHMOND, VA 23298-0568	54-6001758	STATE OF VA	100,000.				RESEARCH
<b>(2)</b> WAKE FOREST UNIVERSITY HEALTH SCIENCES PROGRAMS MD CTR BLVD	22-3849199	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(3)</b> WA UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130-4862	43-0653611	501(C)(3)	93,750.				MEDICAL DIAGNOSIS
<b>(4)</b> WA UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130-4862	43-0653611	501(C)(3)	53,291.				RESEARCH
<b>(5)</b> WA UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130-4862	43-0653611	501(C)(3)	31,250.				MEDICAL DIAGNOSIS
<b>(6)</b> WASHINGTON UNIVERSITY 1 BROOKINGS DR ST. LOUIS, MO 63130-4862	43-0653611	501(C)(3)	364,287.				RESEARCH
<b>(7)</b> WESLEY NEURO CLINIC, P.C. 8000 CTRVIEW PKWAY CORDOVA, TN 38018	62-1499155	501(C)(3)	50,000.				MEDICAL DIAGNOSIS
<b>(8)</b> WEST VIRGINIA UNIVERSITY RESEARCH CORP 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	20,000.				MEDICAL DIAGNOSIS
<b>(9)</b> WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY. DAYTON, OH 45435	31-0732831	501(C)(3)	85,120.				RESEARCH
<b>(10)</b> YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	30,000.				MEDICAL DIAGNOSIS
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 242.

3 Enter total number of other organizations listed in the line 1 table ▶ 8.

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

Schedule I (Form 990) (2017)

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

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

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

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

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	STEVEN M DERKS PRESIDENT & CEO	(i)	774,023.	0.	314,303.	0.	3,504.	1,091,830.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	JULIE FABER, CPA ASST. TREASURER & CFO	(i)	240,628.	0.	0.	0.	7,361.	247,989.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	KRISTINE WELKER INTERIM PRES. & CEO (FEB-SEPT)	(i)	211,207.	0.	0.	0.	0.	211,207.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	EILEEN TIMMINS, PHD ASST.SEC.EVP CHIEF PPL OFFICER	(i)	194,724.	0.	0.	0.	14,341.	209,065.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	KAREN ALEXANDER EVP,CHIEF IMPACT/PHILAN.OFFICE	(i)	347,243.	10,000.	0.	0.	11,213.	368,456.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	JOHN WALSH DIVISION CHIEF EXECUTIVE	(i)	167,054.	0.	0.	0.	18,503.	185,557.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	STEVEN FORD EVP-CHIEF COMM/MKT OFFICER	(i)	143,783.	0.	0.	0.	8,759.	152,542.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	GRACE K PAVLATH , PHD SR VP SCIENTIFIC PROGRAM DIR.	(i)	188,227.	0.	9,000.	0.	12,233.	209,460.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	GAIL SCHMERTZ KERNER, E SR. VP & GENERAL COUNSEL	(i)	189,068.	0.	0.	0.	18,503.	207,571.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	NANCY STINSON HARRIS NVP OF CORP PARTNERSHIPS	(i)	188,168.	0.	0.	0.	7,906.	196,074.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	KRISTIN STEPHENSON SVP,CHIEF POL&COMM ENG OFFICER	(i)	147,384.	0.	9,000.	0.	18,503.	174,887.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	NATALIE STAMER VP OF DIGITAL & CONTENT MARKET	(i)	137,803.	1,000.	6,000.	0.	21,023.	165,826.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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**Part III Supplemental Information**

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

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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)													
<b>Total</b> . . . . . ▶							\$						

**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)	STANLEY APPEL	BOARD MEMBER	21,150.	RESEARCH GRANT	SEE PART V
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2017

**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	205,900.	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).

PART III, LINE 1, COLUMN E:

THE GRANT AMOUNT WENT TO STANLEY APPEL'S INSTITUTION, THE METHODIST HOSPITAL RESEARCH INSTITUTE. HE WAS THE RESEARCHER THAT THE GRANT BENEFITS.

PART IV, LINE 1, COLUMN 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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>MUSCULAR DYSTROPHY ASSOCIATION, INC.</b>	Employer identification number <b>13-1665552</b>
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**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	79 .	1,608,677 .	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		20 .	115,132 .	
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**

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

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

Schedule M (Form 990) (2017)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MEDICAL EQUIPMENT	X	20.	115,132.	APPRAISAL
TOTALS		<u>20.</u>	<u>115,132.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-1665552

FORM 990, PART I, LINE 1

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS (3,539,277)

ATTACHMENT 1

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

HEALTH CARE AND COMMUNITY SERVICES

INDIVIDUALS WITH MUSCULAR DYSTROPHY, ALS AND RELATED LIFE-THREATENING DISEASES ARE OUR MOMS AND DADS, SONS AND DAUGHTERS, OUR FRIENDS, NEIGHBORS, CO-WORKERS AND LOVED ONES. AT MDA, WE'RE PROUD TO OFFER EXPERT MULTIDISCIPLINARY CARE THAT WILL HELP MANAGE DISEASE SYMPTOMS TO HELP OPTIMIZE HEALTH AND WELL-BEING FROM DAY ONE. WE'RE COMMITTED TO MAXIMIZING STRENGTH AND MOBILITY FOR FAMILIES, PROMOTING THEIR QUALITY OF LIFE AND INDEPENDENCE, BREAKING DOWN BARRIERS AND MAKING SURE THEY KNOW THEY ARE NEVER ALONE IN THIS FIGHT.

INDIVIDUALS AND FAMILIES LIVING WITH NEUROMUSCULAR DISEASES FACE A VARIETY OF DAILY CHALLENGES. TO HELP, MDA OFFERS A COMPREHENSIVE SERVICES PROGRAM TO HELP IMPROVE LIVES AND SUPPORT FAMILIES FROM DAY ONE. RANGING FROM A NATIONWIDE NETWORK OF STATE-OF-THE-ART MDA CARE CENTERS LOCATED AT THE NATION'S TOP MEDICAL FACILITIES TO ASSISTANCE WITH ESSENTIAL SUPPORT SERVICES, MDA IS HERE TO HELP FAMILIES TODAY. OUR HEALTH CARE AND COMMUNITY SERVICES ACCOUNTED FOR 48,615,507 OF OUR 2017 EXPENDITURES.

AS WE STRIVE TO REVOLUTIONIZE CARE AND SUPPORT, HERE ARE SOME OF THE KEY WAYS WE SUPPORTED FAMILIES IN 2017:

-MORE THAN 100,000 KIDS AND ADULTS AND THEIR FAMILIES ARE REGISTERED WITH MDA TO RECEIVE CARE, SERVICES, SUPPORT AND

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

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

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

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

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

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

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

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

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

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

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

RESEARCH

EVERY DAY, CHILDREN ARE BORN WITH MUSCULAR DYSTROPHY AND RELATED LIFE-THREATENING DISEASES AFFECTING MUSCLES THAT TAKE AWAY THE ABILITY TO WALK, MOVE, HUG, TALK AND EVEN BREATHE. SIMILARLY, ADULTS ARE FACING DEVASTATING DISEASES LIKE ALS THAT CAUSE NERVES TO DIE AND MUSCLES TO DETERIORATE, RESULTING IN LOSS OF MOBILITY AND OTHER SEVERE HEALTH COMPLICATIONS. FOR THESE KIDS AND ADULTS, THERE ARE CURRENTLY FEW TREATMENTS AND NO CURES.

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

IN 2017, MDA SPENT \$18,275,689 ON RESEARCH PROJECTS AIMED AT ACCELERATING URGENTLY NEEDED TREATMENTS AND CURES FOR THE FAMILIES WE SERVE. MDA'S LONG-TERM INVESTMENT IN RESEARCH HAS CONTRIBUTED TO DOZENS OF CLINICAL TRIALS NOW UNDERWAY FOR NOVEL DRUGS AND THERAPIES, AND LED TO THE APPROVALS IN 2017 OF EXONDYS 51 TO TREAT SOME FORMS OF DUCHENNE MUSCULAR DYSTROPHY AND SPINRAZA TO TREAT SPINAL MUSCULAR ATROPHY. ON THE HEELS OF THIS PROGRESS, MORE NEW DRUGS IN DEVELOPMENT TO TREAT NEUROMUSCULAR DISEASES ARE EXPECTED DURING THE NEXT FIVE YEARS THAN IN THE PREVIOUS 50. SOME OF THE AREAS WHERE WE SEE THE GREATEST POTENTIAL ARE:



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

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

-STEM CELL THERAPIES

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

IN 2017, MDA AWARDED 70 NEW RESEARCH GRANTS TO LEADING SCIENTISTS AROUND THE GLOBE. MDA'S RESEARCH AND MVP ADVISORY COMMITTEES - WHOSE MEMBERS ARE AMONG THE NATION'S FOREMOST SCIENTISTS, PHYSICIANS AND EXPERTS IN THE FIELD OF NEUROMUSCULAR DISEASE AND THE DRUG DEVELOPMENT INDUSTRY - CAREFULLY EVALUATE ALL GRANT PROPOSALS SUBMITTED AND RECOMMEND THE BEST TO MDA'S BOARD OF DIRECTORS FOR APPROVAL.

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

ATTACHMENT 3

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

PROFESSIONAL AND PUBLIC HEALTH EDUCATION

MUSCULAR DYSTROPHY, ALS AND RELATED LIFE-THREATENING DISEASES THAT

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

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

IN 2017, MDA SPENT \$14,307,318 TO PROVIDE PROFESSIONAL AND PUBLIC HEALTH EDUCATION. WE PROMOTED A DEEPER UNDERSTANDING AND AN AWARENESS TO RALLY AND INSPIRE ACTION THROUGH A VARIETY OF INNOVATIVE STRATEGIES, INCLUDING THE FOLLOWING:

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

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

-PLACED THOUSANDS OF DOCUMENTED NEWS STORIES ABOUT MDA'S MISSION WITH NETWORK, SYNDICATED AND LOCAL BROADCAST OUTLETS, PRINT NEWS PUBLICATIONS AND ONLINE, INCLUDING FREQUENT SOCIAL MEDIA POSTINGS THROUGH FACEBOOK, TWITTER AND INSTAGRAM.

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

-PRODUCED, DISTRIBUTED AND POSTED ON YOUTUBE HUNDREDS OF

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

INFORMATIONAL VIDEOS AND EDUCATIONAL MATERIALS ABOUT THE CHALLENGES OF LIVING WITH MUSCULAR DYSTROPHY AND RELATED DISEASES, FACTS AND INFORMATION, PRACTICAL TIPS TO HELP FAMILIES, PERSONAL STORIES AND MORE.

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

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

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

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

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EGL GENETIC DIAGNOSTICS LLC 2165 NORTH DECATUR RD DECATUR, GA 30033	GENETIC TESTING	576,900.
HYATT REGENCY CRYSTAL CITY 2799 JEFFERSON DAVIS HWY ARLINGTON, VA 22202	HOTEL SERVICES	319,724.
INVOLTA LLC PO BOX 1986 CEDAR RAPIDS, IA 52406-1986	IT SERVICES	197,876.
HOLLAND & KNIGHT LLP PO BOX 864084 ORLANDO, FL 32886-4084	LEGAL SERVICES	172,036.
RANDSTAD STAFFING SERVICES 2300 NORTH MAYFAIR RD, STE 220 WAUWATOSA, WI 53226	TEMPORARY STAFFING	167,567.

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

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p><b>C</b> Book value of all assets at end of year 94,239,232.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MUSCULAR DYSTROPHY ASSOCIATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>161 N CLARK ST. 3550</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60601</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>13-166552</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>541800</b></p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JENNIFER BUZALSKI, VP FINANCE** Telephone number ▶ **312-260-5975**

		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>298,749.</b>	<b>167,521.</b>	<b>131,228.</b>
<b>12</b> Other income (See instructions; attach schedule)				
<b>13</b> Total. Combine lines 3 through 12		<b>298,749.</b>	<b>167,521.</b>	<b>131,228.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		<b>131,228.</b>
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29</b> Total deductions. Add lines 14 through 28	<b>29</b>		<b>131,228.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		<b>1,000.</b>
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		<b>0.</b>

Part III Tax Computation

Table with 40 rows for tax computation. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, 40 Total.

Part IV Tax and Payments

Table with 12 rows for tax and payments. Rows include: 41 Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45 Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, 50 Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 rows for statements regarding certain activities. Rows include: 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

Signature and Preparer information section. Includes fields for Sign Here (MICHAEL J KENNEDY, CFO), Paid Preparer Use Only (MARC BERGER, BDO USA, LLP), and a box for May the IRS discuss this return with the preparer shown below.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

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

Totals . . . . . ▶

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals . . . . . ▶

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals . . . . . ▶

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) QUEST MAGAZINE	298,749.	167,521.			326,205.	
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶	298,749.	167,521.	131,228.		326,205.	131,228.



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶	298,749.	167,521.				131,228.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	298,749.	167,521.				131,228.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			