

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 20____

2011

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

Name of exempt organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due). Includes checkboxes and numerical values.

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] Signature of officer Stephen P. Evans Date 8/14/12 Title ASST TREASURER

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form for ERO's Use Only. Includes fields for signature, date (8/15/2012), firm name (BDO USA, LLP), address, EIN (13-5381590), and phone number.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form for Paid Preparer Use Only. Includes fields for name, signature, date, firm name, address, EIN, and phone number.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 MUSCULAR DYSTROPHY ASSOCIATION, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 3300 EAST SUNRISE DRIVE _____
 City or town, state or country, and ZIP + 4
 TUCSON, AZ 85718

D Employer identification number
 13-1665552

E Telephone number
 (520) 529-2000

F Name and address of principal officer: GERALD C. WEINBERG
 SAME AS C ABOVE

G Gross receipts \$ 309,690,497.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.MDA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1950 **M State of legal domicile:** NY

H(c) Group exemption number ▶

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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1554
	6 Total number of volunteers (estimate if necessary)	6	15000000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	244,459.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	171,494,101.	157,086,290.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,233,083.	-1,772,204.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	899,855.	1,274,531.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	174,627,039.	156,588,617.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	50,095,415.	46,352,169.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	70,690,451.	70,159,258.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,632,642.	0.	86,908.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,957,390.	58,995,870.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	179,743,256.	175,594,205.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-5,116,217.	-19,005,588.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	121,222,970.	98,307,873.
	22 Net assets or fund balances. Subtract line 21 from line 20	53,951,327.	84,950,677.
		67,271,643.	13,357,196.

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 _____
 STEPHEN P. EVANS, CPA, ASST. TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MICHAEL SORRELLS, CPA
 Preparer's signature *[Signature]* Date 8/5/2012
 Check if self-employed PTIN P00001737
 Firm's name ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590
 Firm's address ▶ 7101 WISCONSIN AVE., SUITE 800
 BETHESDA, MD 20814-4827 Phone no. (301) 654-4900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 74,563,817. including grants of \$ 12,406,866.) (Revenue \$) HEALTH CARE AND COMMUNITY SERVICES: SEE SCHEDULE O

4b (Code:) (Expenses \$ 38,126,006. including grants of \$ 33,945,303.) (Revenue \$) RESEARCH: SEE SCHEDULE O

4c (Code:) (Expenses \$ 22,909,284. including grants of \$) (Revenue \$) PROFESSIONAL AND PUBLIC HEALTH EDUCATION - IN THE YEAR ENDED DECEMBER 31, 2011, THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) EXPENDED \$22,909,284 ON ITS PROFESSIONAL AND PUBLIC HEALTH EDUCATION PROGRAM. MDA ANNUALLY PROVIDES THE MEDICAL PROFESSION, SCIENTIFIC COMMUNITY, GENERAL PUBLIC, AND PEOPLE AFFECTED BY NEUROMUSCULAR DISEASES WITH TIMELY AND THOROUGH INFORMATION ABOUT MDA'S PROGRAMS AND THE MORE THAN 40 DISEASES THEY COVER.

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

4e Total program service expenses 135,599,107.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

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

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI
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
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, physical address, and telephone number of the person who possesses the books and records of the organization:
STEPHEN P. EVANS, VP FINANCE - 520-529-2000
3300 E SUNRISE DR, TUCSON, AZ 85718-3299

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STANLEY H. APPEL, MD DIRECTOR	1.00	X					0.	0.	0.	
(2) ROBERT M. BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(3) BART CONNER DIRECTOR	1.00	X					0.	0.	0.	
(4) BENJAMIN F. CUMBO III DIRECTOR	1.00	X					0.	0.	0.	
(5) HAROLD C. CRUMP DIRECTOR	1.00	X					0.	0.	0.	
(6) STEVE FARELLA DIRECTOR	1.00	X					0.	0.	0.	
(7) DANIEL G. FRIES DIRECTOR	1.00	X					0.	0.	0.	
(8) HONORABLE BRAD HENRY DIRECTOR	1.00	X					0.	0.	0.	
(9) R. RODNEY HOWELL, MD CHAIRMAN	5.00	X		X			0.	0.	0.	
(10) DAVE HUTTON DIRECTOR	1.00	X					0.	0.	0.	
(11) LOUIS M. KUNKEL, PHD DIRECTOR	1.00	X					0.	0.	0.	
(12) SUZANNE LOWDEN TREASURER	2.00	X		X			0.	0.	0.	
(13) TIMMI MASTERS SECRETARY	1.00	X		X			0.	0.	0.	
(14) MAUREEN MCGOVERN DIRECTOR	1.00	X					0.	0.	0.	
(15) EDWARD M. NIGRO DIRECTOR	1.00	X					0.	0.	0.	
(16) OLIN F. MORRIS CHAIR, EXEC. COMMITTEE	2.00	X		X			0.	0.	0.	
(17) CHRISTOPHER J. ROSA, PHD DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) CHARLES D. SCHOOR, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(19) LOIS R. WEST VICE CHAIR EXEC. COMMITTEE	1.00	X		X			0.	0.	0.	
(20) GERALD C. WEINBERG PRESIDENT & CEO	60.00			X			381,022.	0.	5,983.	
(21) STEPHEN P. EVANS, CPA ASST. TREASURER	50.00			X			121,159.	0.	11,672.	
(22) JODI WALTERS ASST. TREASURER	50.00			X			74,051.	0.	6,022.	
(23) CHRISTINA C. KENNEDY ASST. SECRETARY	50.00			X			62,894.	0.	6,016.	
(24) GAIL SCHMERTZ KERNER, ESQ EXECUTIVE VP GENERAL COUNSEL	50.00				X		194,460.	0.	11,672.	
(25) VALERIE A. CWIK, MD EXECUTIVE VP - RESEARCH & MEDICAL	50.00				X		200,578.	0.	6,026.	
(26) PETER MORGAN EXECUTIVE VP - FIELD ORGANIZATION	50.00				X		168,280.	0.	11,671.	
1b Sub-total							1,202,444.	0.	59,062.	
c Total from continuation sheets to Part VII, Section A							764,380.	0.	52,691.	
d Total (add lines 1b and 1c)							1,966,824.	0.	111,753.	

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 25

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
MOORE WALLACE NORTH AMERICA, INC. PO BOX 73774, CHICAGO, IL 60673	PRINTER	1,387,852.
METROGROUP MARKETING SERVICES, INC. PO BOX 87618, CHICAGO, IL 60680	LETTERSHP SERVICES	1,269,447.
EXPERIAN MARKETING SOLUTIONS, INC. 21221 NETWORK PLACE, CHICAGO, IL 60673	MAINTAIN DATABASE	1,027,004.
EXPRESS SERVICES, INC. P.O. BOX 281533, ATLANTA, GA 30384	TEMP AGENCY	912,865.
UNITED ENVELOPE LLC PO BOX 951431, CLEVELAND, OH 44193	PRINTER	867,527.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 62

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 778,888.					
	b Membership dues	1b					
	c Fundraising events	1c 127,089,289.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 29,218,113.					
	g Noncash contributions included in lines 1a-1f: \$	1,053,100.					
	h Total. Add lines 1a-1f	▶	157,086,290.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,887,619.			1,887,619.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶	161,652.			161,652.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	123,993,845.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	127,653,668.				
		c Gain or (loss)	-3,659,823.				
	d Net gain or (loss)	▶	-3,659,823.			-3,659,823.	
	8 a Gross income from fundraising events (not including \$ 127,089,289. of contributions reported on line 1c). See Part IV, line 18	a 25,309,899.					
		b Less: direct expenses	b 25,309,899.				
c Net income or (loss) from fundraising events		▶	0.				
9 a Gross income from gaming activities. See Part IV, line 19	a 711,830.						
	b Less: direct expenses	b 138,313.					
	c Net income or (loss) from gaming activities	▶	573,517.			573,517.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a LIST RENTALS	900002	294,503.			294,503.		
b QUEST ADVERTISING	541800	244,459.		244,459.			
c REGISTRATION FEES	900099	400.			400.		
d All other revenue							
e Total. Add lines 11a-11d	▶	539,362.					
12 Total revenue. See instructions.	▶	156,588,617.	0.	244,459.	-742,132.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	41,012,252.	41,012,252.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,339,917.	5,339,917.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,261,506.	1,072,162.	125,386.	63,958.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,339,568.	46,183,532.	5,401,039.	2,754,997.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,752,104.	8,457,406.	797,213.	497,485.
10 Payroll taxes	4,806,080.	4,147,858.	409,704.	248,518.
11 Fees for services (non-employees):				
a Management				
b Legal	443,818.		443,818.	
c Accounting	292,637.		292,637.	
d Lobbying	428,715.		428,715.	
e Professional fundraising services. See Part IV, line 17	86,908.			86,908.
f Investment management fees	229,770.		229,770.	
g Other	13,554,234.	2,803,030.	52,724.	10,698,480.
12 Advertising and promotion				
13 Office expenses	2,903,743.	1,582,935.	1,050,557.	270,251.
14 Information technology	656,069.		656,069.	
15 Royalties				
16 Occupancy	10,306,002.	9,082,685.	671,754.	551,563.
17 Travel	7,200,000.	6,152,349.	557,582.	490,069.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	373,637.	348,302.	11,022.	14,313.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,570,316.	821,813.	713,830.	34,673.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE & SHIPPING	7,445,584.	3,213,085.	592,358.	3,640,141.
b PRINTING & PUBLICATION	6,588,692.	2,450,259.	91,229.	4,047,204.
c TELEPHONE	3,404,769.	2,701,542.	167,257.	535,970.
d				
e All other expenses	3,597,884.	229,980.	2,669,792.	698,112.
25 Total functional expenses. Add lines 1 through 24e	175,594,205.	135,599,107.	15,362,456.	24,632,642.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	7,085,000.	3,029,000.	514,000.	3,542,000.

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	21,809,108.	1	12,168,782.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	5,917,002.	3	3,255,370.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,158,123.	9	2,243,603.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,289,373.			
	b Less: accumulated depreciation	10b 7,186,601.	14,984,610.	10c	16,102,772.
	11 Investments - publicly traded securities	75,354,127.	11	64,537,346.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	121,222,970.	16	98,307,873.		
Liabilities	17 Accounts payable and accrued expenses	7,779,948.	17	10,067,863.	
	18 Grants payable	26,132,145.	18	24,878,925.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,039,234.	25	50,003,889.	
	26 Total liabilities. Add lines 17 through 25	53,951,327.	26	84,950,677.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	66,114,022.	27	7,652,691.	
	28 Temporarily restricted net assets	1,157,621.	28	5,374,272.	
	29 Permanently restricted net assets		29	330,233.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	67,271,643.	33	13,357,196.	
34 Total liabilities and net assets/fund balances	121,222,970.	34	98,307,873.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,588,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,594,205.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,005,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,271,643.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-34,908,859.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,357,196.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990 (2011)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,586,210.	182,595,766.	175,900,213.	171,247,359.	157,086,289.	824,415,837.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	137,586,210.	182,595,766.	175,900,213.	171,247,359.	157,086,289.	824,415,837.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						824,415,837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	137,586,210.	182,595,766.	175,900,213.	171,247,359.	157,086,289.	824,415,837.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,246,332.	3,946,932.	2,794,744.	1,555,153.	1,887,167.	14,430,328.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						838,846,165.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.28	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.98	%
16a 33 1/3% support test - 2011. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization <p style="text-align:center">MUSCULAR DYSTROPHY ASSOCIATION, INC.</p>	Employer identification number <p style="text-align:center">13-1665552</p>
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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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	12,650.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	416,065.													
c	Total lobbying expenditures (add lines 1a and 1b)	428,715.													
d	Other exempt purpose expenditures	175,165,490.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	175,594,205.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	395,794.	254,554.	368,927.	428,715.	1,447,990.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	10,393.	11,500.	13,300.	12,650.	47,843.

Schedule C (Form 990 or 990-EZ) 2011

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)).

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - 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 XIV.

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	125,667.	115,000.			
b Contributions	50,000.	11,313.			
c Net investment earnings, gains, and losses	-239.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		646.			
g End of year balance	175,428.	125,667.			

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,955,436.		1,955,436.
b Buildings		13,437,006.	4,195,085.	9,241,921.
c Leasehold improvements		25,255.	7,997.	17,258.
d Equipment				
e Other		7,871,676.	2,983,519.	4,888,157.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,102,772.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION POSTRETIREMENT PLAN OBLIGATIONS	50,003,889.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	50,003,889.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	156,588,617.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	175,594,205.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-19,005,588.
4	Net unrealized gains (losses) on investments	4	520,037.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-35,428,896.
9	Total adjustments (net). Add lines 4 through 8	9	-34,908,859.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-53,914,447.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	157,108,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	520,037.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	520,037.
3	Subtract line 2e from line 1	3	156,588,617.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	156,588,617.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	175,594,205.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	175,594,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	175,594,205.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE MUSCULAR DYSTROPHY ASSOCIATION ART COLLECTION WAS

ESTABLISHED IN 1992 TO FOCUS ATTENTION ON THE ACHIEVEMENTS OF ARTISTS WITH

DISABILITIES AND TO EMPHASIZE THAT PHYSICAL DISABILITY IS NO BARRIER TO

CREATIVITY. THE COLLECTION, ON PERMANENT DISPLAY AT MDA NATIONAL

HEADQUARTERS IN TUCSON, ARIZ., COMPRISES NEARLY 400 ORIGINAL WORKS BY

ADULTS AND CHILDREN WHO HAVE ANY OF THE NEUROMUSCULAR DISORDERS IN MDA'S

PROGRAM. ARTISTS IN THE COLLECTION REPRESENT ALL 50 STATES, THE DISTRICT

OF COLUMBIA AND PUERTO RICO, AND RANGE IN AGE FROM 2 TO 82.

Part XIV Supplemental Information (continued)

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

PART X, LINE 2: THE ASSOCIATION IS A NONPROFIT ORGANIZATION AND IS
 EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND NEW
 YORK CODES, RULES AND REGULATIONS (NCRR20 SECTION 1-3.4(B)(6)).

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE
 GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT
 MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND
 BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN THEIR
 FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT
 TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR YEARS
 ENDED DECEMBER 31, 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY
 FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY
 ARE FILED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	1,108,464.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	2,158,864.
NORTH AMERICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	1,656,377.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	125,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	71,312.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN REGION	219,900.
3 a Sub-total	0	0			5,339,917.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,339,917.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	1,108,464.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	2,158,864.	CHECK	0.		
		NORTH AMERICA	RESEARCH	1,656,377.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	125,000.	CHECK	0.		
		SOUTH AMERICA	RESEARCH	71,312.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	219,900.	CHECK	0.		

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 6

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPECIAL EVENTS (event type)	TELETHON (event type)	9829 (total number)	
Revenue	1 Gross receipts	101,387,169.	30,683,816.	20,328,203.	152,399,188.
	2 Less: Charitable contributions	94,749,901.	18,059,876.	14,279,512.	127,089,289.
	3 Gross income (line 1 minus line 2)	6,637,268.	12,623,940.	6,048,691.	25,309,899.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,637,268.	12,623,940.	6,048,691.	25,309,899.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(25,309,899)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			711,830.
Direct Expenses	2 Cash prizes			40,000.	40,000.
	3 Noncash prizes			84,315.	84,315.
	4 Rent/facility costs				
	5 Other direct expenses			13,998.	13,998.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(138,313)	
8 Net gaming income summary. Combine line 1, column d, and line 7				573,517.	

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization operates gaming activities: AK, AL, HI, IA, IL, LA, MI, MN, MO, NE, OK, PA

a Is the organization licensed to operate 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 operate 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 operated in:

13a		%
13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEPHEN P. EVANS, CPA

Address ▶ 3300 EAST SUNRISE DRIVE - TUCSON, AZ 85718

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ 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. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CONVIO, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 671445, DALLAS, TX 75267

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA NEUROLOGY CENTER, LLC 3841 PIPER ST, STE T345 ANCHORAGE, AK 99508	26-1300399		6,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE CHILDREN'S HOSPITAL IN BIRMINGHAM - 1600 7TH AVE S. ACC, STE 406, C/O DIV REHAB MED - BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF ALABAMA HEALTH SVCS. FOUND. - 1720 7TH AVE S., STE #350, SPARKS CTR, DEPT OF NEUROLOGY - BIRMINGHAM, AL 35294	63-0649108	STATE OF ALABAMA	22,050.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF ARKANSAS FOR MEDICAL SCIENCES - 4301 W. MARKHAM - LITTLE ROCK, AR 72205	71-6046242	STATE OF ARKANSAS	54,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COOPER CLINIC 6801 ROGERS AVENUE FORT SMITH, AR 72903	71-0445686	501(C)(3)	16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOSEPH'S HOSPITAL & MEDICAL CENTER - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	86-0096787	501(C)(3)	72,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **255.**
- 3** Enter total number of other organizations listed in the line 1 table **30.**

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUCIO F. DELGADO CLINIC & MDA/ALS CENTER AT UPH - 2800 E. AJO WAY, DEPT ADMIN - TUCSON, AZ 85713	94-2958258	501(C)(3)	39,375.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES - 2600 NORTH WYATT DRIVE - TUCSON, AZ 85712	86-0667510	501(C)(3)	24,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
U OF A HEALTH SCIENCES CENTER 1501 N. CAMPBELL, PO BOX 245142 TUCSON, AZ 85724	94-2958258	STATE OF ARIZONA	23,625.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL CENTRAL CA PEDIATRIC NEUROLOGY - PATIENT ACCTG DEPT 9300 VALLEY CHILDREN'S PL. MS PCX103 - MADERA, CA 93636	94-1294954	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LOMA LINDA UNIVERSITY 11175 CAMPUS STREET, COLEMAN PAVILION, RM. A-1113C - LOMA LINDA, CA 92354	33-0364239	501(C)(3)	26,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
REGENTS OF THE UNIV. OF CA 710 WESTWOOD PLAZA, 4-231 RNRC, DEPT OF NEUROLOGY - LOS ANGELES, CA 90095	95-6006143	STATE-CALIFORNIA	108,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF SOUTHERN CA 637 S. LUCAS AVE LOS ANGELES, CA 90017	95-3947855	STATE-CALIFORNIA	7,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL OF THE GOOD SAMARITAN 616 S. WITMER STREET LOS ANGELES, CA 90017	95-1656366	501(C)(3)	7,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 455 S. MAIN STREET - ORANGE, CA 92868	95-2321788	501(C)(3)	15,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.C. REGENTS MED PMR DEPT., 4860 Y ST, STE 3850 SACRAMENTO, CA 95817	94-6036494	STATE-CALIFORNIA	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL, SAN DIEGO 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	95-1691313	501(C)(3)	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO STREET SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LUCILE SALTER PACKARD CHILD. HOSP. 725 WELCH ROAD PALO ALTO, CA 94304	77-0003859	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE REGENTS OF THE UNIV. OF CA 200 S. MANCHESTER AVE, STE 110 ORANGE, CA 92868	95-2226406	STATE-CALIFORNIA	66,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UC REGENTS 505 PARNASSUS AVE, M798, BOX 0114 SAN FRANCISCO, CA 94143	94-6036493	STATE-CALIFORNIA	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UC REGENTS C/O UCSF 505 PARNASSUS AVE, M798, BOX 0114 SAN FRANCISCO, CA 94143	94-6036493	STATE-CALIFORNIA	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OLIVE VIEW - UCLA MEDICAL CENTER 14445 OLIVE VIEW DRIVE, #2C136 SYLMAR, CA 91342	95-2249539	STATE-CALIFORNIA	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COMMUNITY MEDICAL CENTERS 1855 FOLSOM SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF COLORADO P.O. BOX 725 AURORA, CO 80040	74-2161737	STATE-COLORADO	135,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE CHILDREN'S HOSPITAL IN AURORA 13123 E. 16TH AVENUE, REHAB MEDICINE, BOX 285 - AURORA, CO 80045	84-0166760	501(C)(3)	52,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT YALE UNIVERSITY C/O YALE ORTHOPEDICS, 800 HOWARD AVE, PO BOX 208071 - NEW HAVEN, CT 06520	06-0646973	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	62,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSP. NAT'L MED. CTR. 111 MICHIGAN AVE, N.W. WASHINGTON, DC 20010	53-0196580	501(C)(3)	32,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GEORGETOWN UNIVERSITY 3800 RESERVOIR RD, 7TH FLR, NEUROLOGY DEPT - WASHINGTON, DC 20007	53-0196603	501(C)(3)	20,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALFRED I. DUPONT HOSPITAL FOR CHILDREN - 1600 ROCKLAND ROAD, P.O. BOX 269 - WILMINGTON, DE 19899	59-0634433	501(C)(3)	49,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHRISTIANA CARE HEALTH SERVICES P.O. BOX 1668 WILMINGTON, DE 19899	51-0103684	501(C)(3)	5,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOSEPH'S CHILDREN'S HOSPITAL OF TAMPA - 2700 W. DR. MARTIN LUTHER KING JR. BLVD, STE #310 - TAMPA, FL 33607	59-1100828	501(C)(3)	31,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV. OF MIAMI SPONSORED PROGRAMS PO BOX 025405, DEPT OF NEUROLOGY MIAMI, FL 33102	59-2579826	STATE OF FLORIDA	51,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ORLANDO REGIONAL LUCERNE HOSPITAL OUTPATIENT REHAB CENTER, 100 WEST GORE STREET, SUITE 500 - ORLANDO, FL 32806	59-1726273	501(C)(3)	15,525.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEMOURS CHILDREN'S CLINIC AT JACKSONVILLE - 807 CHILDREN'S WAY - JACKSONVILLE, FL 32207	59-0634433	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHANDS HOSPITAL 302 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	16,650.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
JUPITER MEDICAL CENTER 601 UNIVERSITY BLVD, SUITE 102 JUPITER, FL 33458	65-0925187	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SARASOTA MEMORIAL HOSPITAL 1700 TAMiami TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. ANTHONY'S NEUROLOGY GROUP 300 S. PARK PLACE BLVD, STE 170 CLEARWATER, FL 33759	74-3168197	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
EMORY CLINIC INC. 1365 CLIFTON RD, NE ATLANTA, GA 30322	58-2030692	501(C)(3)	81,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MED COLLEGE OF GEORGIA HEALTH INC. 1120 15TH STREET, RM FY127 AUGUSTA, GA 30912	58-2144788	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
VANDERBILT DEPARTMENT OF NEUROLOGY 40303-CNTR# 4-01-400-5632 ATLANTA, GA 31992	62-0476822	501(C)(3)	149,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILD NEUROLOGY ASSOCIATES, PC 5505 PEACHTREE DUNWOODY RD, #500 ATLANTA, GA 30342	58-1947689		9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILD NEUROLOGY ASSOCIATES, PC 1584 TULLIE CIRCLE ATLANTA, GA 30329	58-1947689		27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CASTLE MEDICAL CENTER 640 ULUKAHIKI STREET KAILUA, HI 96734	99-0107330	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
IOWA HEALTH DES MOINES 1200 PLEASANT ST DES MOINES, IA 50309	42-0680452	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF IOWA HOSPITALS & CLINICS - C/O GRANT ACCTG OFFICE, B5 JESSUP HALL - IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	46,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
IDAHO ELKS REHABILITATION HOSPITAL P.O. BOX 1100 BOISE, ID 83701	82-0302317	501(C)(3)	19,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CARLE PHYSICIAN GROUP 611W. PARK ST. URBANA, IL 61801	37-1140016	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN MEDICAL FACULTY FOUND. - NEUROLOGY DEPT., 710 N. LAKE SHORE DR, RM# 1119 - CHICAGO, IL 60611	39-3097297	501(C)(3)	72,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OSF MEDICAL GROUP NEUROLOGY P.O. BOX 1712 PEORIA, IL 61656	37-0662569		13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BOARD OF TRUSTEES OF SIU P.O. BOX 19616 SPRINGFIELD, IL 62794	37-6005961	STATE-ILLINOIS	20,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF IL BOARD OF TRUSTEES GRANTS AND CONTRACTS, PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	STATE-ILLINOIS	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SHRINERS HOSPITAL FOR CHILDREN - CHICAGO HOSPITAL - 2211 N. OAK PARK AVE, C/O DIR FISCAL SVS - CHICAGO, IL 60707	36-2193608	501(C)(3)	40,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LUTHERAN HOSPITAL OF INDIANA, INC. 7950 W. JEFFERSON BLVD FORT WAYNE, IN 46804	35-1963748	501(C)(3)	14,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
METHODIST HOSPITAL OF INDIANA C/O RILEY HOSP. FOR CHILDREN, 702 BARNHILL DR, ROC 3205 - INDIANAPOLIS, IN 4	35-1955872	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ELKHART CLINIC L.L.C. 303 S. NAPPANEE ELKHART, IN 46514	35-1911857		14,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. MARY'S MEDICAL CENTER 3700 WASHINGTON AVE EVANSVILLE, IN 47750	23-7045370	501(C)(3)	10,463.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY HEALTH PO BOX 1367, I-65 AT 21ST STREET, S. CAMPUS, - INDIANAPOLIS, IN 46202	35-1955872	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
KUMC RESEARCH INSTIT. ATTN: MS-1039, 3901 RAINBOW BLVD-6003 WESCOE MS 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	70,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
VIA CHRISTI MED. CTR. ST. FRANCIS CAMPUS - 929 NORTH ST. FRANCIS - WICHITA, KS 67214	48-1172106	501(C)(3)	29,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BAPTIST HOSPITAL EAST 4000 KRESGE WAY LOUISVILLE, KY 40207	61-0444707	501(C)(3)	11,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OUR LADY OF LOURDES R.M.C. 611 ST. LANDRY ST LAFAYETTE, LA 70506	72-0423635	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. FRANCIS COMMUNITY HEALTH CENTER - 309 JACKSON STREET - MONROE, LA 71201	72-0408970	501(C)(3)	11,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LSU SCHOOL OF MEDICINE 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-1304948	STATE-LOUISIANA	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
LOUISIANA STATE UNIV. HEALTH SCI. CTR. - 1501 KINGS HIGHWAY, NEUROLOGY DEPT. - SHREVEPORT, LA 71130	72-0702002	STATE-LOUISIANA	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL, NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEUROMEDICAL CENTER 10101 PARK ROWE AV, 4TH FLR, #200 BATON ROUGE, LA 70809	72-0423635	501(C)(3)	20,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE BATON ROUGE CLINIC, AMC GRANT COORDINATOR, 7373 PERKINS RD BATON ROUGE, LA 70808	72-1111417	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
RAPIDES SPECIALTY CLINIC DIVISION OF RPMC - BOX 30101, 211 FOURTH STREET - ALEXANDRIA, LA 71301	72-0702002	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL BOSTON FEGAN 11-300 LINGWOOD AVE BOSTON, MA 02115	22-2678594	501(C)(3)	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT MASS. GENERAL HOSPITAL - PO BOX 3829, C/O BANK OF AMERICA, RE: BRIAN TSENG - BOSTON, MA 02241	04-2697983	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT MASS. GENERAL HOSPITAL - 13TH ST. BLDG. 149, CNY NEUROLOGY TRIAL UNIT - CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	100,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TUFTS MEDICAL CENTER HOSPITAL 800 WASHINGTON ST, DEPT. OF PM AND BOSTON, MA 02111	04-3148378	501(C)(3)	16,875.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BRIGHAM & WOMEN'S HOSPITAL DEPT. OF NEUROLOGY, 75 FRANCIS ST. BOSTON, MA 02115	04-2312909	501(C)(3)	32,580.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT UMASS MEMORIAL MEDICAL CENTER - DEPT. OF NEUROLOGY, RMS5-752, 55 LAKE AVENUE N. - WORCESTER, MA 01655	04-3167352	MASSACHUSETTS	21,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAHEY CLINIC FOUNDATION, INC. 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)(3)	14,850.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
JOHN HOPKINS UNIV. SCHOOL OF MEDICINE - 600 N. WOLFE STREET - BALTIMORE, MD 21287	32-0061260	501(C)(3)	195,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 04401	01-0211501	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	14,850.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MICHIGAN STATE UNIVERSITY B-301 EAST FEE HALL, A-217 CLINICAL CENTER - EAST LANSING, MI 48824	38-6005984	STATE-MICHIGAN	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GLENDALE NEUROLOGICAL ASSOC. DBA (M.I.N.D.) - 28595 ORCHARD LAKE RD, #200 - FARMINGTON HILLS, MI 48334	38-1889896		63,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MARY FREE BED HOSPITAL - MD CLINIC 235 WEALTHY SE GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	63,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MCLAREN REGIONAL MEDICAL CENTER 401 S. BALLENGER HIGHWAY FLINT, MI 48532	38-2383119	501(C)(3)	16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HARPER UNIVERSITY HOSPITAL 3990 JOHN R. DETROIT, MI 48201	38-6028429	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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THE REGENTS OF THE UNIV. OF MICHIGAN - ATTN: DRDA, 3003 SOUTH STATE STREET, ROOM 1054 - ANN ARBOR, MI 48109	38-6006809	STATE-MICHIGAN	30,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
FAIRVIEW UNIVERSITY MEDICAL CENTER BOX 295,420 DELAWARE ST. S.E. MINNEAPOLIS, MN 55455	41-1843943	501(C)(3)	153,450.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE DULUTH CLINIC, LTD. 400 E. 3RD STREET, ACCT# 99902024-DULUTH, MN 55805	41-0883623		6,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF MISSOURI ONE HOSPITAL DRIVE, DC056.30 COLUMBIA, MO 65212	43-6003859	STATE-MISSOURI	12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WASHINGTON UNIV. SCHOOL OF MEDICINE - DEPT. OF NEUROLOGY, BOX 8111, 600 S. EUCLID AV - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	126,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOHN'S REGIONAL HEALTH CENTER 1235 EAST CHEROKEE SPRINGFIELD, MO 65804	44-0552485	501(C)(3)	18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. JOHN'S REGIONAL MEDICAL CENTER 2727 MCCLELLAND BLVD JOPLIN, MO 64804	44-0545809	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF MISSISSIPPI MEDICAL CENTER - 2500 N. STATE STREET - JACKSON, MS 39216	64-6008520	MISSISSIPPI	31,680.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
BILLINGS CLINIC 2800 10TH AVE NORTH, PO BOX 37000 BILLINGS, MT 59107	81-0407289	501(C)(3)	11,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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UNC HOSPITALS/ADMIN. OFFICE BLDG SUITE 2033, 211 FRIDAY CENTER DR CHAPEL HILL, NC 27514	57-0935917	NORTH CAROLINA	34,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT CAROLINAS MEDICAL CENTER - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-6060481	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DUKE UNIVERSITY MEDICAL CENTER BOX 3069, CLINIC COORDINATOR DURHAM, NC 27710	56-1029437	501(C)(3)	81,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WAKE FOREST UNIV. SCHOOL OF MEDICINE - NEUROLOGY DEPT./MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SANFORD CLINIC 720 4TH STREET NORTH FARGO, ND 58122	45-0226909	501(C)(3)	17,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF NEBRASKA MEDICAL CENTER - SPONSORED PROG.ACCT., 600 S. 42ND STREET - OMAHA, NE 68198	47-0049123	STATE-NEBRASKA	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DARTMOUTH-HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UMDNJ - UNIVERSITY HOSPITAL 150 BERGEN ST, RM G246 NEWARK, NJ 07103	35-1911857	501(C)(3)	78,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
KENNEDY HOSPITAL CORPORATE OFFICE 500 MARLBORO RD CHERRY HILL, NJ 08034	22-1773439	501(C)(3)	15,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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REHABILITATION HOSP. OF TINTON FALLS - 2 CENTRE PLAZA - TINTON FALLS, NJ 07724	63-1254173	501(C)(3)	20,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALS CENTER AT THE UNIVERSITY OF NEW MEXICO HEALTH & SCIENCE CTR. - 915 CAMINO DE SALUD NE - ALBUQUERQUE, NM 87131	85-6000642	STATE-NEW MEXICO	30,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF NEW MEXICO, HEALTH SCIENCES CTR. - CONTROLLER'S OFFICE, BMSB RM B-61 - ALBUQUERQUE, NM 87131	85-6000642	STATE-NEW MEXICO	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
RENOWN INSTITUTE FOR NEUROSCIENCE 10085 DOUBLE R. BOULEVARD, STE 325 RENO, NV 89521	88-0401399	501(C)(3)	8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - 2040 W. CHARLESTON BLVD, STE 300 - LAS VEGAS, NV 89102	88-0330858	STATE OF NEVADA	16,875.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ALBANY MEDICAL CENTER HOSPITAL 47 NEW SCOTLAND AVE, MC 70 ALBANY, NY 12208	14-1338310	501(C)(3)	18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MONTEFIORE MEDICAL CENTER C/O DEPARTMENT OF NEUROLOGY 111 EAST 210TH STREET - BRONX, NY 10467	13-3908657	501(C)(3)	62,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NYU ELAINE A. AND KENNETH G. LANGONE MEDICAL CTR. - 400 EAST 34TH ST, ROOM RG-29, C/O MDA CLINIC AT NYU - NEW YORK, NY 10016	13-3971298	501(C)(3)	72,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 168TH ST, NEUROLOGY DEPARTMENT PH19-316 - NEW YORK, NY 10032	13-3908657	501(C)(3)	53,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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TRUSTEES OF COLUMBIA UNIV IN THE CITY OF NY - C/O ALS CTR, 710 W. 168TH ST, 9TH FLOOR - NEW YORK, NY 10032	13-3908657	501(C)(3)	123,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF ROCHESTER MEDICAL CENTER NEUROMUSCULAR DISEASE CENTER, 601 ELMWOOD AVE, BOX 673 - ROCHESTER, NY 14642	16-0743209	501(C)(3)	94,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY MEDICAL SERVICE GROUP 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-6066240	501(C)(3)	45,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WHITE PLAINS HOSPITAL & MEDICAL CENTER - DAVIS AVENUE AT EAST POST ROAD - WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. CHARLES HOSPITAL AND REHABILITATION CENTER - 200 BELLE TERRE ROAD - PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DENT NEUROLOGIC GROUP, LLP ADMINISTRATIVE OFFICE - 1362, 3980 SHERIDAN DR, 6TH FLR - AMHERST, NY 14226	16-1582336		12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SUNY DOWNSTATE MED. CTR. 450 CLARKSON AVE, BOX 1213 BROOKLYN, NY 11203	14-1368361	STATE-NEW YORK	40,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH STREET, DEPARTMENT OF NEUROLOGY, 3RD FLOOR - NEW YORK, NY 10021	13-1624135	501(C)(3)	80,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD, STE 309 ROESSLEVILLE, NY 12205	22-2262982	501(C)(3)	70,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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UNIVERSITY NEUROLOGY, INC. M.L.#525-231 BETHESDA AVENUE CINCINNATI, OH 45267	31-1000664		70,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
METROHEALTH MEDICAL CENTER 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER AT OHIO STATE UNIVERSITY HOSPITAL - MC CAMPBELL HALL, 1581 DODD DRIVE - COLUMBUS, OH 43210	31-6025986	STATE OF OHIO	61,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TOLEDO CHILDREN'S HOSPITAL - CENTER FOR HEALTH SERVICES - 2142 NORTH COVE BLVD - TOLEDO, OH 43606	34-4428256	501(C)(3)	40,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-0833963	501(C)(3)	40,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-4379441	501(C)(3)	28,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CLINICAL NEUROLOGY, PC 4221 S. WESTERN, SUITE 5010 OKLAHOMA CITY, OK 73109	41-2141136		107,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SACRED HEART HOSPITAL 1255 HILYARD ST, P.O. BOX 10905 EUGENE, OR 97440	93-1084906	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97201	93-1176109	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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SHRINERS HOSP. FOR CHILDREN - PORTLAND - 3101 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	36-2193608	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GOOD SHEPHERD REHABILITATION HOSP. 501 ST. JOHN STREET ALLENTOWN, PA 18103	23-1371947	501(C)(3)	61,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HERSHEY MEDICAL CENTER 500 UNIVERSITY DR, MAIL CODE#EC037 HERSHEY, PA 17033	25-1854772	PENNSYLVANIA	73,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSP. OF PHILADELPHIA 34TH ST & CIVIC CTR, DIV. OF NEUR. PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	90,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - DEPARTMENT OF NEUROLOGY, 3400 SPRUCE STREET - PHILADELPHIA, PA 19104	23-1352685	PENNSYLVANIA	35,055.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL OF PITTSBURGH 4401 PENN AVE, FAC PAVILION 6TH FL, DIV. OF NEUROLOGY - PITTSBURGH, PA 15224	25-0402510	501(C)(3)	18,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF PITTSBURGH 200 LOTHROP ST, BIOSCIENCE TOWER SOUTH, #548 - PITTSBURGH, PA 15213	25-0965591	PENNSYLVANIA	54,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
DREXEL NEUROLOGICAL ASSOCIATES 245 NORTH 15TH ST, MAIL STOP 423 PHILADELPHIA, PA 19102	75-4022380		33,750.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HAMOT 2ND CENTURY FUND 302 FRENCH STREET ERIE, PA 16507	25-1400909	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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THE NEUROLOGY FOUNDATION, INC. 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	16,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 1 POSTON ROAD, STE 350 - CHARLESTON, SC 29407	57-1098556	SOUTH CAROLINA	35,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SPARTANBURG NEUROLOGICAL SERVICES 362 N PINE STREET SPARTANBURG, SC 29302	57-0902952		8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
GREENVILLE HOSP. SYSTEM UNIV. MEDICAL GROUP - 200 PATEWOOD DRIVE, A-200 - GREENVILLE, SC 29615	57-6007863	501(C)(3)	6,075.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
RAPID CITY REGIONAL HOSPITAL P.O. BOX 3450 RAPID CITY, SD 57709	46-0319070	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOCIATES DOCTOR'S PLAZA 2, 1100 EAST 21ST ST, STE 506 - SIOUX FALLS, SD 57105	46-0364889		20,250.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
WESLEY NEUROLOGY & MDA/ALS CENTER OF MEMPHIS MID-SOUTH - 1211 UNION AVE, STE 400 - MEMPHIS, TN 38104	58-1544781	501(C)(3)	72,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF TENNESSEE MEDICAL CENTER - C/O COLE NEUROSCIENCE CTR, 1928 ALCOA HWY, MEDICAL BLDG B - STE 102 - KNOXVILLE, TN 37920	31-1626179	STATE-TENNESSEE	12,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MDA/ALS CENTER & CLINIC AT UNIV. OF TX/SW MEDICAL CENTER - 5323 HARRY HINES BLVD, C/O NEUROLOGY CHAIRMAN - DALLAS, TX 75390	75-6002868	STATE OF TEXAS	162,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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MDA/ALS CENTER AT METHODIST NEUROLOGICAL INSTITUTE - 6560 FANNIN ST, STE #802 - HOUSTON, TX 77030	87-0721923	501(C)(3)	132,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COVENANT HEALTH SYSTEM C/O GRANT MANAGER 3615 19TH STREET LUBBOCK, TX 79408	75-2765566	501(C)(3)	18,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIV. OF TX HLTH SCIENCE CTR. MSRDP - 7703 FLOYD CURL DRIVE (NEUROLOGY) - SAN ANTONIO, TX 78284	74-1586031	STATE OF TEXAS	74,700.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
COOK CHILDREN'S MEDICAL CENTER NEUROLOGY DEPT, 901 SEVENTH AVENUE, STE 120 - FT WORTH, TX 76104	75-2051646	501(C)(3)	8,100.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
NEUROLOGY ASSOCIATES OF ARLINGTON 811 INTERSTATE 20 W., STE 212 ARLINGTON, TX 76017	75-2405825		24,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ROUND ROCK MEDICAL CENTER 2400 ROUND ROCK AVE ROUND ROCK, TX 78681	74-2781812	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TEXOMA NEUROLOGY ASSOCIATES 321 N. HIGHLAND, SUITE 210 SHERMAN, TX 75092	75-1739707		7,650.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
TEXAS NEUROLOGY, P.A. 6301 GASTON AVE, STE 200W DALLAS, TX 75214	75-2654757		9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HILLCREST FAMILY HEALTH CLINIC 342 RICHLAND WEST CIRCLE WACO, TX 76712	74-1756638	501(C)(3)	9,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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TEXAS CHILDREN'S HOSPITAL 6621 FANNIN HOUSTON, TX 77030	74-1100555	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S MEDICAL CENTER AMBULATORY PAVILION STE F5400, 1935 MEDICAL DISTRICT DR - DALLAS, TX 75235	75-0800628	501(C)(3)	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE UNIV. OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	27,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SPECIALLY FOR CHILDREN ATTN: CLINIC MGR, 1301 BARBARA JORDAN BLVD, #200 - AUSTIN, TX 78723	74-2800601	501(C)(3)	13,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE NEUROLOGY CENTER 1600 7TH STREET, STE B WICHITA FALLS, TX 76301	75-2151000		10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF UTAH SCHOOL OF MEDICINE - 175 NORTH MEDICAL DR, EAST 5TH FLOOR, - SALT LAKE CITY, UT 84132	87-0480520	STATE OF UTAH	84,337.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION, P.O. BOX 9007 CHARLOTTESVILLE, VA 22906	54-1124769	STATE OF VIRGINIA	57,600.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SENTARA NORFOLK GENERAL HOSPITAL 6015 POPLAR HALL DR, STE 212, C/O SENTARA HEALTHCARE - NORFOLK, VA 23502	54-1547408	501(C)(3)	22,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL, RICHMOND 2924 BROOK ROAD RICHMOND, VA 23220	54-0506309	501(C)(3)	15,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLETCHER ALLEN HEALTH CARE CENTER 1 SOUTH PROSPECT STREET BURLINGTON, VT 05401	03-0219303	STATE OF VERMONT	6,300.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY, PO BOX 5371 SEATTLE, WA 98105	91-0564748	501(C)(3)	49,050.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
UNIVERSITY OF WASHINGTON MED. CENTER - 1959 NE PACIFIC STREET, PO BOX 256143, - SEATTLE, WA 98195	91-6001537	STATE-WASHINGTON	63,900.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
ST. LUKE'S REHABILITATION INSTITUTE - S. 711 COWLEY - SPOKANE, WA 99202	91-1307555	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PROVIDENCE/ST. PETER HOSPITAL 410 PROVIDENCE LANE, NE, BLDG 2 OLYMPIA, WA 98506	91-0567732	501(C)(3)	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
MARSHFIELD CLINIC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54440	39-0452970	501(C)(3)	10,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
CHILDREN'S HOSPITAL OF WISCONSIN DEPT OF NEUROLOGY, 9000 W. WISCONSIN AVE, STE C-540 - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	7,200.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
FROEDTERT MEMORIAL LUTHERAN HOSPITAL - DEPT OF NEUROLOGY, 9000 W. WISCONSIN AVE, STE C-540 - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	23,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PREVEA CLINIC-BILLING DEPARTMENT P.O. BOX 19070 GREEN BAY, WI 54307	39-1839349	501(C)(3)	18,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP

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DEAN CLINIC 1808 WEST BELTLINE HWY MADISON, WI 53713	39-1128616		25,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
W. VIRGINIA UNIVERSITY RESEARCH CORP. - 1 MEDICAL CTR. DR, STE 7500, DEPT OF NEUROLOGY - MORGANTOWN, WV 26508	55-0665758	WEST VIRGINIA	32,400.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE. S. - AB 1170 - BIRMINGHAM, AL 35294	63-6005396	STATE OF ALABAMA	116,711.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	STATE OF ARIZONA	125,000.	0.			RESEARCH
ST. JOSEPH'S HOSPITAL & MEDICAL CENTER - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	86-0096787	501(C)(3)	115,659.	0.			RESEARCH
LUDWIG INSTITUTE FOR CANCER RESEARCH - PO BOX 12385 - LA JOLLA, CA 92039	23-7121131	501(C)(3)	262,267.	0.			RESEARCH
GLIALOGIX, INC 54 WALNUT AVE LARKSPUR, CA 94939	26-2172757		100,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, MERCED 5200 NORTH LAKE ROAD MERCED, CA 95343	27-0093858	STATE-CALIFORNIA	103,823.	0.			RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	54,946.	0.			RESEARCH

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SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	252,338.	0.			RESEARCH
CHILDREN'S HOSPITAL AND RESEARCH CENTER OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501(C)(3)	132,005.	0.			RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN STREET, SUITE #220 SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	135,520.	0.			RESEARCH
STANFORD UNIVERSITY 301 RAVENSWOOD AVENUE MENLO PARK, CA 94025	94-1156365	501(C)(3)	387,687.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SANTA CRUZ - 1156 HIGH STREET - SANTA CRUZ, CA 95064	94-1539563	STATE-CALIFORNIA	92,959.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, BERKELEY 2150 SHATTUCK AVE, #313, SPONSORED PROJ OFF/ - BERKELEY, CA 94704	94-6002123	STATE-CALIFORNIA	110,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, STE 315 - SAN FRANCISCO, CA 94118	94-6036493	STATE-CALIFORNIA	670,231.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DR, SUITE 300 DAVIS, CA 95618	94-6036494	STATE-CALIFORNIA	377,136.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 837 WEST DOWNEY WAY LOS ANGELES, CA 90089	95-1642394	STATE-CALIFORNIA	49,364.	0.			RESEARCH

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CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	311,579.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, IRVINE 300 UNIVERSITY TOWER IRVINE, CA 92697	95-2226406	STATE-CALIFORNIA	124,000.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROSS AVENUE, SUITE 102 - LOS ANGELES, CA 90095	95-6006143	STATE-CALIFORNIA	894,510.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	STATE-CALIFORNIA	463,284.	0.			RESEARCH
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPANILE DRIVE - SAN DIEGO, CA 92182	95-6042721	STATE-CALIFORNIA	123,406.	0.			RESEARCH
UNIVERSITY OF COLORADO 3100 MARINE STREET, ROOM 479 BOULDER, CO 80309	84-6000555	STATE-COLORADO	314,903.	0.			RESEARCH
YALE UNIVERSITY 47 COLLEGE ST, #203, PO BOX 208047 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	60,000.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT., UNIT 1133 STORRS, CT 06269	06-0772160	CONNECTICUT	125,000.	0.			RESEARCH
CHILDREN'S RESEARCH INSTITUTE (CNMC) - 111 MICHIGAN AVENUE, NW - WASHINGTON, DC 20010	52-1654453	501(C)(3)	298,136.	0.			RESEARCH

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UNIVERSITY OF MIAMI 1551 BRESCIA AVENUE, SUITE 100-A CORAL GABLES, FL 33146	59-0624458	501(C)(3)	684,624.	0.			RESEARCH
MDA/ALS CENTER AT THE UNIV. OF MIAMI SCHOOL OF MEDICINE - 1150 N.W. 14TH STREET, SUITE 701 - MIAMI, FL 33136	59-2579826	501(C)(3)	125,511.	0.			RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FLORIDA	206,731.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	488,864.	0.			RESEARCH
MEDICAL COLLEGE OF GEORGIA RESEARCH INSTITUTE, INC. - 1120 15TH STREET, CJ 3301 - AUGUSTA, GA 30912	58-1418202	501(C)(3)	126,250.	0.			RESEARCH
THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	294,540.	0.			RESEARCH
LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE - 2160 SOUTH FIRST AVENUE - MAYWOOD, IL 60153	36-1408475	501(C)(3)	135,000.	0.			RESEARCH
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET MAIN BUILDING, RM 301 - CHICAGO, IL 60616	36-2170136	501(C)(3)	93,577.	0.			RESEARCH
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	239,916.	0.			RESEARCH

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LES TURNER ALS FOUNDATION 5550 W. TOUHY AVENUE, SUITE 302 SKOKIE, IL 60077	36-2916466	501(C)(3)	6,500.	0.			RESEARCH
CHICAGO ASSOCIATION FOR RESEARCH AND EDUCATION IN SCIENCE - 5000 SOUTH 5TH AVE, BLDG ONE, ROOM C337 - HINES, IL 60141	36-3334177	501(C)(3)	60,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS - CHICAGO 809 S. MARSHFIELD AVE, MB 502, M/C CHICAGO, IL 60612	37-6000511	STATE-ILLINOIS	423,995.	0.			RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DRIVE, ROOM 518 INDIANAPOLIS, IN 46202	35-6001673	STATE-INDIANA	65,889.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - JOUETT HALL, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	STATE-KENTUCKY	116,402.	0.			RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	STATE-KENTUCKY	91,759.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	119,183.	0.			RESEARCH
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET, SUITE 509A BOSTON, MA 02115	04-2103580	501(C)(3)	450,679.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, E/BR 264 - BOSTON, MA 02215	04-2103881	501(C)(3)	116,978.	0.			RESEARCH

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DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	101,443.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	411,164.	0.			RESEARCH
BOSTON BIOMEDICAL RESEARCH INSTITUTE - 64 GROVE STREET - WATERTOWN, MA 02472	04-2451939	501(C)(3)	314,620.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL (THE GENERAL HOSPITAL CORP.) - 101 HUNTINGTON AVE, SUITE 300 - BOSTON, MA 02199	04-2697983		422,821.	0.			RESEARCH
REPLIGEN CORPORATION 41 SEYON STREET WALTHAM, MA 02453	04-2729386		948,831.	0.			RESEARCH
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	660,104.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE - WORCESTER, MA 01655	04-3167352	MASSACHUSETTS	110,000.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEMORIAL HEALTH CARE - 55 LAKE AVENUE - WORCESTER, MA 01655	04-3167352	MASSACHUSETTS	11,000.	0.			RESEARCH
ALS THERAPY DEVELOPMENT FOUNDATION INC. - 215 FIRST STREET - CAMBRIDGE, MA 02142	04-3462719	501(C)(3)	3,286,338.	0.			RESEARCH

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CATABASIS PHARMACEUTICALS, INC. 161 FIRST STREET, SUITE 1 CAMBRIDGE, MA 02142	26-3687168		25,000.	0.			RESEARCH
4S3 BIOSCIENCE INC 43 RIVERSIDE AVE, #4 MEDFORD, MA 02155	32-0246380		112,153.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY - BALTIMORE, MD 21205	52-0595110	501(C)(3)	1,324,621.	0.			RESEARCH
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC. - 707 N. BROADWAY - BALTIMORE, MD 21205	52-1524967	501(C)(3)	117,513.	0.			RESEARCH
UNIVERSITY OF MARYLAND 620 W. LEXINGTON ST, 4TH FLOOR BALTIMORE, MD 21201	52-6002033	STATE-MARYLAND	117,963.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BUILDING EAST LANSING, MI 48824	38-6005984	STATE-MICHIGAN	102,909.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET, ROOM 1054 - ANN ARBOR, MI 48109	38-6006309	STATE-MICHIGAN	251,771.	0.			RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD, STE 6402 DETROIT, MI 48202	38-6028429	STATE-MICHIGAN	139,142.	0.			RESEARCH
UNIVERSITY OF MINNESOTA-TWIN CITIES - 450 MCNAMARA ALUMNI CENTER, 200 OAK STREET S.E. - MINNEAPOLIS, MN 55455	41-6007513	STATE-MINNESOTA	362,477.	0.			RESEARCH

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MAYO CLINIC ROCHESTER 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	100,713.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS 660 S. EUCLID AVE, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)(3)	507,808.	0.			RESEARCH
UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	43-6003859	STATE-MISSOURI	382,145.	0.			RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	280,755.	0.			RESEARCH
DUKE UNIVERSITY MEDICAL CENTER STE 820, ERWIN SQ, 2200 W. MAIN ST DURHAM, NC 27705	56-0532129	501(C)(3)	263,863.	0.			RESEARCH
CAROLINAS MEDICAL CENTER 1221 E. MOREHEAD CHARLOTTE, NC 28204	56-1398929	501(C)(3)	249,907.	0.			RESEARCH
UMDNJ-NEW JERSEY MEDICAL SCHOOL 185 S. ORANGE AVENUE, MSB C-690 NEWARK, NJ 07101	22-1775306	501(C)(3)	125,000.	0.			RESEARCH
AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE CRANBURY, NJ 03851	71-0869350		111,256.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS BLVD NE, STE 2200, MSC01 1247 1 - ALBUQUERQUE, NM 87131	85-6000642	STATE-NEW MEXICO	113,187.	0.			RESEARCH

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COLD SPRING HARBOR LABORATORY P.O. BOX 100, 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303		60,000.	0.			RESEARCH
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE, BOX 89 - NEW YORK, NY 10065	13-1623978	501(C)(3)	96,025.	0.			RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	50,525.	0.			RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	1,228,193.	0.			RESEARCH
RESEARCH FOUNDATION OF SUNY - UNIVERSITY AT ALBANY - MSC 312, 1400 WASHINGTON AVE - ALBANY, NY 12222	14-1368361	STATE-NEW YORK	301,993.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BLDG, BOX 270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	234,708.	0.			RESEARCH
ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD, SUITE 309 ALBANY, NY 12208	22-2262982	501(C)(3)	50,000.	0.			RESEARCH
UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, P.O. BOX 210222 CINCINNATI, OH 45221	31-6000989	STATE OF OHIO	95,967.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	STATE OF OHIO	230,815.	0.			RESEARCH

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RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	727,648.	0.			RESEARCH
THE UNIVERSITY OF TOLEDO 2801 WEST BANCROFT STREET TOLEDO, OH 43606	34-6401483	STATE OF OHIO	110,679.	0.			RESEARCH
PHILADELPHIA HEALTH AND ED. CORP, D/B/A DREXEL UNIV. COLLEGE OF MED. - 3201 ARCH ST, STE 100 - PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	110,000.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 900 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	168,720.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, FRANKLIN BUILDING P-221 - PHILADELPHIA, PA 19104	23-1352685	PENNSYLVANIA	540,256.	0.			RESEARCH
TEMPLE UNIVERSITY 3400 NORTH BROAD STREEET PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	125,000.	0.			RESEARCH
ALS BIOPHARMA, LLC 3805 OLD EASTON ROAD DOYLESTOWN, PA 18902	27-0191545		90,000.	0.			RESEARCH
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	05-0300482	501(C)(3)	10,000.	0.			RESEARCH
TIVORSAN PHARMACEUTICALS, INC 3 DAVOL SQUARE, A301 PROVIDENCE, RI 02903	77-0702642		550,000.	0.			RESEARCH

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ST. JUDE CHILDREN'S RES. HOSP. 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	180,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA PO BOX 201361 HOUSTON, TX 77030	74-1613878	501(C)(3)	536,042.	0.			RESEARCH
THE UNIV. OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - POST OFFICE BOX 20036 - HOUSTON, TX 77225	74-1761309	STATE OF TEXAS	95,252.	0.			RESEARCH
THE UNIV. OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD, REBECCA SEALY HOSPITAL - GALVESTON, TX 77555	74-6000949	STATE OF TEXAS	130,000.	0.			RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TEXAS	889,182.	0.			RESEARCH
METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN STREET HOUSTON, TX 77030	87-0721923	501(C)(3)	41,667.	0.			RESEARCH
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6565 FANNIN, MGJ4-024 - HOUSTON, TX 77030	87-0721923	501(C)(3)	138,598.	0.			RESEARCH
UNIVERSITY OF UTAH 75 S 2000 E, RM 111 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UTAH	159,484.	0.			RESEARCH
SFIDA BIOLOGIC, INC. 615 ARAPEEN DR, SUITE 310 SALT LAKE CITY, UT 84108	90-0513929		16,020.	0.			RESEARCH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VIRGINIA	285,676.	0.			RESEARCH
LEWIN GROUP 3130 FAIRVIEW PARK DRIVE, STE 800 FALLS CHURCH, VA 22042	56-1970224		118,025.	0.			RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY, S-151F - SEATTLE, WA 98108	91-1452438	501(C)(3)	105,519.	0.			RESEARCH
WASHINGTON STATE UNIVERSITY ROOM 423 NEILL HALL PULLMAN, WA 99164	91-6001108	STATE-WASHINGTON	130,346.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	STATE-WASHINGTON	603,023.	0.			RESEARCH
UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES - SCHOOL OF MEDICINE, GPO BOX 5067 - SAN JUAN, PUERTO RICO	66-0433762	PUERTO RICO	45,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSP. ESPANOL DE AUXILIO MUTUO, INC. - P.O. BOX 191227 - HATO REY, PUERTO RICO	66-0486907		49,500.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
PONCE SCHOOL OF MEDICINE P.O. BOX 7004 PONCE, PUERTO RICO	66-0379122	501(C)(3)	36,000.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP
HOSPITAL DE LA CONCEPCION P.O. BOX 285 SAN GERMAN, PUERTO RICO	66-0227304	501(C)(3)	28,800.	0.			MEDICAL DIAGNOSIS & FOLLOW-UP MEDICAL DIAGNOSIS & FOLLOW-UP

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Part IV Supplemental Information

SUSPEND OR CANCEL FUNDING FOR THE GRANT. FOR SOME MDA TRANSLATIONAL

RESEARCH GRANTS, PAYMENTS TO THE GRANTEE ARE CONTINGENT UPON MEETING

DEFINED MILESTONES. IN SUCH CASES, A STEERING COMMITTEE REVIEWS THE

PROGRESS OF THE GRANTEE AND DETERMINES WHETHER THE MILESTONE HAS BEEN MET.

Multiple horizontal lines for supplemental information.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number

13-1665552

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
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. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
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.		X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GERALD C. WEINBERG	(i)	381,022.	0.	0.	0.	5,983.	387,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GAIL SCHMERTZ KERNER, ESQ	(i)	194,460.	0.	0.	0.	11,672.	206,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 VALERIE A. CWIK, MD	(i)	200,578.	0.	0.	0.	6,026.	206,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PETER MORGAN	(i)	168,280.	0.	0.	0.	11,671.	179,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN WALSH	(i)	154,295.	0.	0.	0.	11,672.	165,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KEVIN W. MORAN	(i)	144,705.	0.	0.	0.	11,672.	156,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 BRADLEY J. BARGHOLS	(i)	145,936.	0.	0.	0.	6,592.	152,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SANJAY I. BIDICHANDANI	(i)	184,741.	0.	0.	0.	11,650.	196,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

**▶ 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. ▶ See separate instructions.**

OMB No. 1545-0047

2011

**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) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total **▶ \$** _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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
DANIEL G. FRIES	MDA BOARD MEMBER	270,518.	MDA BOARD M		X
STEVE FARELLA	MDA BOARD MEMBER	210,285.	MDA BOARD M		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DANIEL G. FRIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MDA BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 270,518.

(D) DESCRIPTION OF TRANSACTION: MDA BOARD MEMBER DAN FRIES IS EMPLOYED

BY SIBSON CONSULTING AS A SENIOR VP, NEW YORK REGIONAL LEADER AND IS NOT

DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY ASSOCIATION, INC. SIBSON

CONSULTING PROVIDES MDA'S PENSION ACTUARIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVE FARELLA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MDA BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 210,285.

(D) DESCRIPTION OF TRANSACTION: MDA BOARD MEMBER STEVE FARELLA IS CHIEF

EXECUTIVE OFFICER OF TARGETCAST. TARGETCAST PROVIDES MDA WITH PLACEMENT

OF FREE PUBLIC SERVICE ANNOUNCEMENTS IN NATIONAL MEDIA PUBLICATIONS.

STEVE FARELLA IS NOT DIRECTLY COMPENSATED BY MUSCULAR DYSTROPHY

ASSOCIATION, INC.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**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.**

Name of the organization
MUSCULAR DYSTROPHY ASSOCIATION, INC.

Employer identification number
13-1665552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	9	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	408,827.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEDICAL EQUIP</u>)	X	35	644,273.	APPRAISAL
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 35

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART VI, SECTION B, LINE 11: EACH BOARD MEMBER IS PROVIDED WITH

A PAPER VERSION 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 THE MDA
LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS COMPARATIVE TO

OTHER NATIONAL AGENCIES AND IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 520,037.

CHANGES IN UNRECOGNIZED BENEFIT PLAN COSTS -35,428,896.

TOTAL TO FORM 990, PART XI, LINE 5 -34,908,859.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT:

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS.

FORM 990, PART III, LINE 4A:

PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH CARE AND COMMUNITY SERVICES - MDA MAINTAINS THE MOST

COMPREHENSIVE SERVICES PROGRAM OF ANY VOLUNTARY HEALTH AGENCY IN THE

COUNTRY, HELPING INDIVIDUALS AND THEIR FAMILIES MEET THE PROBLEMS

IMPOSED BY CHRONIC, PROGRESSIVE NEUROMUSCULAR DISEASES. THIS ASPECT OF

THE ASSOCIATION'S PROGRAM ACCOUNTED FOR OVER \$74,963,817 OF ITS 2011

EXPENDITURES. THE ASSOCIATION MAKES AVAILABLE A BROAD PROGRAM OF

SERVICES RANGING FROM A NATIONWIDE NETWORK OF CLINICS PROVIDING ACCESS

TO TOP HEALTH PROFESSIONALS SKILLED IN THE DIAGNOSIS AND MEDICAL

MANAGEMENT OF NEUROMUSCULAR DISEASES TO ASSISTANCE WITH ESSENTIAL

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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SUPPORT SERVICES, INCLUDING THE FOLLOWING:

> DIAGNOSTIC CONSULTATIONS AND FOLLOW-UP EXAMINATIONS BY NEUROMUSCULAR

SPECIALISTS THROUGH A NATIONWIDE NETWORK OF 200 MDA CLINICS

> A NATIONAL MEDICAL EQUIPMENT PROGRAM PROVIDING GENTLY-USED ITEMS,

SUCH AS WHEELCHAIRS, COMMUNICATION TECHNOLOGIES, WALKERS, HOSPITAL

BEDS, BATH AIDS AND OTHER ASSISTIVE DEVICES, TO ENHANCE INDEPENDENCE

> ASSISTANCE WITH REPAIRS TO PRESCRIBED DURABLE MEDICAL EQUIPMENT

> NEARLY 80 WEEK-LONG SUMMER CAMP PROGRAMS ACROSS THE COUNTRY

PROVIDING FUN AND FRIENDSHIP FOR CHILDREN AFFECTED BY NEUROMUSCULAR

DISEASE

> ANNUAL PHYSICAL, OCCUPATIONAL, RESPIRATORY AND SPEECH THERAPY

CONSULTATIONS

> FREE FLU SHOTS

> TRANSITIONAL SERVICES DESIGNED TO PROVIDE SUPPORT AND RESOURCES FOR

YOUTH WITH NEUROMUSCULAR DISEASE WHO ARE ENTERING ADULTHOOD, INCLUDING

AN ONLINE TRANSITIONS CENTER AT [HTTP://TRANSITIONS.MDA.ORG/](http://TRANSITIONS.MDA.ORG/)

> REFERRALS TO FEDERAL, STATE AND COMMUNITY-BASED RESOURCES THAT OFFER

ASSISTANCE TO THOSE LIVING WITH DISABILITIES

> SUPPORT GROUPS TO ASSIST FAMILIES AND INDIVIDUALS IN COPING WITH THE

SPECIAL PROBLEMS IMPOSED BY NEUROMUSCULAR DISEASES

> ONLINE CARE COORDINATION TOOL FOR FAMILIES SERVED BY MDA,

WWW.MDA.ORG/MYMUSCLETEAM/

> EDUCATIONAL SEMINARS THAT PROVIDE INFORMATION ABOUT NEUROMUSCULAR

DISEASES AND OFFER A FORUM TO DISCUSS SUBJECTS OF IMPORTANCE TO

FAMILIES LIVING WITH THESE DISORDERS

MDA CLINICS

MDA MAINTAINS A NETWORK OF 200 HOSPITAL-AFFILIATED NEUROMUSCULAR

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01-23-12

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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CLINICS LOCATED AT MEDICAL INSTITUTIONS AND UNIVERSITY-BASED FACILITIES

ACROSS THE UNITED STATES AND PUERTO RICO. EACH YEAR MDA PROVIDES TENS

OF THOUSANDS OF MEDICAL VISITS THROUGH ITS CLINIC PROGRAM. INDIVIDUALS

AFFECTED BY ANY OF THE DISORDERS IN MDA'S PURVIEW HAVE ACCESS TO THESE

CLINICS STAFFED BY TOP HEALTH PROFESSIONALS USING A MULTIDISCIPLINARY

TEAM APPROACH. THESE EXPERTS ADVISE ABOUT ALL ASPECTS OF MEDICAL

MANAGEMENT OF NEUROMUSCULAR DISEASE, INCLUDING RESPIRATORY CARE AND

PHYSICAL THERAPY. ANYONE WHOSE PHYSICIAN SUSPECTS A NEUROMUSCULAR

DISORDER, UPON REFERRAL BY THE PERSON'S PHYSICIAN, IS ELIGIBLE FOR A

DIAGNOSTIC EVALUATION AT AN MDA CLINIC. SHOULD THE DIAGNOSIS INDICATE

A DISEASE OTHER THAN ONE INCLUDED IN MDA'S PROGRAM, THE ASSOCIATION

WILL THEN REFER THE INDIVIDUAL TO AN APPROPRIATE COMMUNITY RESOURCE.

ALSO, MDA CLINICS ARE ESSENTIAL TO THE ADVANCEMENT OF NEUROMUSCULAR

DISEASE RESEARCH AND SERVE AS FOCAL POINTS FOR THE CLINICAL APPLICATION

OF SCIENTIFIC ADVANCES DESIGNED TO TREAT THESE DISORDERS. THEY SERVE

AS KEY CENTERS FOR ONGOING CLINICAL TRIALS FOR THE DEVELOPMENT OF

POTENTIAL THERAPIES, WHICH IS THE ULTIMATE GOAL OF MDAS RESEARCH

PROGRAM.

AS PART OF ITS CLINIC PROGRAM, THE ASSOCIATION HAS ESTABLISHED OVER 40

AMYOTROPHIC LATERAL SCLEROSIS (ALS) CENTERS ACROSS THE COUNTRY TO FOCUS

ATTENTION ON THIS VERY RAPIDLY PROGRESSIVE DEBILITATING NEUROMUSCULAR

DISORDER THAT STRIKES ADULTS IN THE PRIME OF LIFE.

SITES OF MDAS ALS CENTERS ARE AS FOLLOWS:

* THE ELEANOR AND LOU GEHRIG MDA/ALS CENTER AT COLUMBIA UNIVERSITY

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Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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MEDICAL CENTER IN NEW YORK, NY;

* FORBES NORRIS MDA/ALS CENTER AT CALIFORNIA PACIFIC MEDICAL CENTER IN

SAN FRANCISCO, CA;

* JERRY LEWIS MDA/ALS CLINICAL AND RESEARCH CENTER IN LOS ANGELES, CA;

* MDA/ALS CENTER AT THE UNIVERSITY OF WISCONSIN IN MADISON, WI;

* MDA/ALS CENTER AT METHODIST NEUROLOGICAL INSTITUTE IN HOUSTON, TX;

* MDA/ALS CENTER AT MASSACHUSETTS GENERAL HOSPITAL IN BOSTON, MA;

* MDA/ALS CENTER AT THE UNIVERSITY OF ILLINOIS AT CHICAGO IN CHICAGO,

IL;

* MDA/ALS CENTER AT UCLA IN LOS ANGELES, CA;

* MDA/ALS CENTER AT THE UNIVERSITY OF COLORADO IN DENVER, CO;

* MDA/ALS CENTER AT YALE UNIVERSITY IN NEW HAVEN, CT;

* MDA/ALS CENTER AT EMORY UNIVERSITY SCHOOL OF MEDICINE IN ATLANTA, GA;

* MDA/ALS CENTER AT JOHNS HOPKINS UNIVERSITY IN BALTIMORE, MD;

* MDA/ALS CENTER AT WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST.

LOUIS, MO;

* MDA/ALS CENTER AT THE UNIVERSITY OF TEXAS IN DALLAS, TX;

* KESSENICH FAMILY MDA/ALS CENTER AT THE UNIVERSITY OF MIAMI, FL;

* MDA/ALS CENTER AT THE UNIVERSITY OF UTAH IN SALT LAKE CITY, UT;

* MDA/ALS CENTER AT CAROLINAS MEDICAL CENTER IN CHARLOTTE, NC;

* MDA/ALS CENTER AT SUNY UPSTATE MEDICAL UNIVERSITY IN SYRACUSE, NY;

* MDA/ALS CENTER AT THE UNIVERSITY OF KANSAS MEDICAL CENTER IN KANSAS

CITY, KS;

* THE MDA/ALS CENTER AT THE MICHIGAN INSTITUTE FOR NEUROLOGICAL

DISORDERS IN FARMINGTON, MI;

* MDA/ALS CENTER OF HOPE AT DREXEL UNIVERSITY COLLEGE OF MEDICINE IN

PHILADELPHIA, PA;

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01-23-12

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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* MDA/ALS CENTER AT ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER IN

PHOENIX, AZ;

* MDA/ALS CENTER AT UPH HOSPITAL IN TUCSON, AZ;

* MDA/ALS CENTER AT THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER

IN ALBUQUERQUE, NM;

* MDA/ALS CENTER AT THE UNIVERSITY OF CALIFORNIA, IRVINE, CA;

* MDA/ALS CENTER THROUGH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER

AT SAN ANTONIO, TX;

* MDA/ALS CENTER AT THE UNIVERSITY OF WASHINGTON MEDICAL CENTER IN

SEATTLE, WA;

* MDA/ALS CENTER AT VANDERBILT UNIVERSITY MEDICAL CENTER IN NASHVILLE,

TN;

* MDA/ALS CENTER AT OHIO STATE UNIVERSITY IN COLUMBUS, OH;

* MDA/ALS CENTER AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER IN

ROCHESTER, NY;

* MDA/ALS CENTER AT THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES IN

LITTLE ROCK, AR;

* MDA/ALS CENTER AT THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER IN

PITTSBURGH, PA;

* MDA/ALS CENTER AT THE UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER IN

WORCESTER, MA;

* MDA/ALS CENTER AT INTEGRIS SOUTHWEST MEDICAL CENTER IN OKLAHOMA CITY,

OK;

* MDA/ALS CENTER AT OREGON HEALTH & SCIENCE UNIVERSITY IN PORTLAND, OR;

* MDA/ALS CENTER OF MEMPHIS MID-SOUTH IN CORDOVA, TN;

* MDA/ALS CENTER AT UCSF MEDICAL CENTER IN SAN FRANCISCO, CA;

* THE MICHIGAN STATE UNIVERSITY MDA/ALS CENTER WITH TWO CLINICAL SITES

AT MICHIGAN STATE UNIVERSITY IN EAST LANSING AND MARY FREE BED

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REHABILITATION HOSPITAL IN GRAND RAPIDS, MI;

* MDA/ALS CENTER AT HOSPITAL FOR SPECIAL CARE IN NEW BRITAIN, CT;

* MDA/ALS CENTER AT WEST VIRGINIA UNIVERSITY IN MORGANTOWN, WV;

* MDA/ALS CENTER AT TEXAS NEUROLOGY IN DALLAS, TX

MDA'S SERVICES PROGRAM IS ADMINISTERED THROUGH ITS NETWORK OF 200 FIELD

OFFICES LOCATED IN THE UNITED STATES AND PUERTO RICO. MDA HEALTH CARE

SERVICE COORDINATORS, WHO ARE KNOWLEDGEABLE ABOUT FEDERAL, STATE AND

LOCAL COMMUNITY RESOURCES, ALSO ASSIST FAMILIES WITH NEUROMUSCULAR

DISEASE BY ADVISING THEM ABOUT OTHER SERVICES FOR WHICH THEY MAY BE

ELIGIBLE.

MDA PROVIDES ASSISTANCE TO THOSE IT SERVES IN NEED OF PRESCRIBED

MEDICAL EQUIPMENT. IN 2011, THOUSANDS OF ADAPTIVE DEVICES WERE

PROVIDED TO INDIVIDUALS THROUGH MDA'S EQUIPMENT PROGRAM -- INCLUDING,

BUT NOT LIMITED TO, WALKERS, CANES, BATH EQUIPMENT, WHEELCHAIRS,

HYDRAULIC LIFTS, COMMUNICATION TECHNOLOGIES AND HOSPITAL BEDS. MDA

ALSO ASSISTED WITH REPAIRS TO ALL TYPES OF DURABLE MEDICAL EQUIPMENT

FOR THOSE IT SERVES.

IN 2011, NEARLY 3,400 CHILDREN AGES 6-17 ENJOYED A WEEK OF FUN AND

FRIENDSHIP THROUGH MDA SUMMER CAMPS WHICH OFFER ACTIVITIES GEARED TO

THE SPECIAL NEEDS AND ABILITIES OF THOSE WITH NEUROMUSCULAR DISEASE.

THOUSANDS OF INDIVIDUALS AND THEIR FAMILIES RECEIVED SUPPORT THROUGH

MDA'S NATIONWIDE NETWORK OF NEARLY 200 SUPPORT GROUPS, AS WELL AS

THROUGH MDA-SPONSORED EDUCATIONAL SEMINARS, REFERRAL SERVICES, ONLINE

CHAT SESSIONS AT WWW.MDA.ORG/CHAT/CALENDAR.HTML AND LIVE EXPERT-HOSTED

WEBINARS WHICH ARE ARCHIVED AT WWW.MDA.ORG. SUPPORT ALSO WAS AVAILABLE

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THROUGH MDA'S CARE COORDINATION TOOL, WWW.MDA.ORG/MYMUSCLETEAM/, WHICH
 ENABLES FAMILIES TO POST JOURNAL ENTRIES TO KEEP FRIENDS AND LOVED ONES
 UPDATED AND TO LIST TASKS FOR WHICH ASSISTANCE MAY BE NEEDED SUCH AS
 TRANSPORTATION TO MEDICAL APPOINTMENTS, MEAL PREPARATION, HOUSEHOLD
 CHORES AND MORE.

ADDITIONAL INFORMATION ABOUT MDA'S HEALTH CARE AND COMMUNITY SERVICES
 PROGRAM IS AVAILABLE THROUGH MDA'S WEB SITE AT
 WWW.MDA.ORG/SERVICES.HTML.

FORM 990, PART III, LINE 4B:

PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH - MDA IS CURRENTLY SPONSORING RESEARCH GRANTS IN THE UNITED
 STATES AND A DOZEN FOREIGN COUNTRIES. THE ASSOCIATION'S RESEARCH
 PROGRAM ACCOUNTED FOR SOME \$38,126,006 OF ITS EXPENDITURES FOR THE 2011
 CALENDAR YEAR. MDA'S SCIENTIFIC AND MEDICAL ADVISORY COMMITTEES, WHOSE
 MEMBERS ARE AMONG THE NATION'S FOREMOST SCIENTISTS AND PHYSICIANS IN
 THE FIELD OF NEUROMUSCULAR DISEASE, CAREFULLY EVALUATE ALL RESEARCH
 GRANT AND DEVELOPMENT GRANT PROPOSALS SUBMITTED TO THE ASSOCIATION.
 MDA MAINTAINS A DIVERSE PROGRAM OF BASIC RESEARCH, WHICH ADVANCES
 INVESTIGATIONS OF POSSIBLE TREATMENTS FOR NEUROMUSCULAR DISEASES,
 MUSCLE FUNCTION, REGULATION AND REGENERATION; BIOCHEMICAL CHANGES
 INVOLVED IN MUSCLE DISEASE; THE GENETICS OF NEUROMUSCULAR DISEASE; AND
 THE INTERACTION OF NERVE AND MUSCLE. THIS WORK IS CRUCIAL FOR
 PROVIDING A SOUND SCIENTIFIC FOUNDATION UPON WHICH PRACTICAL ADVANCES
 AGAINST DISEASE CAN BE BUILT. ADDITIONALLY, THE ASSOCIATION'S
 TRANSLATIONAL RESEARCH PROGRAM IS FOCUSED ON MILESTONE DRIVEN CONTRACTS
 WITH THE BIOTECH INDUSTRY, PHARMACEUTICAL COMPANIES AND ACADEMIC

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INVESTIGATORS FOR RESEARCH THAT IS DIRECTLY RELEVANT TO BRINGING NEW
THERAPIES TO MARKET. ADVISORS TO MDA'S TRANSLATIONAL RESEARCH PROGRAM
INCLUDE A NUMBER OF TOP NEUROMUSCULAR DISEASE RESEARCHERS, AS WELL AS
REPRESENTATIVES OF NIH AND INDUSTRY.

Lined area for additional text or details.