

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MUSCULAR DYSTROPHY ASSOCIATION, INC.		D Employer identification number 13-1665552
	Doing business as		E Telephone number 312-260-5900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 67,354,758.
	161 N CLARK ST.	3550	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: DR. DONALD S. WOOD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.MDA.ORG		L Year of formation: 1950 M State of legal domicile: NY	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	248
	6 Total number of volunteers (estimate if necessary)	6	1206
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	789,094.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	124,760.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	51,830,703.	60,181,680.
	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)	14,247,084.	3,151,404.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,370,514.	60,906.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,707,273.	63,393,990.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,019,770.	13,666,745.
	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)	31,271,925.	20,116,776.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,355,542.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,080,747.	19,636,115.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,372,442.	53,419,636.
19 Revenue less expenses. Subtract line 18 from line 12	-4,665,169.	9,974,354.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	71,915,435.	75,564,994.
	22 Net assets or fund balances. Subtract line 21 from line 20	95,625,096.	70,843,244.
		-23,709,661.	4,721,750.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL J. KENNEDY, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	07/27/22	<input type="checkbox"/>	P01273422
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099		
Firm's address ▶ 14 SYLVAN WAY PARSIPPANY, NJ 07054-3801			Phone no. 973-228-3500		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) IS COMMITTED TO TRANSFORMING THE LIVES OF PEOPLE WITH MUSCULAR DYSTROPHY, ALS, AND RELATED NEUROMUSCULAR DISEASES THROUGH INNOVATIONS IN SCIENCE AND INNOVATIONS IN CARE.

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

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

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

4a (Code:) (Expenses \$ 14,076,243. including grants of \$ 7,134,393.) (Revenue \$)

HEALTH CARE AND COMMUNITY SERVICES: MDA IS COMMITTED TO TRANSFORMING THE LIVES OF PEOPLE AFFECTED BY MUSCULAR DYSTROPHY, ALS AND RELATED NEUROMUSCULAR DISEASES THROUGH INNOVATIONS IN SCIENCE AND INNOVATIONS IN CARE. AS THE LARGEST SOURCE OF FUNDING FOR NEUROMUSCULAR DISEASE RESEARCH OUTSIDE OF THE FEDERAL GOVERNMENT MDA HAS COMMITTED MORE THAN \$1 BILLION TO ACCELERATE THE DISCOVERY OF THERAPIES AND CURES. WE SUPPORT THE LARGEST NETWORK OF MULTIDISCIPLINARY CLINICS AT MORE THAN 150 TOP MEDICAL INSTITUTIONS, SERVE THE COMMUNITY WITH ONE-ON-ONE SPECIALIZED SUPPORT, AND OFFER EDUCATIONAL CONFERENCES, EVENTS, AND MATERIALS FOR FAMILIES AND HEALTHCARE PROVIDERS. EACH OF OUR MDA CARE CENTERS OFFERS INDIVIDUALS AND FAMILIES BEST-IN-CLASS, COMPREHENSIVE CARE FROM AN INTEGRATED

4b (Code:) (Expenses \$ 7,730,993. including grants of \$ 6,499,657.) (Revenue \$)

RESEARCH: MDA IS THE LARGEST NON-GOVERNMENTAL FUNDER OF NEUROMUSCULAR DISEASE RESEARCH IN THE COUNTRY, SUPPORTING MORE THAN 40 NEUROMUSCULAR DISEASES INCLUDING MUSCULAR DYSTROPHY, ALS, AND MANY OTHERS. SINCE ITS INCEPTION IN 1950, MDA HAS INVESTED MORE THAN \$1 BILLION IN NEUROMUSCULAR DISEASE RESEARCH TO UNCOVER NEW TREATMENTS AND CURE. A SINGLE BREAKTHROUGH CAN LEAD TO A CURE. OUR UMBRELLA MODEL OF FUNDING RESEARCH ACROSS MANY NEUROMUSCULAR DISEASES MEANS FINDINGS FROM ONE DISEASE OFTEN ENABLE PROGRESS IN OTHERS, MAXIMIZING THE SPEED AT WHICH WE CAN MAKE PROGRESS. SUPPORT FOR MDA'S RESEARCH ENABLES MDA TO FUND LEADING RESEARCH TEAMS WORKING TOWARD BREAKTHROUGH THERAPIES, WHICH CAN HAVE A LIFE-CHANGING IMPACT ON PATIENTS. MDA-FUNDED BREAKTHROUGHS INCLUDE DRUGS FOR

4c (Code:) (Expenses \$ 5,772,023. including grants of \$ 32,695.) (Revenue \$)

PROFESSIONAL AND PUBLIC HEALTH EDUCATION: MDA OFFERS A BROAD AND EXPANDING ARRAY OF RESOURCES AND EVENTS EXPERTLY DEVELOPED TO RESPOND TO THE RAPIDLY CHANGING TREATMENT LANDSCAPE. OUR RESOURCES FOR PROVIDING RELEVANT MEDICAL EDUCATION TO PROFESSIONALS ARE UNPARALLELED AND OUR SERVICES AND INITIATIVES REFLECT OUR LEADERSHIP IN THIS AREA. WE PROVIDE BOTH ACCREDITED CONTINUING MEDICAL EDUCATION (CME) AND NON-CME PROGRAMS. AS THE MOST COMPREHENSIVE NEUROMUSCULAR DISEASE MEETING IN THE U.S., OUR ANNUAL MDA CLINICAL & SCIENTIFIC CONFERENCE PROVIDES A UNIQUE OPPORTUNITY TO LEARN FROM, BE INSPIRED BY, AND SHARE IDEAS WITH EXPERTS FROM ACADEMIA, GOVERNMENT, AND INDUSTRY. AT THE COMMUNITY LEVEL, WE ESTABLISHED MDA ENGAGE, A FLAGSHIP EDUCATIONAL EVENT SERIES THAT BRINGS LOCAL HIGH-IMPACT EDUCATIONAL

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

4e Total program service expenses 27,579,259.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part IV Checklist of Required Schedules

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

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 248		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	21	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		X
b	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JON VAN COTT, VP OF FINANCE, CONTROLLER - 646-713-2020**
161 N CLARK STREET, STE 3550, CHICAGO, IL 60601

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DONALD WOOD PRESIDENT & CEO	50.00			X				434,363.	0.	23,165.
(2) MICHAEL KENNEDY TREASURER & CFO	50.00			X				290,169.	0.	30,739.
(3) KRISTINE WELKER CHIEF OF STAFF	50.00					X		263,684.	0.	4,873.
(4) SHARON HESTERLEE CHIEF RESEARCH OFFICER	50.00					X		216,489.	0.	25,465.
(5) KATHY KAUFFMANN (JAN-AUG) CHIEF STRATEGY DEVELOPMENT	50.00					X		216,777.	0.	24,038.
(6) BRIAN BEIRNE VP OF MULTI-CHANNEL MARKETING	50.00					X		187,737.	0.	37,966.
(7) JOSHUA ACKLEY VP OF PR & COMMUNICATIONS	50.00					X		219,790.	0.	4,064.
(8) LINDSAY KASSOF SEC. & ASSOC LEGAL COUNSEL	50.00			X				175,868.	0.	15,775.
(9) ANJAN ARALIHALLI DIRECTOR	1.00	X						0.	0.	0.
(10) ANKUR GHIA DIRECTOR	1.00	X						0.	0.	0.
(11) BENJAMIN CUMBO, III DIRECTOR	1.00	X						0.	0.	0.
(12) CHARLES D. SCHOOR, ESQ DIRECTOR	1.00	X						0.	0.	0.
(13) CHRIS ROSA DIRECTOR	1.00	X						0.	0.	0.
(14) DAN FRIES DIRECTOR	1.00	X						0.	0.	0.
(15) ELIZABETH MCNALLY, MD, PHD DIRECTOR	1.00	X						0.	0.	0.
(16) EUGENE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(17) GOVERNOR BRAD HENRY VICE CHAIR	1.00	X		X				0.	0.	0.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HON. ROBERT E. PIPIA DIRECTOR	1.00	X					0.	0.	0.	
(19) JENNIFER GOTTLIEB DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN COSTANTINO DIRECTOR	1.00	X					0.	0.	0.	
(21) JOHN E. HOWELL DIRECTOR	1.00	X					0.	0.	0.	
(22) JOHN TOGNINO DIRECTOR (DECD NOV. 2021)	1.00	X					0.	0.	0.	
(23) LILIAN WU, PHD DIRECTOR	1.00	X					0.	0.	0.	
(24) LOUIS KUNKEL, PHD DIRECTOR	1.00	X					0.	0.	0.	
(25) MARK SMITH DIRECTOR	1.00	X					0.	0.	0.	
(26) MATT PLUMMER DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							2,004,877.	0.	166,085.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,004,877.	0.	166,085.	

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 **38**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KEITH GORDON, 30 WEST 15TH STREET, SUITE 4N, NEW YORK, NY 10011	MARKETING COST	218,305.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 248,583.					
	b Membership dues	1b					
	c Fundraising events	1c 17,209,241.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 8,989,377.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 33,734,479.					
	g Noncash contributions included in lines 1a-1f	1g \$ 63,421.					
	h Total. Add lines 1a-1f	▶ 60,181,680.					
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)	▶ 864,066.				864,066.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶ 104,363.				104,363.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			5,054,391.				
	b Less: cost or other basis and sales expenses	7b 2,650,029.	117,024.				
c Gain or (loss)	7c 2,404,362.	-117,024.					
d Net gain or (loss)	▶ 2,287,338.					2287338.	
8 a Gross income from fundraising events (not including \$ 17,209,241. of contributions reported on line 1c). See Part IV, line 18	8a	361,164.					
		8b 1,193,715.					
c Net income or (loss) from fundraising events	▶ -832,551.					-832,551.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue	11 a QUEST ADVERTISING	Business Code 541800	789,094.		789,094.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶ 789,094.					
12 Total revenue. See instructions	▶ 63,393,990.	0.	789,094.	2423216.			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,261,585.	12,261,585.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,405,160.	1,405,160.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	958,540.	414,413.	34,071.	510,056.
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	14,433,024.	6,239,939.	513,010.	7,680,075.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	228,847.	98,939.	8,134.	121,774.
9 Other employee benefits	3,355,950.	1,450,904.	119,284.	1,785,762.
10 Payroll taxes	1,140,415.	493,044.	40,535.	606,836.
11 Fees for services (nonemployees):				
a Management				
b Legal	268,282.	82,784.	15,895.	169,603.
c Accounting	128,666.		128,666.	
d Lobbying	486,336.	486,336.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	275,911.		275,911.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,234,532.	465,578.	26,254.	1,742,700.
12 Advertising and promotion	2,513,406.	775,561.	148,916.	1,588,929.
13 Office expenses	4,248,924.	734,383.	346,946.	3,167,595.
14 Information technology	2,689,572.	1,454,268.	339,599.	895,705.
15 Royalties				
16 Occupancy	1,602,216.	4,901.	630,888.	966,427.
17 Travel	115,897.	7,908.	53,366.	54,623.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,244.	153.	1,033.	1,058.
20 Interest	199,898.	29,524.	13,988.	156,386.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	990,442.	356,735.	633,707.	
23 Insurance	398,818.	58,904.	27,907.	312,007.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	1,811,030.	267,483.	126,725.	1,416,822.
b EVENT EXPENSES	1,669,941.	490,757.		1,179,184.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	53,419,636.	27,579,259.	3,484,835.	22,355,542.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,730,653.	537,347.	909,165.	2,284,141.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,348,343.	1	7,912,128.
	2 Savings and temporary cash investments	3,540,042.	2	3,720,119.
	3 Pledges and grants receivable, net	4,426,491.	3	3,621,220.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,398,695.	9	2,183,933.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,781,878.		
	b Less: accumulated depreciation	10b 3,286,231.	10c	3,495,647.
	11 Investments - publicly traded securities	53,276,935.	11	53,532,735.
	12 Investments - other securities. See Part IV, line 11		12	1,074,301.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,911.	15	24,911.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,915,435.	16	75,564,994.	
Liabilities	17 Accounts payable and accrued expenses	4,847,691.	17	5,293,050.
	18 Grants payable	7,681,991.	18	5,380,356.
	19 Deferred revenue	555,933.	19	2,265,058.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,000,000.	23	10,500,000.
	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	69,539,481.	25	47,404,780.
	26 Total liabilities. Add lines 17 through 25	95,625,096.	26	70,843,244.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-27,557,359.	27	980,444.
	28 Net assets with donor restrictions	3,847,698.	28	3,741,306.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-23,709,661.	32	4,721,750.
33 Total liabilities and net assets/fund balances	71,915,435.	33	75,564,994.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,393,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,419,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,974,354.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-23,709,661.
5	Net unrealized gains (losses) on investments	5	3,478,512.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,978,545.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,721,750.

Part XII Financial Statements and Reporting

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

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

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	113962253	103881886	99904218.	51829703.	60181680.	429759740
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	113962253	103881886	99904218.	51829703.	60181680.	429759740
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.						429759740

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	113962253	103881886	99904218.	51829703.	60181680.	429759740
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1920477.	1548677.	1552285.	1042846.	968,429.	7032714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	298,749.	373,297.	286,145.	410,505.	789,094.	2157790.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8664556.	7167108.	2994445.	1065881.	361,164.	20253154.
11 Total support. Add lines 7 through 10						459203398
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	93.59 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.50 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ►

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2017 AMOUNT: \$ 347,946.

SPECIAL EVENTS

2017 AMOUNT: \$ 7,942,063.

2018 AMOUNT: \$ 6,990,769.

2019 AMOUNT: \$ 2,928,946.

2020 AMOUNT: \$ 1,061,931.

2021 AMOUNT: \$ 361,164.

GAMING EVENTS

2017 AMOUNT: \$ 374,547.

2018 AMOUNT: \$ 176,339.

2019 AMOUNT: \$ 65,499.

2020 AMOUNT: \$ 3,950.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

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-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	486,336.													
c	Total lobbying expenditures (add lines 1a and 1b)	486,336.													
d	Other exempt purpose expenditures	26,546,519.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	27,032,855.													
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: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	546,855.	411,778.	628,981.	486,336.	2,073,950.
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					

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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 (for example, recreation or education) Preservation of a 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 7/25/06, 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?

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

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

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

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

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

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

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

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

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	684,320.	662,010.	639,479.	790,985.	477,155.
b Contributions					259,816.
c Net investment earnings, gains, and losses	113,304.	148,733.	150,206.	-43,248.	54,014.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	96,308.	126,423.	127,675.	108,258.	
g End of year balance	701,316.	684,320.	662,010.	639,479.	790,985.

- 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 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,283.	19,328.	8,955.
d Equipment		6,753,595.	3,266,903.	3,486,692.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,495,647.

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COST	45,337,427.
(3) PAYCHECK PROTECTION PROGRAM LOAN	2,067,353.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,404,780.

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

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	80,742,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,478,512.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	14,029,357.	
e	Add lines 2a through 2d	2e		17,507,869.
3	Subtract line 2e from line 1	3		63,235,103.
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	275,911.	
b	Other (Describe in Part XIII.)	4b	-117,024.	
c	Add lines 4a and 4b	4c		158,887.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		63,393,990.

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

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

1	Total expenses and losses per audited financial statements		1	52,311,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	117,024.	
e	Add lines 2a through 2d	2e		117,024.
3	Subtract line 2e from line 1	3		52,194,537.
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	275,911.	
b	Other (Describe in Part XIII.)	4b	949,188.	
c	Add lines 4a and 4b	4c		1,225,099.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		53,419,636.

Part XIII Supplemental Information.

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

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ASSOCIATION'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED FOR THE ADVANCEMENT OF RESEARCH, PROGRAMS AND SERVICES FOR THOSE WITH MUSCULAR DYSTROPHY. THE GLEN E. & DAVID K. GUTTORMSEN ENDOWED FUND FOR DUCHENNE MUSCULAR DYSTROPHY RESEARCH WAS ESTABLISHED IN AN AGREEMENT, EFFECTIVE MAY 25, 2010, WHEREBY THE ASSOCIATION IS TO MAINTAIN AND ADMINISTER THE FUND IN ACCORDANCE WITH THE DONOR'S DESIRES.

PART X, LINE 2:

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ASSOCIATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ASSOCIATION'S RETURNS FOR YEARS ENDED DECEMBER 31, 2021, 2020, 2019, 2018 ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, WHICH GENERALLY IS FOR THREE YEARS AFTER THEY ARE FILED. IF APPLICABLE, THE ASSOCIATION WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF GENERAL AND ADMINISTRATIVE EXPENSES AND WOULD INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN UNRECOGNIZED BENEFIT PLAN COSTS	14,432,141.
FUNDRAISING EXPENSES	-402,784.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	14,029,357.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS	-117,024.
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MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 117,024.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PREVIOUSLY REPORTED GRANTS 546,404.

FUNDRAISING EXPENSES 402,784.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 949,188.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	RESEARCH GRANT	172,568.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	RESEARCH GRANT	1,064,235.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	RESEARCH GRANT	134,071.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	RESEARCH GRANT	34,286.
3 a Subtotal	0	0			1,405,160.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,405,160.

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

Schedule F (Form 990) 2021

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	172,568.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	1064235.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	RESEARCH	134,071.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESEARCH	34,286.	CHECK/WIRE	0.		

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

3 Enter total number of other organizations or entities ▶ _____

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPECIAL EVENTS (event type)	DISTINGUISHE D EVENTS (event type)	NONE (total number)	
Revenue	1	Gross receipts	12,243,927.	5,326,478.	17,570,405.
	2	Less: Contributions	11,928,601.	5,280,640.	17,209,241.
	3	Gross income (line 1 minus line 2)	315,326.	45,838.	361,164.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	47,337.	197,991.	245,328.
	6	Rent/facility costs	114,408.	394,234.	508,642.
	7	Food and beverages	79,165.	224,773.	303,938.
	8	Entertainment	38,396.	46,310.	84,706.
	9	Other direct expenses	34,839.	16,262.	51,101.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-832,551.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

MUSCULAR DYSTROPHY ASSOCIATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the 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 provide any additional information. See instructions.

Multiple horizontal lines for providing supplemental information.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACURASTEM INC 605 E. HUNTINGTON DR., SUITE 103 MONROVIA, CA 91016	81-1640548	C CORP	50,000.	0.			RESEARCH
ANN AN ROBERT H. LURIE CHILDRENS - HOSPITAL OF CHICAGO - 225 E CHICAGO, BOX 4 - CHICAGO, IL 60611	36-2170833	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
ARKANSAS CHILDREN'S HOSPITAL 1 CHILDREN'S WAY, SLOT 512-15 LITTLE ROCK, AR 72202	71-0236857	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
ARKANSAS CHILDREN'S RESEARCH INSTITUTE - 13 CHILDREN'S WAY - LITTLE ROCK, AR 72202	71-0694931	501(C)(3)	5,550.	0.			MOVR REGISTRY SUPPORT
BAYCARE MEDICAL GROUP 300 PARK PLACE BLVD, SUITE 170 CLEARWATER, FL 33759	59-3140335	501(C)(3)	12,500.	0.			MEDICAL DIAGNOSIS
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, MS: BCM 310 HOUSTAN, TX 77030	74-1613878	C CORP	121,773.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 150.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 17.

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

Schedule I (Form 990) 2021

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

Schedule I (Form 990)

13-166552

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
BILLINGS CLINIC RESEARCH ATTN: KATHY WILKINSON, 801 NORTH 29 BILLINGS, MT 59101	81-0407289	501(C)(3)	6,400.	0.			MOVR REGISTRY SUPPORT
BOARD OF REGENTS NSHE OBO UNIVERSITY OF NEVADA, RENO - CONTROLLER'S OFFICE MAIL STOP 0124 - RENO, NV 89557	88-6000024	501(C)(3)	96,667.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA - HEALTH SCIENCES CENTER 865 RESEARCH PARKWAY, URP865-450 - OKLAHOMA, OK 73104	73-1563627	501(C)(3)	142,308.	0.			RESEARCH
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY - PO BOX 19616 - SPRINGFIELD, IL 62794	37-6005961	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
BRIGHAM AND WOMENS HOSPITAL RESEARCH - P.O. BOX 3149 - BOSTON, MA 02241	04-2312909	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS - BROWN UNIVERSITY - 350 EDDY STREET, BOX 1929 - PROVIDENCE, RI 02912	05-0258809	501(C)(3)	13,030.	0.			RESEARCH
CALIFORNIA PACIFIC MED. CTR. FOUNDATION - 2015 STEINER STREET, 2ND FL - SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
CARLE FOUNDATION HOSPITAL 611 WEST PARK URBANA, IL 61801	37-1119538	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINAS HEALTHCARE FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	319,228.	0.			RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	45,833.	0.			MEDICAL DIAGNOSIS AND RESEARCH
CENTRAL TEXAS NEUROLOGY CONSULTANTS - 16040 PARK VALLEY DR. B 100 - ROUND ROCK, TX 78681	74-2710396	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS CLINICS FOR REHABILITATIVE SERVICES - 2600 NORTH WYATT DRIVE - TUCSON, AZ 85712	86-0667510	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-0572465	501(C)(3)	8,333.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL COLORADO 13123 E, 16TH AVENUE BOX 285 AURORA, CO 80045	84-0166760	501(C)(3)	45,833.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	133,974.	0.			MEDICAL DIAGNOSIS AND RESEARCH
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	35,600.	0.			MEDICAL DIAGNOSIS AND MOVR REGISTRY SUPPORT

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CHILDRENS HOSPITAL MEDICAL CENTER RESEARCH ACCOUNTING - 3333 BURNET AVENUE, ML 4900 - CINCINNATI, OH 45229	31-0833963		8,475.	0.			MOVR REGISTRY SUPPORT
CHILDRENS HOSPITAL OF ORANGE COUNTY - 201 W LA VETA AVE - ORANGE, CA 92868	95-2321786	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	43,750.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE CENTRAL PLANT, FLOOR 3 - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS, INC. - 601 CHILDRENS LANE - NORFOLK, VA 23507	54-0506321	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
CHILDREN'S RESEARCH INSTITUTE (CNMC) - 111 MICHIGAN AVENUE - NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	76,190.	0.			RESEARCH
CHILDRENS SPECIALTY GROUP, PLLC 811 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	6,925.	0.			MOVR REGISTRY SUPPORT
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833963	501(C)(3)	93,990.	0.			MEDICAL DIAGNOSIS, RESEARCH AND REGISTRY SUPPORT

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CLINICAL NEUROLOGY PC4221 S, WESTERN, SUITE 5010 OKLAHOMA CITY, TX 73109	41-2141136	501(C)(3)	75,000.	0.			MEDICAL DIAGNOSIS
CONNECTICUT CHILDRENS MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106	06-0646755	501(C)(3)	13,333.	0.			MEDICAL DIAGNOSIS
COOK CHILDRENS MEDICAL CENTER 801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2051646	501(C)(3)	5,525.	0.			MOVR REGISTRY SUPPORT
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2715483	501(C)(3)	15,000.	0.			MOVR REGISTRY SUPPORT
DIGNITY HEALTH ST, JOSEPHS HOSPITAL - 3033 N, 3RD AVENUE - CHANDLER, AZ 85224	86-0096787	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
DRISCOLL CHILDRENS HOSPITAL CORPUS 3533 SOUTH ALAMEDA STREET CHRISTI, TX 78411	74-2577746	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
DUKE UNIVERSITY MEDICAL CENTER P,O, BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	100,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	77,931.	0.			RESEARCH AND MOVR REGISTRY SUPPORT
FSHD SOCIETY 450 BEDFORD STREET LEXINGTON, MA 02420	52-1762747	501(C)(3)	13,800.	0.			ADVOCACY AND RESEARCH

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GEISINGER CLINIC 100 N, ACADEMY AVE DANVILLE, PA 17822	23-6291113	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
GEISINGER CLINIC 100 N. ACADEMY AVE. DANVILLE, PA 17822	26-0812968	501(C)(3)	15,200.	0.			MOVR REGISTRY SUPPORT
GEORGETOWN UNIVERSITY ATTN: RESEARCH, PO BOX 825673 PHILADELPHIA, PA 19182	53-0196603	501(C)(3)	15,100.	0.			MOVR REGISTRY SUPPORT
GILLETTE CHILDRENS SPECIALTY HEALTHCARE - 200 EAST UNIVERSITY AVENUE - ST. PAUL, FL 55101	36-3379150	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
GOOD SHEPHERD REHABILITATION HOSPITAL - 850 SOUTH 5TH STREET - ALLENTOWN, PA 18103	23-1371947	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)(3)	66,200.	0.			MEDICAL DIAGNOSIS
HOUSTON METHODIST 6560 FANNIN, SUITE 802 HOUSTON, TX 77030	76-0094743	501(C)(3)	5,300.	0.			MOVR REGISTRY SUPPORT
IDAHO PHYSICAL MEDICINE AND REHABILITATION PA - PO BOX 1128 - BOISE, ID 83701	82-0435241		7,500.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
ILLINOIS INSTITUTE OF TECHNOLOGY 10 W. 35TH STREET, SUITE 7D7-1 CHICAGO, IL 60616	36-2170136	501(C)(3)	24,916.	0.			RESEARCH

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INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673		64,167.	0.			RESEARCH
INLAND NORTHWEST HEALTH SERVICES PO BOX 2185 SPOKANE, WA 99210	91-1307555	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
INSTITUTO REHABILITACION DEL CARIBE - PO BOX 363792 - SAN JUAN, PR 00918			10,000.	0.			MEDICAL DIAGNOSIS
IRON HORSE DIAGNOSTICS, INC. 21053 N. 75TH STREET SCOTTSDALE, AZ 85255	45-4537278	C CORP	41,700.	0.			RESEARCH
JOAN & SANFORD I, WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE, BOX 89 - NEW YORK, NY 10065	13-1623978		213,446.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 733 N, BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	475,755.	0.			MEDICAL DIAGNOSIS RESEARCH AND REGISTRY SUPPORT
KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BOULEVARD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	180,422.	0.			MEDICAL DIAGNOSIS AND RESEARCH
LOMA LINDA UNIVERSITY 24887 TAYLOR STREET, SUITE 202 LOMA LINDA, CA 92350	95-1816009	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - 433 BOLIVAR ST - NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	18,333.	0.			MEDICAL DIAGNOSIS

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LSUHSC 1501 KINGS HWY SHREVEPORT, LA 71103	72-0702002	501(C)(3)	7,500.	0.			MEDICAL DIAGNOSIS
LUDWIG INSTITUTE FOR CANCER RESEARCH LTD - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	23-7121131		145,833.	0.			RESEARCH
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, OR 04102	01-0238552	501(C)(3)	13,750.	0.			MEDICAL DIAGNOSIS
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE, STE 300 BOSTON, MA 02199	04-2697983	501(C)(3)	589,835.	0.			MEDICAL DIAGNOSIS AND RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	215,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
MCKINNON MEDICAL GROUP PLLC 351 N BUFFALO DR LAS VEGAS, NV 89145	45-3720025		10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
MCV ASSOCIATED PHYSICIANS PO BOX 980599 RICHMOND, VA 23298	54-1581185	501(C)(3)	9,167.	0.			MEDICAL DIAGNOSIS
MDA CLINIC AT DARTMOUTH-HITCHCOCK MEDICAL CENTER - ONE MEDICAL CENTER DRIVE - LEBANON, NH 03756	02-0222140	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVENUE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT

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MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 - CHARLESTON, SC 29425	57-6000722	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
MEDICAL UNIVERSITY OF SOUTH CAROLINA OFFICE OF RESEARCH AND SPONSORED PROGRAMS - 1 SOUTH PARK CIRCLE, BUILDING 1, STE 506 -	57-6000722	501(C)(3)	15,000.	0.			MOVR REGISTRY SUPPORT
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 3800 RESERVOIR RD NW 7TH FLOOR PHC - WASHINGTON, DC 20007	52-2228444	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
METHODIST LE BONHEUR COMMUNITY OUTREACH - 600 JEFFERSON AVE - MEMPHIS, TN 38105	62-1251288	501(C)(3)	43,025.	0.			MEDICAL DIAGNOSIS AND MOVR REGISTRY SUPPORT
METHODIST NEUROLOGICAL INSTITUTE 6560 FANNIN STREET HOUSTON, TX 77030	87-0721923	501(C)(3)	100,000.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD ROOM 2 EAST LAN BIG RAPIDS, MI 48824	38-6005984	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
MITOCHONDRIA IN MOTION, INC 4440 LINDELL BOULEVARD, SUITE 1202 ST. LOUIS, MO 63108	83-2455511	S CORP	50,432.	0.			RESEARCH
MONTEFIORE MEDICAL CENTER 3351 STEUBEN AVE, 3RD FLOOR BRONX, NY 10467	13-1740114	501(C)(3)	41,667.	0.			MEDICAL DIAGNOSIS
MYOGENE BIO LLC 907 WESTWOOD BOULEVARD, #376 LOS ANGELES, CA 90024	83-1507489	501(C)(3)	91,526.	0.			RESEARCH

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NEMOURS FOUNDATION 10140 CENTURION PARKWAY JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P,O, BOX 415026 - BOSTON, MA 02241	13-5562308	STATE OF NY	40,000.	0.			MEDICAL DIAGNOSIS
NORTHEAST ALS CONSORTIUM 811 W, 7TH STREET, FLOOR 12 LOS ANGELES, CA 90017	56-2547779	C CORP	34,806.	0.			RESEARCH
NORTHWESTERN MEDICAL GROUP DEPARTMENT OF NEUROLOGY - 710 N, LAKESHORE DR, SUITE 1119 - CHICAGO, IL 60611	36-3382383	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
NORTHWESTERN UNIVERSITY CHICAGO CAMPUS RUBLOFF BUILDING 7TH FLOOR, 750 NORTH LAKE SHORE DRIVE - CHICA	36-2167817	501(C)(3)	96,144.	0.			RESEARCH
OLIVE VIEW-UCLA EDUCATION AN RESEARCH INSTITUTE - 14445 OLIVE VIEW DR - OLIVE VIEW, CA 91342	95-2249539	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
OREGON HEALTH AN SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK RD - PORTLAND, OR 97239	93-1176109	STATE OF OR	25,000.	0.			MEDICAL DIAGNOSIS
OSF MULTI-SPECIALTY GROUP DBA ILLINOIS NEUROLOGICAL - 800 NE GLEN OAK AVE - PEORIA, IL 61603	38-3852646	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
PHOENIX CHILDRENS HOSPITAL 1919 EAST THOMAS RD PHOENIX, AZ 85016	86-0422559	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS

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PONCE HEALTH SCIENCES UNIVERSITY P.O. BOX 7004 PONCE, PR 00732	66-0379122	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
RADY CHILDRENS HOSPITAL FOUNDATION 3020 CHILDRENS WAY, MC 5005 SAN DIEGO, CA 92123	33-0170626	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - 4860 Y STREET, SUITE 3850 - SACRAMENTO, CA 95817	94-6036494	501(C)(3)	211,032.	0.			MEDICAL DIAGNOSIS AND RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	189,224.	0.			MEDICAL DIAGNOSIS AND RESEARCH
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27265	56-0686338	501(C)(3)	112,500.	0.			ADVOCACY
RUSH UNIVERSITY MEDICAL CENTER 1653 W, CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY - 65 BERGEN STREET - NEWARK, NJ 07103	46-2354111	STATE OF NJ	142,308.	0.			MEDICAL DIAGNOSIS RESEARCH AND REGISTRY SUPPORT
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BOULEVARD ST LOUISVILLE, MO 63103	43-0654872	501(C)(3)	42,857.	0.			RESEARCH
SANFORD CHILDRENS SPECIALTY CLINIC 415 NORTH 3RD AVENUE FARGO, ND 58102	91-1770748	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS

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SANFORD MEDICAL CENTER FARGO 415 NORTH 3RD AVENUE FARGO, ND 58102	91-1770748	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
SARASOTA MEMORIAL HOSPITAL 1700 TAMIAMI TRAIL SARASOTA, FL 34239	59-6012500	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK PORTLAND, OR 97239	36-2193608	501(C)(3)	30,000.	0.			MEDICAL DIAGNOSIS
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN NE MC 004 GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	7,500.	0.			MEDICAL DIAGNOSIS
ST. CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777	41-2076312	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
ST. LUKES HEALTH SYSTEM PO BOX 1663 BOISE, ID 83701	45-2716222	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
ST. PETERS HOSPITAL 310 S. MANNING BLVD ALBANY, NY 12208	22-2262982	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
STANFORD HEALTH CARE P.O. BOX 742835 LOS ANGELES, CA 90074	94-6174066	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
STEVENS INSTITUTE OF TECHNOLOGY ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030	22-1487354	C CORP	35,714.	0.			RESEARCH

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TEMPLE UNIVERSITY P.O. BOX 827997 PHILADELPHIA, PA 19182	23-1365971	501(C)(3)	35,000.	0.			MEDICAL DIAGNOSIS
TEXAS NEUROLOGY, P.A. 6301 GASTON AVE., STE. 300W DALLAS, TX 75214	75-2654757	501(C)(3)	33,617.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET, UNIT 39 - NEW YORK, NY 10032	13-5598093	501(C)(3)	323,293.	0.			MEDICAL DIAGNOSIS, RESEARCH AND REGISTRY SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 1901 S. FIRST STREET - ACHAMPAIGN, IL 61820	37-6000511	501(C)(3)	303,951.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY MISSOURI - ONE HOSP DRIVE - COLUMBIA, MO 65212	43-6003859	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
THE EMORY CLINIC INC 12 EXECUTIVE PARK DR NE, RM 433 ATLANTA, GA 30329	58-2030692	501(C)(3)	100,000.	0.			MEDICAL DIAGNOSIS
THE HOSPITAL OF SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS
THE MEDICAL COLLEGE OF WISCONSIN, INC. DEPT OF NEUROLOGY - ATTN: MARIE MEJAKI 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	5,200.	0.			MOVR REGISTRY SUPPORT
THE METHODIST HOSPITAL FOUNDATION 6560 FANNIN STREET #802 HOUSTON, TX 77030	76-0094743	501(C)(3)	100,000.	0.			MEDICAL DIAGNOSIS

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MUSCULAR DYSTROPHY ASSOCIATION,
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS
THE OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	STATE OF OH	180,073.	0.			MEDICAL DIAGNOSIS, RESEARCH AND REGISTRY SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - PO BOX 850 - HERSHEY, PA 17033	24-6000376	STATE OF PA	56,873.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P,O, BOX 400195 - CHARLOTTEVILLE, NC 22904	54-6001796	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1608 FOURTH STREET, SUITE 220 - BERKELEY, CA 94710	94-6002123	501(C)(3)	71,428.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (IRVINE) - 141 INNOVATION, SUITE 250 - IRVINE, CA 92697	95-2226406	501(C)(3)	172,500.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	292,033.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - SAN DIEGO, CA 92093	95-6006144	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	75,400.	0.			MEDICAL DIAGNOSIS, REGISTRY SUPPORT AND MOVR REGISTRY SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	31,688.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE RESEARCH FOUNDATION FOR THE SUNY ON BEHALF OF UNIVERSITY - 35 STATE ST - ALBANY, NY 12207	14-1368361	501(C)(3)	52,857.	0.			MEDICAL DIAGNOSIS AND RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDRENS DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	61,850.	0.			MEDICAL DIAGNOSIS & RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	92,308.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	142,308.	0.			MEDICAL DIAGNOSIS & RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1600 7TH AVENUE S, LOWDER 608 - BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	20,000.	0.			MEDICAL DIAGNOSIS
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	67,857.	0.			RESEARCH
THE UNIVERSITY OF UTAH 75 S 2000 ERM 215 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	10,000.	0.			MEDICAL DIAGNOSIS
THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	104,386.	0.			RESEARCH

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH DBA MERCY HEALTH SAINT MARYS - 200 JEFFERSON SE - GRAND RAPIDS, MI 49503	27-2491974	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
TRUSTEES OF BOSTON UNIVERSITY BOSTON - 85 EAST NEWTON STREET, M-921 - BOSTON, MA 02118	04-2103547	501(C)(3)	92,308.	0.			RESEARCH
UNIVERSITY HOSPITAL BROOKLYN, SUNY DOWNSTATE MED CTR - 450 CLARKSON AVENUE BOX 3 - BROOKLYN, NY 11203	14-6013200	STATE OF NY	29,167.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM, #812 - LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	35,000.	0.			MEDICAL DIAGNOSIS & MOVR REGISTRY SUPPORT
UNIVERSITY OF CINCINNATI 51 GOODMAN DR, SUITE 530 CINCINNATI, OH 45221	31-6000989	501(C)(3)	57,500.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF COLORADO DENVER 3100 MARINE STREET, ROOM 47 BOULDER, CO 80309	84-6000555	STATE OF CO	294,737.	0.			MEDICAL DIAGNOSIS & RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FLORIDA	194,040.	0.			MEDICAL DIAGNOSIS RESEARCH, RESEARCH AND REGISTRY SUPPORT
UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	200,919.	0.			MEDICAL DIAGNOSIS & RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 E. MARKET STREET, SUITE 300 - LOUISVILLE, KY 40202	61-1029626	501(C)(3)	6,667.	0.			MEDICAL DIAGNOSIS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE 620 W. LEXINGTON STREET, 4TH FLOOR BALTIMORE, MD 21201	52-6002033		69,231.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - OFFICE OF SPONSORED PROGRAMS, 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	STATE OF MA	202,161.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY, SUITE 650 CORAL GABLES, FL 33146	59-0624458	STATE OF FL	550,986.	0.			MEDICAL DIAGNOSIS RESEARCH AND REGISTRY SUPPORT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	STATE OF MS	20,000.	0.			MEDICAL DIAGNOSIS RESEARCH AND REGISTRY SUPPORT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985450 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	STATE OF NE	46,667.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF NEW MEXICO HSC 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	41,078.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF OREGON 2727 LEO HARRIS PKWY EUGENE, OR 97401	46-4727800	501(C)(3)	70,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	STATE OF PA	160,094.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES - 400 FD ROOSEVELT AVE - SAN JUAN, PR 00936	66-0433762		36,667.	0.			MEDICAL DIAGNOSIS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 518 HYLAN BLDG, BOX 270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	213,962.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE MSC 7828 - SAN-ANTONIO, TX 78229	74-1586031	STATE OF TX	75,000.	0.			MEDICAL DIAGNOSIS
UNIVERSITY OF UTAH 75 S 2000 ERM 111 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	10,000.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF VERMONT MEDICAL CENTER - P.O. BOX 1902 - BURLINGTON, VT 05401	03-0219303	STATE OF VT	20,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
UNIVERSITY OF WASHINGTON MEDICAL CENTER - 1959 NE PACIFIC SEATTLE, WA 98195	91-6001537		285,847.	0.			MEDICAL DIAGNOSIS AND RESEARCH
UNIVERSITY OF WISCONSIN 4410 SOUTH 3RD STREET RIVER FALL, WI 54022	39-1805963	501(C)(3)	93,333.	0.			RESEARCH
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	75-6002868	STATE OF TX	125,000.	0.			MEDICAL DIAGNOSIS
UW HOSPITAL AN CLINICS AUTHORITY 600 HIGHLAND AVE MILWAUKEE, WI 53792	39-1835630	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312	35-2528741	501(C)(3)	112,500.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA CHRISTI HOSPITALS WICHITA, INC. - 707 NORTH EMPORIA AVENUE - WICHITA, KS 67214	48-1172106	501(C)(3)	10,000.	0.			MEDICAL DIAGNOSIS
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298	54-6001758	501(C)(3)	52,222.	0.			RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	20,000.	0.			MEDICAL DIAGNOSIS
WASHINGTON UNIVERSITY IN ST. LOUIS 1054 ONE BROOKINGS DRIVE ST ST. LOUIS, MO 63130	43-0653611	501(C)(3)	113,084.	0.			MEDICAL DIAGNOSIS AND RESEARCH
WESLEY NEUROLOGY CLINIC P,C, 800 CENTERVIEW PARKWAY, STE 30 CORDOVA, TN 38018	62-1499155	501(C)(3)	50,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
WILLIAM BEAUMONT HOSPITAL 3811 WEST 13 MILE ROAD, SUITE 501 ROYAL OAK, MI 48073	38-1459362	501(C)(3)	25,000.	0.			MEDICAL DIAGNOSIS AND REGISTRY SUPPORT
WRIGHT STATE UNIVERSITY DAYTON 3640 COLONEL GLENN HWY DAYTON, OH 45435	31-0732831		92,308.	0.			RESEARCH
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	263,353.	0.			MEDICAL DIAGNOSIS AND RESEARCH

Schedule I (Form 990)

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

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

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

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

PART I, LINE 2:

UPON AWARDING A GRANT, BUT PRIOR TO DISBURSEMENT OF ANY FUNDS, MDA REQUIRES THE FOLLOWING OF MEDICAL DIAGNOSIS GRANTEEES: RETURN OF THE SIGNED NOTICE OF AWARD AND BUSINESS ASSOCIATE AGREEMENT. CONTINUED FUNDING FOR THE PERIOD OF THE GRANT IS CONTINGENT UPON SUBMISSION TO, AND APPROVAL BY, MDA OF ANNUAL PROGRESS AND ACTIVITY REPORTS AND EXPENDITURE REPORTS FROM ALL GRANTEEES. IF SUCH REPORTS ARE NOT RECEIVED, OR ARE DEEMED UNSATISFACTORY, MDA MAY OPT TO SUSPEND OR CANCEL FUNDING FOR THE GRANT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MUSCULAR DYSTROPHY ASSOCIATION, INC.** Employer identification number **13-166552**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

MUSCULAR DYSTROPHY ASSOCIATION,
INC.

13-1665552

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD WOOD PRESIDENT & CEO	(i)	434,363.	0.	0.	0.	23,165.	457,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL KENNEDY TREASURER & CFO	(i)	290,169.	0.	0.	3,462.	27,277.	320,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTINE WELKER CHIEF OF STAFF	(i)	263,684.	0.	0.	3,462.	1,411.	268,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON HESTERLEE CHIEF RESEARCH OFFICER	(i)	216,489.	0.	0.	2,654.	22,811.	241,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHY KAUFFMANN (JAN-AUG) CHIEF STRATEGY DEVELOPMENT	(i)	193,700.	0.	23,077.	208.	23,830.	240,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN BEIRNE VP OF MULTI-CHANNEL MARKETING	(i)	187,737.	0.	0.	1,673.	36,293.	225,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSHUA ACKLEY VP OF PR & COMMUNICATIONS	(i)	219,790.	0.	0.	0.	4,064.	223,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LINDSAY KASSOF SEC. & ASSOC LEGAL COUNSEL	(i)	175,868.	0.	0.	2,135.	13,640.	191,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

KATHY KAUFFMANN, CHIEF STRATEGY DEVELOPMENT RECEIVED \$23,077 SEVERANCE
PAYMENT IN 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X	1,004	63,421.	FMV
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 ()				
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 V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) IS COMMITTED TO TRANSFORMING
THE LIVES OF PEOPLE WITH MUSCULAR DYSTROPHY, ALS, AND RELATED
NEUROMUSCULAR DISEASES THROUGH INNOVATIONS IN SCIENCE AND INNOVATIONS
IN CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MULTIDISCIPLINARY TEAM OF HEALTHCARE SPECIALISTS CONVENIENTLY SITED AT
ONE LOCATION. IN A SINGLE DAY, PATIENTS CAN SEE MULTIPLE HEALTHCARE
PROVIDERS WHO WORK TOGETHER TO ENSURE COORDINATED INDIVIDUAL CARE FOR
EVERY PATIENT TO BEST FIT THEIR SPECIFIC NEEDS. HIGHLY TRAINED MDA CARE
SPECIALISTS SERVE AS AN IMPORTANT PART OF THE CARE TEAM, HELPING
FAMILIES NAVIGATE THE HEALTH SYSTEM, ANSWERING QUESTIONS, DISTRIBUTING
MDA EDUCATIONAL MATERIALS, COORDINATING MDA SERVICES, AND ASSISTING
WITH COMMUNITY RESOURCE REFERRALS. EACH YEAR THOUSANDS OF
CHILDREN/YOUNG ADULTS LEARN VITAL LIFE SKILLS AND GAIN INDEPENDENCE AT
SUMMER CAMP AND THROUGH RECREATIONAL PROGRAMS, AT NO COST TO FAMILIES.
EACH CAMP IS STAFFED WITH DEDICATED HEALTH PROFESSIONALS AND TRAINED
CAMP VOLUNTEERS WHO MEET THE MEDICAL AND PHYSICAL NEEDS OF EACH CAMPER
ALL AT NO COST TO FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AMYOTROPHIC LATERAL SCLEROSIS (ALS), DUCHENNE MUSCULAR DYSTROPHY (DMD),
PERIODIC PARALYSIS, POMPE DISEASE, AND SPINAL MUSCULAR ATROPHY (SMA).

MDA LAUNCHED THE MOVR (NEUROMUSCULAR OBSERVATIONAL RESEARCH) DATA HUB

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

Schedule O (Form 990) 2021

Name of the organization **MUSCULAR DYSTROPHY ASSOCIATION,
INC.**

Employer identification number
13-1665552

**AS A TRANSFORMATIVE PLATFORM, COMBINING MDA'S CARE CENTER NETWORK WITH
A STATE-OF-THE-ART INFORMATION-MANAGEMENT SYSTEM. AS THE LARGEST
CENTRALIZED DATA HUB FOR MULTIPLE NEUROMUSCULAR DISEASES, MOVR
AGGREGATES CLINICAL, GENETIC, AND PATIENT-REPORTED DATA ACROSS BROAD
COMMUNITIES OF HEALTHCARE PROVIDERS, RESEARCHERS, AND INDUSTRY PARTNERS
THAT WILL LEAD TO RAPID DEVELOPMENTS IN PATIENT CARE, TREATMENTS, AND
CURES.**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAMS TO THE NMD COMMUNITY. EACH OF THE ENGAGE PROGRAMS INCORPORATES
MULTIPLE MODULES OF INTEREST, FROM THERAPY DEVELOPMENT ROUNDTABLES TO
DISEASE MANAGEMENT TO GENETIC TESTING, DESIGNED SPECIFICALLY FOR
COMMUNITY AUDIENCES. EACH EVENT ALSO INCLUDES A SOCIAL ELEMENT FOR
FAMILIES AND PARTICIPANTS WITH THE AIM OF STRENGTHENING THE COMMUNITY
AND HELPING ATTENDEES MAKE PERSONAL.**

**FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS WERE PROVIDED A COPY OF THE FEDERAL FORM 990 BEFORE
FILING WITH THE IRS.**

**FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE HUMAN RESOURCES
DEPARTMENT IN CONJUNCTION WITH LEGAL. BOARD MEMBERS ARE REQUIRED TO SIGN AN
CONFLICT OF INTEREST DISCLOSURE ANNUALLY. WHEN A CONFLICT OF INTEREST
ARISES, THE PERSON WITH THE CONFLICT IS REQUIRED TO RECUSE HIS/HERSELF FROM
THE MATTER AND DISCUSSION INVOLVED.**

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization MUSCULAR DYSTROPHY ASSOCIATION, INC.	Employer identification number 13-1665552
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MDA HAS A COMPENSATION COMMITTEE OF THE GOVERNING BOARD THAT REVIEWS THE CEO AND EXECUTIVE TEAM COMPENSATION. A COMPENSATION STUDY IS COMPLETED BY AN INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMPENSATION COMMITTEE. ANNUAL REVIEWS ARE COMPLETED AND CONTRACTS ARE AMENDED AS THEY EXPIRE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE
NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, 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 ON MDA'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN UNRECOGNIZED BENEFIT PLAN COSTS	14,432,141.
REFUND OF PREVIOUSLY REPORTED GRANTS	546,404.
TOTAL TO FORM 990, PART XI, LINE 9	14,978,545.

FORM 990, PART XII LINE 2C:
THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1
2	Tax on the amount on line 1. See instructions for tax computation		2
3	Alternative minimum tax for trusts. See instructions		3
4	Total. Add lines 2 and 3		4
5	Estimated tax credits. See instructions		5
6	Subtract line 5 from line 4		6
7	Other taxes. See instructions		7
8	Total. Add lines 6 and 7		8
9	Credit for federal tax paid on fuels. See instructions		9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	26,200.
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	26,200.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		19,650.	6,550.
13	2021 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14		19,650.	6,550.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **MUSCULAR DYSTROPHY ASSOCIATION, INC.** EIN or SSN **13-1665552**

Name and title of officer or person subject to tax **MICHAEL J KENNEDY CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, 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.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>26,200.</u>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **COHNREZNICK LLP** to enter my PIN **11111**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **20770422147**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **COHNREZNICK LLP** Date **07/27/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MUSCULAR DYSTROPHY ASSOCIATION, INC.	Taxpayer identification number (TIN) 13-166552
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 161 N CLARK ST., 3550	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JON VAN COTT, VP OF FINANCE, CONTROLLER

- The books are in the care of ▶ **161 N CLARK STREET, STE 3550 - CHICAGO, IL 60601**

Telephone No. ▶ **646-713-2020** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2021** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.