Form 990-T	Exempt Organization Bus			ax Return	۱	OMB No. 1545-0687
Department of the Treasury Internal Revenue Service	(and proxy tax und	er se				Open to Public Inspection for
A Check box if	For calendar year 2012 or other tax year beginning Name of organization (Check box if name cl	hanaad	, and ending			601(c)(3) Organizations Only yer identification number
address changed		Hanyeu	and see msu denons.)		(Emplo instruc	oyees' trust, see ctions.)
B Exempt under section	Print MUSCULAR DYSTROPHY ASSOCIATION, I					-1665552
x 501(c)(3)	Type Number, street, and room or suite no. If a P.O. box	k, see in	structions.			ted business activity codes structions)
408(e) 220(e)	3300 EAST SUNRISE DRIVE					
408A 530(a)	1 1 5 7				L	_
529(a)	TUCSON, AZ 85718				54180	0
at end of year	F Group exemption number (see instructions) G Check organization type ▶ x 501(c) corporation		EQ1(a) trust	401(a) trust		Other trust
100,099,622.	G Check organization type ►	п _	501(c) trust	401(a) trust	L	Other trust
	Lon's primary unrelated business activity. ► ADVERTISING		•	· ·	•	
	s the corporation a subsidiary in an affiliated group or a parer		diary controlled group?	•	Yes	s x No
	and identifying number of the parent corporation.	11 00001	diary controlled group:			0 L=110
	f > STEPHEN P. EVANS, VP FINANCE		Teleph	one number 🕨 5:	20-529	9-2000
	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sa						
b Less returns and allo	owances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
	ct line 2 from line 1c	3				
4a Capital gain net inco	me (attach Schedule D)	4a				
b Net gain (loss) (Forn	n 4797, Part II, line 17) (attach Form 4797)	4b				
 Capital loss deduction 	on for trusts	4c				
5 Income (loss) from	partnerships and S corporations (attach statement)	5				
6 Rent income (Sched		6				
7 Unrelated debt-finan	ced income (Schedule E)	7				
	oyalties, and rents from controlled organizations (Sch. F)	8				
9 Investment income of	of a section 501(c)(7), (9), or (17) organization					
		9				
	tivity income (Schedule I)	10				
11 Advertising income	(Schedule J)	11	251,115.		,550.	18,565.
	nstructions; attach statement)	12				
13 Total, Combine line	s 3 through 12	13	251,115.	232	,550,	18,565.
	ons Not Taken Elsewhere (see instructions for contributions, deductions must be directly connected			a :======\		
				•	1	
	fficers, directors, and trustees (Schedule K)				14	
					15	
	enance				16 17	
	homant)					
	tement)				18 19	1,036.
20 Charitable contribu	tions (see instructions for limitation rules) SEE STATEM	 ENT 2	SEE STATEMEN		20	1,653.
	h Form 4562)				20	1,000.
	slaimed on Schedule A and elsewhere on return				22b	
					23	
	ferred compensation plans				24	
	rograms				25	
26 Excess exempt exp	enses (Schedule I)				26	
27 Excess readership	costs (Schedule J)				27	
28 Other deductions (a	attach statement)				28	
29 Total deduction	s. Add lines 14 through 28				29	2,689.
30 Unrelated business	taxable income before net operating loss deduction. Subtract	t line 29	9 from line 13		30	15,876.
	deduction (limited to the amount on line 30)				31	
32 Unrelated business	taxable income before specific deduction. Subtract line 31 fr	rom line	30		32	15,876,
33 Specific deduction	(generally \$1,000, but see instructions for exceptions)				33	1,000.
34 Unrelated busin	ess taxable income. Subtract line 33 from line 32. If line	33 is gr	eater than line 32, enter	the smaller		
000704			1		34	14,876.
223701 01-11-13 LHA For Pa	perwork Reduction Act Notice, see instructions.					Form 990-T (2012)

FUITH 330°	(2012)	MUSCULAR DISTROPH	Y ASSUCTA	TTION, INC.					100000	-			-5- ~
Part I	II Ta	x Computation											
35	Organi	zations taxable as corporation	ns (see instr	uctions for tax com	putation).								
	Contro	lled group members (sections	: 1561 and 1	563) check here 🕨	- See instructi	ons and:							
a	Enter y			9,925,000 taxable ir	icome brackets (in tha	at order):	:						
	(1)	;	(2) \$		(3) [\$								
b	Enter o	rganization's share of; (1) Ad	ditional 5% t	tax (not more than s	\$11,750) \$]					
	(2) Ad	ditional 3% tax (not more thai	1 \$100,000)		\$					1 1			
C	Income	e tax on the amount on line 34	ļ <u></u>						🕨	35c		2,	231.
36	Trusts	taxable at trust rates (see ins	structions for	tax computation).	Income tax on the am	iount on	line 34	from:					
	T	ax rate schedule or 🔲 S	Schedule D (f	Form 1041)					🕨	36			
37	Proxy	tax (see instructions)				- -		,	🕨	37			
38										38			
39	Total.	Add lines 37 and 38 to line 35	Salation's share of. (1) Additional 5% tax (not more than \$11,750) Salata (not more than \$10,000) Salata (not more than \$10,000) Salata (not more than \$100,000) Salata (not more than \$110,000) Salat				39		2,	231,			
Part I		ax and Payments											
			ch Form 111	8; trusts attach For	m 1116)		40a						
		- ·				-	40b						
C	Genera	ıl business credit. Attach Forn	1 3800	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			40c						
							40d]			
										40e			
										41		2,	231.
42	Other t	axes, Check if from: For	m 4255	Form 8611	Form 8697 🔲 Fo	orm 886	6	Other (attach st	atement)	42			
43										43		2,	231.
	Pavme	nts: A 2011 overnavment cre	dited to 201	2		Ì			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
							-			7			
										1			
										1			
	_	-			· ·					1			
							 +			1			
										-{			
,		Form 4136	一	Other	Tot	al 🛌	440						
40						' '				45			
45	Totions	payments. Add lines 44a und stad loss papalls (nee joetsustic	ugii 44y voo). Chook ii	Form 2220 in attac	had 🛌			,		46			51.
46										47		- 2	282.
47										48		٠,	
48								Refunded		49			
Part						rmatic	n (co			43	<u> </u>		
										secunt (bank	Yes	No
												168	NU
				L .	nave to file Form TD F	90-22.1	, Hepor	t of Foreign Bar	ik allu F	manciai			х
ACI 2 Dur	counts. ing the ta	If "Yes," enter the name of the x vear, did the organization receive	TOreign cour a distribution	Try here from, or was it the gran	ntor of, of transferor to, a f	oreign tru:	st?				<u>.</u>		<u>x</u>
						/-							
		 		method of invent						1 0	T		
										6			
	rchases	1.4.1.1.1			·					_			
					ł					7	<u> </u>	1	· · · ·
		ection 263A costs (att. statement)		_ <u> </u>	1							Yes	No
			_		1		cquired	d for resale) app	ly to			'	ĺ
<u>5 To</u>	tal. Add	lines 1 through 4b							· · ·	·····		Ļ	
C:	Un	der penalties of perjury, I declare the rect, and complete. Declaration of	at I have exam preparer (other	ined this return, includ than taxpayer) is base	ing accompanying sched) d on all information of whi	ules and s ich prepar	tatement er has ar	ts, and to the best ny knowledge.	ot my kn	owledge	and Dellei, It is	s πue,	
Sign		\bigcirc		101	,					•	RS discuss th		with
Here		X De nor		81131	<u> </u>	TREAST	JRER				er shown bek		-1
		Signature of officer		Date	✓ litle					nstruction	ns)? X Y	es	_ No
]	Print/Type preparer's name		Preparer's sign	nature	Dat	æ	Check		if PT	IN		
Paid				Phis	1	61	12/	self- e	mployed	1			
Prep	arer	MICHAEL SORRELLS, CI	PA	Moli	× Jul	- 9/1	420	13		P	00001737	7	
Use		Firm's name ► BDO USA	, LLP				<u> </u>	Firm'	s EIN 🕨	<u> </u>	3-538159	0	
-	Only	7101	WISCONSI	N AVE., SUIT	E 800								
		Firm's address 🕨 ветн	ESDA, MD	20814-4827				Phor	e no.	(301)654-490	0	

223711 01-11-13

Description of property								
(1)								
(2)						···		
(3)								
(4)								
· · · · · · · · · · · · · · · · · · ·	Rent receiv	ed or accrued						
(a) From personal property (if the rent for personal property is national more than to the property of the personal property is not personal property.	nore than	` 'of rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% or	ntage if	3(a) Deductions dire columns 2(a)	ctly cor) and 2(nnected with the income in b) (attach statement)
(1)								
(2)							_	
(3)						_		
(4)								
Total	0.	Total			0.	/53 T-4-1 d- d Al		
c) Total income. Add totals of colum	ns 2(a) and 2(b). En	ter				(b) Total deductions Enter here and on page 1		
nere and on page 1, Part I, line 6, colu	imn (A)	<u></u> ▶			0.	Part I, line 6, column (B)	▶	
Schedule E - Unrelated D	ebt-Financed	I Income (see	instructions)		_			
			2. Gross ind	come from		Deductions directly debt-fin		
1. Description of det	et-financed property		er allocable financed	e to debt-	(a)	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)
(1)	 .		 		-		\dashv	
(2)					+		\dashv	
(3)					+		\dashv	
	 		-		+		\dashv	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5. Average adjusted basis of or allocable to debt-financed property (attach statement)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x lotal of column 3(a) and 3(b))	
(4)	_		·	01	+			
(1)			1	<u>%</u>			\dashv	
(2)	_		 	%				
(3)	_		-	%	_		\dashv	
(4)				%		nter here and on page 1,		Enter here and on page 1,
Totals					•	art I, line 7, column (A).	0.	Part I, line 7, column (B).
Total dividends-received deduction	s included in column	<u></u> 8 إ					lack	
Schedule F - Interest, An	nuities, Royal	ties, and Rer	nts From C	ontrolled	d Orgai	nizations (see ir	nstruc	tions)
		Exemp	t Controlled C	rganization	ıs			
1. Name of controlled organization	2 . Employer ide numl	entification Net ur	3. nrelated income see instructions)	Total of	4. specified nts made	5. Part of column 4 included in the contorganization's gross	lrolling	connected with income
(1)	- - ·					+		
(2)				1				-
(3)			· ·					
(4)				<u> </u>				-
Nonexempt Controlled Organizati	ons					<u> </u>		
	8. Net unrelated incom (see instructions	9, To	tal of specified pay made	ments 1	in the con-	column 9 that is included trolling organization's ross income	11.	Deductions directly connecte with income in column 10
/1)								
(1)		+					 	
(2)				-+			├	-
(3)								
(4)							\vdash	<u> </u>
					Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, fine 8, column (B).
Totals						0.		
223721 01-11-13	***************************************	***************************************		🚩				Form 990-T (201

Form 990-T (2012) MUSCULA	R DYSTI	ROPHY ASSOC	IATION, I	NC.					13-16	65552	Pa	ge 4
Schedule G - Investm	nent In		Section 8	501(c)(7), (9), or (1	17) O	rganiza	tion				
	escription o			 ,	2. Amount of in	come	directly o	ductions connected statement)		Set-asides ch stalement)	5, Total deduction and set-asides (col. 3 plus col.	s
(1)							, , , , , ,	,			/con a bura con	.,
(2)									†			
(3)												
(4)		·										_
					Enter here and on Part I, line 9, colu						Enter here and on pa Part I, line 9, column	
Totals				>		0,					4	0.
Schedule I - Exploite (see ins	d Exer	npt Activity	Income	, Othe	r Than Adv	ertis	ing Inco	me				
			3. Exper	2000	4. Net income		T _				7. Excess exemp	
1. Description of exploited activity		2. Gross elated business income from de or business	directly con with produ of unrela business in	inected uction ated	from unrelated to business (colu- minus column to gain, compute of through 7	mn 2 3). If a cols. 5	from act	s income tivily that nrelated a income	att	Expenses ributable to column 5	expenses (column 6 minus column 6 but not more that column 4).	n 5,
(1)	+	<u></u>			<u> </u>				 		 	
(1) (2)	+				-		 		 		-	
(3)	 						 				+	
(4)	1						 			·	+	
	l p	ter here and on age 1, Part I, ne 10, col. (A).	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 26.	
Totals	▶ │	ο.		0.	, 4,0		· physical					Ο.
Schedule J - Adverti	sing In	icome (see i	nstructions)		The transfer of the transfer o	Appen and a processor	person reliable and of the person below.	Sala light i Littinhe	en per la ciana ancia	erisel surficient despite terres	1115	
Part Income Fron	n Perio	dicals Rep	orted on	a Con	solidated	Basis)				,, <u></u>	
			·		4. Advertis	ino gain			I		7. Excess readershi	
1. Name of periodical		2. Gross advertising income		Direct sing costs	or (loss) (col. col. 3). If a gair cols. 5 thro	2 minus 1, compu		rculation come		eadership costs	costs (column 6 minus column 5, but not mot than column 4).	us
(1) QUEST MAGAZINE		251,1	15, 2	232,550				0 ,		0.	ateliar di selle	
(2)						e ira iri						M
(3)												
(4)												
Totals (carry to Part II, line (5))	▶	251,1	15. :	232,550	0. 1	.8,56	5.					0.
Part II Income From columns 2 through	n Perio	odicals Rep a line-bv-line ba	orted on sis.)	a Sep	arate Basi	S (For	each perio	odical liste	d in Par	t II, fill in		_
1. Name of periodical		2. Gross advertising	3.	Direct	4. Advertisi or (loss) (col. col. 3). If a gair	2 minus		roulation come		eadership costs	7. Excess readershi costs (column 6 minu column 5, but not mo	us
·		income			cóls. 5 thro						than column 4).	
(1)											-	
(2)		ļ										
(4)												
Totals from Part I		251,1		232,550								0.
		Enter here and o page 1, Part I, line 11, col. (A)	page line 11	ere and on 1, Part I, 1, col. (B).		, ,					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) Schedule K - Compe	► nsatio	n of Office		232,550 ors, ar		S (see	instructio	76.4. АН ns)			 .	0.
-	. Name		<u>.</u>		2. Title	, -		3. Perce time devo	led to		ensation attributable elaled business	
(1)				<u> </u>	-			busine	ss %			
(2)				ļ <u> </u>					%			_
_(3)									%			
(4)									%			
Total. Enter here and on page 1	, Part II, I	ine 14						<u>-</u>	▶			0.

223731 01-11-13

FORM 990-T	STATEMENT 1	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUUOMA
VARIOUS	N/A	12,946,043.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	12,946,043.

FORM 990-T	CONTRIBUTIONS SUMMARY	····	STATEMENT	2
QUALIFIED CONTR	IBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX YEAR	2008 2009 2010			
TOTAL CARRYOVER TOTAL CURRENT Y	EAR 10% CONTRIBUTIONS	12,946,043		
TOTAL CONTRIBUT TAXABLE INCOME	IONS AVAILABLE LIMITATION AS ADJUSTED	12,946,043		
EXCESS 10% CONT EXCESS 100% CON TOTAL EXCESS CO	TRIBUTIONS	12,944,390 0 12,944,390		
ALLOWABLE CONTR	IBUTIONS DEDUCTION		1,	653
TOTAL CONTRIBUT	ION DEDUCTION		1,	653