Exempt Organization Business Income Tax Return Form 990-T (and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning , 2014, and ending Department of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section MUSCULAR DYSTROPHY ASSOCIATION, INC. Print  $X \mid 501(C)(3)$ Number, street, and room or suite no. If a P.O. box, see instructions. 220(e) 408(e) Type 222 SOUTH RIVERSIDE PLAZA 1500 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets CHICAGO, IL 60606-6000 at end of year Group exemption number (See instructions.) ▶ Check organization type ► X 501(c) corporation 97,787,518. 501(c) trust H Describe the organization's primary unrelated business activity. ▶ ADVERTISING If "Yes," enter the name and identifying number of the parent corporation.

13-1665552 E Unrelated business activity codes (See instructions.) 541800 401(a) trust Other trust During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? The books are in care of STEPHEN P. EVANS, VP FINANCE Telephone number ▶ 312-260-5900 (A) Income Part I Unrelated Trade or Business Income (C) Net (B) Expenses Gross receipts or sales b Less returns and allowances c Balance ▶ 1 c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 211,673. 186,228. 25,445. 11 11 Other income (See instructions; attach schedule) 12 211,673. 186,228. 25,445. Total. Combine lines 3 through 12 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 50. 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22a 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) Total deductions. Add lines 14 through 28 50. 29 25,395. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 25,395. 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 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 JSA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2014)

OMB No. 1545-0687

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Par		Tax Computation								
35	35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group									
	members (sections 1561 and 1563) check here  See instructions and:									
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  (1) \$   (2) \$   (3) \$									
h	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)\$									
(2) Additional 3% tax (not more than \$10,000)										
_						▶ 35c				
36	Trusts	tax on the amount on line 34  Taxable at Trust Rates. See in		or tax computati						
30										
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041).  7 Proxy tax. See instructions  7 Proxy tax. See instructions  7 Proxy tax. See instructions									
38										
39			er applies			39			—	
		Tax and Payments		4440) 40						
	_	n tax credit (corporations attach Form 1118; tru								
		credits (see instructions)								
		Il business credit. Attach Form 3800 (see instru								
		for prior year minimum tax (attach Form 8801 c								
		redits. Add lines 40a through 40d				I				
41		ct line 40e from line 39								
42		xes. Check if from: Form 4255 Form 861								
43		ax. Add lines 41 and 42			1	43			0	
		nts: A 2013 overpayment credited to 2014								
		stimated tax payments								
		posited with Form 8868								
	-	n organizations: Tax paid or withheld at source (								
е		withholding (see instructions)								
f		for small employer health insurance premiums		,	lf					
g		credits and payments: Form 2	439							
				Total ▶ 44						
45		ayments. Add lines 44a through 44g								
46		ted tax penalty (see instructions). Check if Forn								
47	7 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed									
	48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid									
49		e amount of line 48 you want: Credited to 2015 est		and Other Inform	Refunde					
Par		Statements Regarding Certain A			,		. 6	Yes	No	
1	,	time during the 2014 calendar year, did the or	J		· ·	,	h h	162	NO	
		t (bank, securities, or other) in a foreign country		-	to file Fincein Form	114, Report	or Foreign		37	
2		nd Financial Accounts. If YES, enter the name of	ū	· · —	of artranafararta	foreign true				
2		the tax year, did the organization receive a dis			or, or transferor to, a	a roreign trus	il?			
2		see instructions for other forms the organization	•							
3 Sch		he amount of tax-exempt interest received or a A - Cost of Goods Sold. Enter mether								
1		bry at beginning of year 1	lou or invent		d of year	6				
2					ds sold. Subtract					
3		ses		•	5. Enter here and					
_		nal section 263A costs			5. Eliter liere allu					
4 a		schedule) 4a			of section 263A		enect to	Yes	No	
h		costs (attach schedule) 4b			uced or acquired	,				
5		Add lines 1 through 4b 5			on?		,		X	
	U	nder penalties of perjury, I declare that I have examined the		ng accompanying schedules	and statements, and to the	e best of my k	nowledge and b	elief, it		
Sigr			other than taxpayer) is based on all information of which preparer has any knowledge.							
Her		JULIE FABER		CFO			IRS discuss preparer sh			
							tions)? X Ye		No	
		Print/Type preparer's name	Preparer's sig		Date		f PTIN			
Paid		MIKE SORRELLS		RMich Sul CAR	8/14/2015	self-employe		0173	7	
-	arer	Firm's name ▶ BDO USA, LLP	1		1	Firm's EIN				
Use	Only	Firm's address > 7101 WISCONSIN AV		000						
		Tillis addiess 7101 WIBCONDIN AV	E, SUITE	800		Phone no.	301-654	1 1)		

JSA

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Schedule C - Rent Income (see instructions)	e (From Real Pro	operty a	nd Personal Propo	erty	Leased Wi	th Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accru	ed						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	From real and personal property (if the tage of rent for personal property exceeds r if the rent is based on profit or income)			3(a) 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 chere and on page 1, Part I, line 6	, column (A)	. ▶				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D	ept-Financed in	come (se	ee instructions)		3 De	ductions directly co	nnected wi	th or allocable to	
1. Description of del	ot-financed property		2. Gross income from or allocable to debt-financed property		3. Deductions directly of debt-finar  (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 of or allocable to debt-financed property (attach schedule)						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)				%					
Totals Total dividends-received deduct	ions included in col	umn 8		. ▶	Part I, line	and on page 1, 7, column (A).	Part I,	ere and on page 1, line 7, column (B).	
Schedule F - Interest, Ani	nuities, Royaltie	s, and R	ents From Contro	lled	Organizati	ons (see instru	uctions)		
		E	cempt Controlled Or	ganiz	zations				
1. Name of controlled organization 2. Employer identification number		ושכו ו	3. Net unrelated income (loss) (see instructions)		otal of specified ayments made	5. Part of column 4 the included in the control organization's gross inc		6. Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Orgai	nizations								
7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		includ	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)									
Totals					Enter I	columns 5 and 10. here and on page 1, , line 8, column (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
i otais					• 1				

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MUSCULAR DYSTROPHY ASSOCIATION, INC.

Schedule G - Investment In	come of a Sec	ction 501(c)(7		nization (see	instruction	ns)		
1. Description of income	2. Amount of	fincome	3. Deductions directly connected (attach schedule)		<b>4.</b> Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)								
(2)								
(3)								
(4)								
	Enter here and Part I, line 9, c						Enter here and on page 1 Part I, line 9, column (B).	
	1 411 1, 1110 3, 0	Oldiffii (74).					Larti, iiile 5, columni (b).	
Totals ▶								
Schedule I - Exploited Exe	mpt Activity In	come, Other	Than Advertising In	come (see in	structions)	)		
		3. Expenses	4. Net income (loss)				7. Excess exempt	
1. Description of exploited activity  2. Gross unrelated business income from trade or business		directly connected with production of unrelated business incom	If a gain, compute	5. Gross incom from activity th is not unrelate business incon	attributable to		expenses	
(1)								
(2)								
(3)								
(4)								
<u>, , , , , , , , , , , , , , , , , , , </u>	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and of page 1, Part I, line 10, col. (B)			,		Enter here and on page 1, Part II, line 26.	
Totals ▶								
Schedule J - Advertising In								
Part I Income From Per	iodicals Report	ted on a Cons	solidated Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	5. Circulation income 6. Readershi costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) ATCH 1								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	211,673.	186,22	8. 25,445.					
Part II Income From Pe 2 through 7 on a l			parate Basis (For e	each periodic	al listed	in Part	II, fill in columns	
			4. Advertising				7. Excess readership	
Name of periodical     advertising income		3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	5. Circulation income 6. Readers costs		costs (column 6 minus column 5, but not more than column 4).	
(1)								
(2)								
(3)								
(4)								
Totals from Part I	211,673.	186,22	8.	•				
Tatala Dart II //iraa 4.5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and of page 1, Part I, line 11, col. (B)	).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) ► Schedule K - Compensation	211,673.	186,22		uotiono)				
1. Name	mectors, and	2. Title	3. Perce	3. Percent of time devoted to 4. Con		pensation attributable to		
(1)				busine				
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, P	Part II line 14				70			
Little Here and on page 1, 1	, IT			<del></del>				

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## SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

ATTACHMENT 1

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
QUEST MAGAZINE	211,673.	186,228.				
COLUMN TOTALS	211,673.	186,228.	25,445.			

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