

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning **FEB 1, 2019** and ending **JAN 31, 2020**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Doing business as **THE ALS ASSOCIATION**

Number and street (or P.O. box if mail is not delivered to street address)

1300 WILSON BLVD

Room/suite

600

City or town, state or province, country, and ZIP or foreign postal code

ARLINGTON, VA 22209

F Name and address of principal officer: **CALANEET BALAS**

SAME AS C ABOVE

D Employer identification number

13-3271855

E Telephone number

202-407-8580

G Gross receipts \$ **40,415,254.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **4119**

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

J Website: ▶ **WWW.ALSA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1985** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LEADING THE FIGHT TO CURE AND TREAT ALS THROUGH RESEARCH, ADVOCACY AND CARE SERVICES.
	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) 25
	4	Number of independent voting members of the governing body (Part VI, line 1b) 25
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 113
	6	Total number of volunteers (estimate if necessary) 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 39 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 29,429,700.
	9	Program service revenue (Part VIII, line 2g) 146,365.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,361,210.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -149,153.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,065,702.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,434,709.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 421,000.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,954,946.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,166,363.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 34,890,213.
19		Revenue less expenses. Subtract line 18 from line 12 -7,824,511.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 96,316,713.
	21	Total liabilities (Part X, line 26) 5,877,998.
	22	Net assets or fund balances. Subtract line 21 from line 20 90,438,715.

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
	GREGORY MITCHELL, CFO & EVP, FINANCE & ADMN. Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MICHAELA J. CROMAR, CPA	Preparer's signature MICHAELA J. CROMAR,
	Date 06/18/20	Check if self-employed <input type="checkbox"/> PTIN P00895728
Preparer Use Only	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
	Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	Phone no. 571-227-9500

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

Part III Statement of Program Service Accomplishments

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

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

THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH AMYOTROPHIC LATERAL SCLEROSIS AND THEIR FAMILIES TO LIVE FULLER LIVES BY PROVIDING THEM WITH COMPASSIONATE CARE AND SUPPORT.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 18,352,163. including grants of \$ 17,004,492.) (Revenue \$ 0.)

RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS DOMESTICALLY AND INTERNATIONALLY TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS).

4b (Code:) (Expenses \$ 10,463,835. including grants of \$ 2,715,915.) (Revenue \$)

PATIENT AND COMMUNITY SERVICES: THE ASSOCIATION'S NATIONAL CARE SERVICES DEPARTMENT, IN WORKING WITH THE ASSOCIATION'S NETWORK OF CHAPTERS, IS COMMITTED TO PROVIDING FULLY DEVELOPED, MANAGED AND EVALUATED PROGRAMS AND SERVICES TO PEOPLE LIVING WITH ALS, FAMILIES, CAREGIVERS AND PROFESSIONALS ACROSS THE UNITED STATES. PROGRAMS INCORPORATE THE PERSPECTIVES FROM KEY STAKEHOLDERS INCLUDING PEOPLE LIVING WITH THE DISEASE, SUBJECT MATTER EXPERTS, CLINICAL BEST PRACTICE, CAREGIVERS, TECHNOLOGY, ACADEMICIANS AND RESEARCH. ACTIVITIES ADDRESS CURRENT NEEDS AND EXPLORE FUTURE SERVICES, CREATING A FOUNDATION FOR INNOVATIVE AND ADVANCED PROGRAM DEVELOPMENT BASED ON SPECIFIC COMMUNITY NEEDS AND KNOWLEDGE ADVANCEMENTS. SPECIFIC ACTIVITIES INCLUDE 1) DEVELOPING AND IMPLEMENTING CLINICAL AND

4c (Code:) (Expenses \$ 4,052,273. including grants of \$ 2,800.) (Revenue \$ 112,947.)

PUBLIC AND PROFESSIONAL EDUCATION: THE ASSOCIATION'S PUBLIC POLICY DEPARTMENT DEVELOPS AWARENESS AND UNDERSTANDING OF ALS AND THE WORK OF THE ASSOCIATION AMONG THE GENERAL PUBLIC, HEALTHCARE PROFESSIONALS, THE SCIENTIFIC COMMUNITY, AND ELECTED AND OTHER GOVERNMENT OFFICIALS. FOR THE YEAR ENDING JANUARY 31, 2020, THE ASSOCIATION WORKED WITH CONGRESS TO INCREASE FUNDING FOR THE NATIONAL ALS REGISTRY AND THE ALS RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE AS WELL AS FUNDING FOR ALS RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 32,868,271.

Form 990 (2019)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15 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>	16	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>	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 90	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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 113		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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?	3a		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	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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?	13a		
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?	14a		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?	15		X
If "Yes," see 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?	16		X
If "Yes," complete Form 4720, Schedule O.			

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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 1a 25 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.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 25		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	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? 7a	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? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	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 9		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? 10a	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	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	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 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in 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? 16a		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 ► **CA, AL, AK, AR, CO, CT, DE, DC, FL, GA, HI, 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 ►
GREGORY MITCHELL - 202-407-8580
1300 WILSON BLVD, NO. 600, ARLINGTON, VA 22209

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALANEET BALAS PRESIDENT & CEO	37.50			X				358,632.	0.	49,063.
(2) GREG MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATI	37.50			X				257,561.	0.	35,193.
(3) LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GO	37.50				X			239,507.	0.	36,831.
(4) NEIL THAKUR EXECUTIVE VP, MISSION STRATEGY	37.50				X			229,145.	0.	39,734.
(5) TINA ZEFF EXECUTIVE VP, DEVELOPMENT	37.50				X			209,419.	0.	41,320.
(6) BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION	37.50				X			226,534.	0.	18,452.
(7) KIMBERLY HARDING-MAGINNIS SENIOR VP, CARE SERVICES	37.50				X			194,734.	0.	14,825.
(8) KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	37.50					X		167,838.	0.	17,329.
(9) TERESSA HARRIS VP, FINANCE	37.50					X		152,058.	0.	18,033.
(10) MARY MORGAN ROTH VP, COMMUNICATIONS	37.50					X		156,688.	0.	12,804.
(11) LYLES EDDINS VP, DEVELOPMENT	37.50					X		156,784.	0.	4,751.
(12) MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEM	37.50					X		148,273.	0.	4,229.
(13) SUE GORMAN CHAIR	5.00	X		X				0.	0.	0.
(14) MARK STANCIL TREASURER	5.00	X		X				0.	0.	0.
(15) CAMERON WARD SECRETARY	4.00	X		X				0.	0.	0.
(16) MARK CALMES VICE-CHAIR	4.00	X		X				0.	0.	0.
(17) TOM CARROLL TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DON CASEY TRUSTEE	2.00	X						0.	0.	0.
(19) FRED M. DEGRANDIS TRUSTEE	2.00	X						0.	0.	0.
(20) MILLIE ARNOLD TRUSTEE	2.00	X						0.	0.	0.
(21) CONNIE HOUSTON TRUSTEE	2.00	X						0.	0.	0.
(22) SCOTT KAUFFMAN TRUSTEE	2.00	X						0.	0.	0.
(23) CHRISTI L. KOLARCIK, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(24) JOHN P. KRAVE, JD TRUSTEE	2.00	X						0.	0.	0.
(25) LOU LIBBY, MD TRUSTEE	2.00	X						0.	0.	0.
(26) WARREN NELSON TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								2,497,173.	0.	292,564.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,497,173.	0.	292,564.

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 **14**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
SALESFORCE, 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 95105	CRM SOFTWARE IMPLEMENTATION	1,559,095.
DRUM - U MARKETING, LLC, 20 WEST 37TH STREET 3RD FLOOR, NEW YORK, NY 10018	MARKETING CONSULTING SERVICES	890,893.
ATTAIN LLC 1600 TYSONS BLVD #1400, MCLEAN, VA 22102	CRM SOFTWARE IMPLEMENTATION	590,980.
TURNKEY PROMOTIONS 3310 ROSEDALE AVE, RICHMOND, VA 23230	MARKETING CONSULTING SERVICES	568,000.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	107,805.				
	b Membership dues	1b					
	c Fundraising events	1c	1,745,425.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	389,492.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,959,286.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 426,080.				
	h Total. Add lines 1a-1f			34,202,008.			
Program Service Revenue	2 a CONFERENCE FEES	Business Code	900099	112,947.	112,947.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			112,947.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,782,381.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses ...							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				44,741.			44,741.
8 a Gross income from fundraising events (not including \$ 1,745,425. of contributions reported on line 1c). See Part IV, line 18				0.			
b Less: direct expenses				167,555.			
c Net income or (loss) from fundraising events				-167,555.			-167,555.
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue	900099		57,282.			57,282.
	e Total. Add lines 11a-11d			57,282.			
	12 Total revenue. See instructions			37,031,804.	112,947.	0.	2,716,849.

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

☒ X

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	17,293,495.	17,293,495.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,585.	54,585.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,375,127.	2,375,127.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,934,133.	993,837.	689,557.	250,739.
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	7,366,026.	5,023,334.	984,085.	1,358,607.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	328,514.	249,675.	18,880.	59,959.
9 Other employee benefits	351,270.	231,372.	66,062.	53,836.
10 Payroll taxes	698,059.	454,525.	123,006.	120,528.
11 Fees for services (nonemployees):				
a Management				
b Legal	56,170.	7,110.	49,060.	
c Accounting	46,727.		46,727.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	890,893.			890,893.
f Investment management fees	181,569.		181,569.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,197,577.	2,572,003.	190,497.	2,435,077.
12 Advertising and promotion	413,393.	373,490.	1,151.	38,752.
13 Office expenses	324,780.	218,883.	57,214.	48,683.
14 Information technology				
15 Royalties				
16 Occupancy	778,771.	511,455.	82,949.	184,367.
17 Travel	1,842,807.	1,237,608.	304,355.	300,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	360,900.	242,376.	59,605.	58,919.
20 Interest				
21 Payments to affiliates	674,048.	674,048.		
22 Depreciation, depletion, and amortization	100,883.	59,842.	20,960.	20,081.
23 Insurance				
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 CREDIT CARD & DATA FEES	270,385.	104,718.	83,881.	81,786.
b TELECOMMUNICATIONS	260,858.	190,788.	22,755.	47,315.
c CHAPTER SUPPORT	7,533.		2,973.	4,560.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,808,503.	32,868,271.	2,985,286.	5,954,946.
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"/> X if following SOP 98-2 (ASC 958-720)		-1,657,000.	1,382,000.	275,000.

Part X Balance SheetCheck 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	6,371,727.	1	2,899,434.
	2 Savings and temporary cash investments	5,692,587.	2	2,185,573.
	3 Pledges and grants receivable, net	5,984,641.	3	5,138,931.
	4 Accounts receivable, net	190,949.	4	196,562.
	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	127,444.	9	570,021.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 697,793.		
	b Less: accumulated depreciation	10b 540,127.		
		92,060.	10c	157,666.
	11 Investments - publicly traded securities	73,672,514.	11	79,137,064.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,184,791.	15	7,748,401.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	96,316,713.	16	98,033,652.	
Liabilities	17 Accounts payable and accrued expenses	2,070,215.	17	4,733,477.
	18 Grants payable	2,818,427.	18	1,142,569.
	19 Deferred revenue		19	15,350.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	989,356.	25	1,945,964.
	26 Total liabilities. Add lines 17 through 25	5,877,998.	26	7,837,360.
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	79,882,951.	27	79,169,831.
	28 Net assets with donor restrictions	10,555,764.	28	11,026,461.
	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	90,438,715.	32	90,196,292.
33 Total liabilities and net assets/fund balances	96,316,713.	33	98,033,652.	

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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	37,031,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,808,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,776,699.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,438,715.
5	Net unrealized gains (losses) on investments	5	4,509,451.
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	24,825.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,196,292.

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 in 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23487328.	27407957.	23216448.	29429700.	34202008.	137743441
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	23487328.	27407957.	23216448.	29429700.	34202008.	137743441
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.						137743441

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	23487328.	27407957.	23216448.	29429700.	34202008.	137743441
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1466148.	2633793.	2156702.	2641824.	2782381.	11680848.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,042.	47,788.	43,647.	56,636.	57,282.	207,395.
11 Total support. Add lines 7 through 10						149631684
12 Gross receipts from related activities, etc. (see instructions)					12	547,666.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.05 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.00 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 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>		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information.

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 B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,183,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,750,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Part II**Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.**13-3271855**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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-

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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)		64,007.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		501,597.													
c Total lobbying expenditures (add lines 1a and 1b)		565,604.													
d Other exempt purpose expenditures		41,242,899.													
e Total exempt purpose expenditures (add lines 1c and 1d)		41,808,503.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	529,987.	466,481.	453,482.	565,604.	2,015,554.
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	33,626.	15,724.	13,778.	64,007.	127,135.

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
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

2019Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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 ▶ \$

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	6,454,731.	6,516,315.	6,516,315.	6,333,662.	6,516,315.
b Contributions					
c Net investment earnings, gains, and losses	587,974.	-61,584.	482,577.	386,180.	-182,653.
d Grants or scholarships					
e Other expenditures for facilities and programs	526,390.	0.	482,577.	203,527.	
f Administrative expenses					
g End of year balance	6,516,315.	6,454,731.	6,516,315.	6,516,315.	6,333,662.

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 ☒ 3.64 %
 c Term endowment ☒ 96.36 %

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

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

- (i) Unrelated organizations _____
 (ii) Related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		301,491.	143,825.	157,666.
e Other		396,302.	396,302.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☒ 157,666.

Schedule D (Form 990) 2019

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) CHAPTER RECEIVABLES	2,418,418.
(2) DEPOSITS	48,980.
(3) CONSTRUCTION IN PROGRESS - SOFTWARE	3,783,556.
(4) CONSTRUCTION IN PROGRESS - LEASEHOLD IMPROVEMENTS	1,497,447.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,748,401.

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) ANNUITY PAYMENT LIABILITY	853,282.
(3) DEFERRED RENT	1,092,682.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,945,964.

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 ☒

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	81,450,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,509,451.
b	Donated services and use of facilities	2b	40,066,257.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	24,825.
e	Add lines 2a through 2d	2e	44,600,533.
3	Subtract line 2e from line 1	3	36,850,235.
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	181,569.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	181,569.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,031,804.

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	81,693,191.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	40,066,257.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	40,066,257.
3	Subtract line 2e from line 1	3	41,626,934.
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	181,569.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	181,569.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,808,503.

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 V, LINE 4:

EARNINGS FROM THE ENDOWMENT MUST BE USED TO SUPPORT RESEARCH ACTIVITIES.

UPON EXPIRATION OF THE TERM ENDOWMENT, THE CORPUS MAY ALSO BE USED TO
SUPPORT RESEARCH ACTIVITIES.**PART X, LINE 2:**THE ASSOCIATION DID NOT HAVE ANY UNRELATED TAXABLE INCOME FOR THE YEARS
ENDED JANUARY 31, 2020 AND 2019. ACCORDINGLY, NO PROVISION FOR INCOME
TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS.THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION
AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS

Part XIII Supplemental Information *(continued)*

TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	58,591.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-33,766.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	24,825.

**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

2019**Open to Public
Inspection**

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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
EUROPE	0	0	GRANTS	RESEARCH	1,569,454.
NORTH AMERICA	0	0	GRANTS	RESEARCH	400,000.
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	31,576.
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	100,000.
SOUTH AMERICA	0	0	GRANTS	RESEARCH	274,097.
3 a Subtotal	0	0			2,375,127.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,375,127.

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

Schedule F (Form 990) 2019

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)
			EUROPE	CLINICAL MANAGEMENT.	50,000.	CHECK & WIRE TRANSFER	0.		
			EUROPE	CLINICAL PILOT TRIAL.	20,373.	CHECK & WIRE TRANSFER	0.		
			EUROPE	DRUG DEVELOPMENT CONTRACT.	406,667.	CHECK & WIRE TRANSFER	0.		
			EUROPE	INVESTIGATOR INITIATED PROGRAM.	99,958.	CHECK & WIRE TRANSFER	0.		
			EUROPE	LOU GEHRIG CHALLENGE ALS.	42,391.	CHECK & WIRE TRANSFER	0.		
			EUROPE	STRATEGIC INITIATIVE.	327,858.	CHECK & WIRE TRANSFER	0.		
			EUROPE	INVESTIGATOR INITIATED MULTI-YEAR.	622,207.	CHECK & WIRE TRANSFER	0.		
			EAST ASIA & THE PACIFIC	INVESTIGATOR INITIATED STARTER.	100,000.	CHECK & WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 13

3 Enter total number of other organizations or entities 0

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	INVESTIGATOR INITIATED MULTI-YEAR.	350,000.	CHECK & WIRE TRANSFER	0.		
			NORTH AMERICA	POSTDOCTORAL FELLOWSHIP.	50,000.	CHECK & WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	INVESTIGATOR INITIATED MULTI-YEAR.	31,576.	CHECK & WIRE TRANSFER	0.		
			SOUTH AMERICA	INVESTIGATOR INITIATED MULTI-YEAR.	25,000.	CHECK & WIRE TRANSFER	0.		
			SOUTH AMERICA	DRUG DEVELOPMENT CONTRACT.	249,097.	CHECK & WIRE TRANSFER	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

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:

FOREIGN RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, ARE REQUIRED TO PROVIDE
A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT.
ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS
ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE
HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESEARCH DEPARTMENT.

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 PORTLAND WALK TO DEF	(b) Event #2 LOUISVILLE WALK TO DEF	(c) Other events 21	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	216,980.	148,233.	1,380,212.	1,745,425.
	2 Less: Contributions	216,980.	148,233.	1,380,212.	1,745,425.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,651.	3,500.	15,097.	20,248.
	7 Food and beverages			876.	876.
	8 Entertainment			1,475.	1,475.
	9 Other direct expenses	11,616.	8,800.	124,540.	144,956.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				167,555.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-167,555.

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: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the 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.

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

(I) NAME OF FUNDRAISER: DRUM - U MARKETING LLC

(I) ADDRESS OF FUNDRAISER: 1 E 22ND STREET, SUITE 200, LOMBARD, IL 60148

PART I, LINE 2B, COLUMN (V):

THE ASSOCIATION RECEIVES ALL OR 100% OF THE PROCEEDS FROM OUR DIRECT MAIL

APPEALS PROGRAM INCLUDING TELEMARKETING. HOWEVER, THE ASSOCIATION IS RESPONSIBLE TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND

Part IV Supplemental Information *(continued)*

PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS.

Area for supplemental information with horizontal lines.

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

2019

Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number
13-3271855

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANTAGE HEALTH SAINT MARY'S MEDICAL GROUP - 200 JEFFERSON AVENUE SE - GRAND RAPIDS, MI 49503	27-2491974	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALLEGHANY HEALTH NETWORK ALLEGHENY-SINGER RESEARCH INSTITUTE ATTN: DR. SANDEEP RANA 30 ISABELLA ST SU	25-1320493	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALS NEVERSURRENDER FOUNDATION 12669 W WARREN AVE LAKEWOOD, CO 80228	47-4746935	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE - 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-0726167	501(C)3	-44,288.	0.			CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE - 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-0726167	501(C)3	53,334.	0.			CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE - 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-0726167	501(C)3	-18,330.	0.			TREAT ALS CLINICAL SCIENTIST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 230.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55415-1126	41-1717098	501(C)3	127,500.	0.			CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	56,000.	0.			CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55415-1126	41-1717098	501(C)3	50,000.	0.			SHEILA ESSEY AWARD
AMLYX PHARMACEUTICALS, INC. 210 BROADWAY NO. 201 CAMBRIDGE, MA 02139-1902	46-4600503	501(C)3	50,000.	0.			LOU GEHRIG CHALLENGE ALS
ANELIXIS THERAPEUTICS INC. 300 TECHNOLOGY SQUARE, 4TH FLOOR CAMBRIDGE, MA 02139-1902	47-4022454	501(C)3	250,000.	0.			ALSA INITIATED
AQUINNAH PHARMACEUTICALS INC 700 MAIN ST.CAMBRIDGE, MA 02139 CAMBRIDGE, MA 02139-1902	46-5070024	501(C)3	100,000.	0.			DRUG DEVELOPMENT CONTRACT
BAYLOR COLLEGE OF MEDICINE ALS CLINIC - ACCT# 2280015201 ATTN: CATHERINE PETTINOS 7200 CAMBRIDGE SUITE 9A - HOUSTON, TX 77030	30-0791563	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BLOOM SCIENCE, INC. 11575 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	82-4752586	501(C)3	300,000.	0.			DRUG DEVELOPMENT CONTRACT
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM - P.O. BOX 500 UNIVERSITY OF WISCONSIN - MILWAUKEE, WI 53201	39-1805963	501(C)3	100,000.	0.			CLINICAL MANAGEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS - 1901 S. FIRST STREET, SUITE A - CHAMPAIGN, IL 61820-7406	37-6000511	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
BOARDSOURCE 750 9TH ST NW STE 650 WASHINGTON, DC 20001	52-1681375	501(C)3	10,628.	0.			CHAPTER SUPPORT TRAININGS
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH - PO BOX 3887 - BOSTON, MA 02241-3887	04-2312909	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS, 164 ANGELL STREET, BOX 1929 - PROVIDENCE, RI 0	05-0258809	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
BROWN UNIVERSITY OFFICE SPONSORED PROJECTS, PO BOX PROVIDENCE, RI 02912	05-0258809	501(C)3	100,000.	0.			MANAGING ALS
CEDARS-SINAI MEDICAL CENTER DEPT OF NEUROLOGY ALS PROGRAM 127 S. SAN VICENTE BLVD, A6600 - LOS ANGELES,	95-1644600	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND CLINIC FOUNDATION CLEVELAND CLINIC NEUROMUSCULAR DEPT 9500 EUCLID AVENUE - CLEVELAND, OH 441	34-0714585	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	24,999.	0.			INVESTIGATOR INITIATED MULTI-YEAR
CLEVELAND VA MEDICAL RESEARCH AND EDUCATION FOUNDATION - 10701 E. BLVD VAMC 151C(W) 9500 EUCLID AVE - CLEVELAND, OH 44106	34-1710663	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE - PO BOX 332 - HUNTSVILLE, AL 35804	26-3750673	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DARTMOUTH HITCHCOCK FOUNDATION LEBANON CLINIC ONE MEDICAL CENTER D LEBANON, NH 03756-0001	02-02222139	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DARTMOUTH HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	02-02222139	501(C)3	12,500.	0.			NINE CHAPTER SUPPORT OF DHMC'S ALS CLINIC
DARTMOUTH-HITCHCOCK CLINIC ASHLEY YOUNG, DIR RES FIN, 1 MEDICAL CENTER DRIVE - LEBANON, NH 03756-0001	22-2519596	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 W THOMAS RD - PHOENIX, AZ 85013	94-1196203	501(C)3	250,000.	0.			STRATEGIC INITIATIVE
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 W THOMAS RD - PHOENIX, AZ 85013	94-1196203	501(C)3	59,900.	0.			TREAT ALS
DOUBLE TREE BY MANCHESTER DOWNTOWN DOUBLE TREE BY MANCHESTER DOWNTOWN 700 ELM STREET - MANCHESTER, NH 03101	04-2752559	501(C)3	6,670.	0.			PATIENT EDUCATION SYMPOSIUM
DUKE UNIVERSITY DUKE UNIVERSITY DEPT. OF NEUROLOGY, ATTN: MEGAN PHILLIPS, DUMC BOX 2900 - DU	56-0532129	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
EXECUTIVE DEVELOPMENT ASSOCIATES 4 NE 10TH ST #171 OKLAHOMA CITY, OK 73104	20-8359176	501(C)3	5,831.	0.			CHAPTER SUPPORT TRAININGS
FACULTY PHYSICIANS AND SURGEONS OF LLUSM - C/O JEFFREY ROSENFELD, PHD, MD 11370 ANDERSON STREET SUITE B-100 - LOMA LINDA, CA 92354	33-0672915	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GENERAL ELECTRIC 1 RESEARCH CIRCLE NISKAYUNA, NY 12309	14-0689340	501(C)3	-14,172.	0.			LOU GEHRIG CHALLENGE ALS
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - DEPT. OF NEUROLOGY, EMG LAB 1120 15TH STREET, BP 4390 - AUGUSTA, GA	35-2310573	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GNS HEALTHCARE, INC. 196 BROADWAY CAMBRIDGE, MA 02139-1902	27-1667187	501(C)3	-93,750.	0.			STRATEGIC INITIATIVE
GW- MFA ALS CLINIC DEPT. OF NEUROLOGY - 2180 PENNSYLVANIA AVE - WASHINGTON, DC 20007	52-2220700	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HENNEPIN HEALTHCARE FOUNDATION LSB-3 701 PARK AVE. MINNEAPOLIS, MN 55415	42-1707837	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DEPT OF NEUROLOGY, ROOM CFP-463 - DETROIT, MI 4820	38-1357020	501(C)3	25,659.	0.			STRATEGIC INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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HONOR HEALTH NEUROLOGY/ALS CLINIC 8125 N. HAYDEN SCOTTSDALE, AZ 85258	86-0181654	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOPE LOVES COMPANY INC C/O JODI O'DONNELL-AMES P. O. BOX 9 PENNINGTON, NJ 08534	20-8418402	501(C)3	50,000.	0.			HOPE LOVES CO CHILDREN'S CAMP OUTREACH GRANT
HOSPITAL FOR SPECIAL CARE ATTN: FISCAL DEPT. 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOSPITAL FOR SPECIAL SURGERY DEPARTMENT OF NEUROLOGY 535 EAST 70 NEW YORK, NY 10021	13-1624135	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOUSTON METHODIST DEPT. OF NEUROLOGY - ATTN: MARY LOUISE SPEARS 6560 FANNIN STREET, SUITE 802 - HOUSTON, TX 77030	76-0094743	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOUSTON METHODIST NEUROLOGICAL INSTITUTE - OFFICE OF GRANTS AND CONTRACTS, REF: STANLEY H APPEL MD EPAR T CELLS P O BOX - HOUSTON, TX	76-0094743	501(C)3	130,000.	0.			ALSA INITIATED
HOUSTON METHODIST NEUROLOGICAL INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	76-0094743	501(C)3	20,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
IMMUNOBRAIN CHECKPOINT INC. 1120 AVE. OF THE AMERICAS, 20TH FLOOR, ATTENTION OF: MR. MOTI ELIASI - NEW Y	81-1652612	501(C)3	300,000.	0.			DRUG DEVELOPMENT CONTRACT
INDIANA UNIVERSITY C/O ALS CLINIC 355 WEST 16TH STREET ROOM 3222 - INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

Schedule I (Form 990)

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

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IRON HORSE DIAGNOSTICS INC ATTN: LORRIN BOWSER 21053 N 75TH ST SCOTTSDALE, AZ 85255	45-4537278	501(C)3	100,000.	0.			STRATEGIC INITIATIVE
JEFFERSON WEINBERG ALS CENTER JHN SUITE 408 - FARBET INSTITUTE FOR NEUROSCIENCE, 900 WALNUT STREET - PHIL	23-2809585	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LAHEY CLINIC INC DBA CURT & SHONDA SCHILLING ALS CLINIC - DEPARTMENT OF NEUROLOGY 41 MALL ROAD - BURLINGTON, MA 01805	04-2704683	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - N.O. - 433 BOLIVAR STREET, 8TH FLOOR - NEW ORLEANS, LA 70112	72-0702002	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
LUDWIG INSTITUTE FOR CANCER RESEARCH - 8950 VILLA LA JOLLA DR., SUITE C135 - LA JOLLA, CA 92037	23-7121131	501(C)3	250,000.	0.			DRUG DEVELOPMENT CONTRACT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	155,000.	0.			ALSA INITIATED
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	98,814.	0.			CLINICAL MANAGEMENT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	160,000.	0.			DRUG DEVELOPMENT CONTRACT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	279,849.	0.			LOU GEHRIG CHALLENGE ALS
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	50,000.	0.			POST DOCTORAL FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	1,965,805.	0.			STRATEGIC INITIATIVE
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA NA, PO BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)3	140,247.	0.			TREAT ALS
MAYO CLINIC 200 FIRST STREET, SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC FLORIDA ATTN:JEFF SCHEFFEL BIRDSALL 102 4500 SAN PABLO RD - JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	150,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
MAYO CLINIC JACKSONVILLE DEPARTMENT OF RESEARCH, 4500 SAN PABLO ROAD - JACKSONVILLE, FL 32224	59-3337028	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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MAYO CLINIC JACKSONVILLE DEPARTMENT OF RESEARCH, 4500 SAN PABLO ROAD - JACKSONVILLE, FL 32224	59-3337028	501(C)3	32,500.	0.			STRATEGIC INITIATIVE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	-16,061.	0.			TREAT ALS
MID COAST ATTN: CELESTE MOREAU 81 MEDICAL CENTER DRIVE SUITE 2400 - BRUNSWICK, ME 0410	01-0215911	501(C)3	5,460.	0.			MAINE ALS CLINIC GRANT
MOUNT SINAI HEALTH SYSTEM MOUNT SINAI HEALTH SYSTEM, OFFICE DEVELOPMENT ONE GUSTAVE L. LEVY PLACE - NE	13-5564934	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT - NICHD/NIH, 6710 B ROCKLEDGE DR, 1211C - BETHESDA, MD 20892-7970							
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - ATTN: FINANCIAL MGMT BRANCHBUILDING 31, ROOM 8A34, 31 CENTER DR, MSC 2540	52-0858115	501(C)3	600,000.	0.			LOU GEHRIG CHALLENGE ALS
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - 6001 EXECUTIVE BLVD., ROOM 3287, ATTN: BECKY BUTLER - ROCKVILLE, MD 20852	52-0858115	501(C)3	150,000.	0.			STRATEGIC INITIATIVE
NC STATE UNIVERSITY 2701 SULLIVAN DRIVE, SUITE 240, CAMPUS BOX 7514 - RALEIGH, NC 27695	56-6000756	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
NEBRASKA MEDICINE ATTN: TOVA SAFFORD 988440 NEBRASKA OMAHA, NE 68198-8440	91-1858433	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

Schedule I (Form 990)

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NEUROLOGY ASSOCIATES OF STONY BROOK - MEDICAL DIRECTOR ALS CENTER @ STONY BROOK UNIV. 179 BELLE MEADE ROAD, SUITE - EAST	11-2587430	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEUROPORE THERAPIES, INC 10835 ROAD TO THE CURE SAN DIEGO, CA 92121	26-2922865	501(C)3	300,000.	0.			DRUG DEVELOPMENT CONTRACT
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(C)3	575,000.	0.			STRATEGIC INITIATIVE
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - ATTENTION: ANTHONY CARNA, DIRECTOR, ONE PARK AVENUE, 6TH FLOOR - NEW YORK, NY 10016	13-5562309	501(C)3	125,000.	0.			DRUG DEVELOPMENT CONTRACT
NORTHEAST ALS CONSORTIUM (NEALS) 811 W. 7TH ST FLOOR 12 LOS ANGELES, CA 90017	56-2547779	501(C)3	107,737.	0.			STRATEGIC INITIATIVE
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115-5000	04-1679980	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
NORTHWESTERN UNIVERSITY ASRSP, CASH MANAGEMENT, 633 CLARK STREET, ROOM G547 - EVANSTON, IL 60208	36-2167817	501(C)3	25,659.	0.			STRATEGIC INITIATIVE
OCHSNER CLINIC FOUNDATION ERIC B. STILLMAN OCHSNER HEALTH SYS PHILANTHROPY DEPT. SUITE 607 1514 JEFFER	72-0502505	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
OHIOHEALTH FOUNDATION ATTN: MARK FLASH 180 EAST BROAD ST. 31ST FLOOR - COLUMBUS, OH 43215	23-7446919	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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OREGON HEALTH AND SCIENCE UNIVERSITY - ATTN: LYNETTE ARIAS, DIRECTOR SPONSORED PROJECTS ADMIN 2525 SW FIRST, STE 22 - PORTLAND, 2525 SW FIRST, STE 22 - PORTLAND,	93-1176109	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ORIGENT DATA SCIENCES, INC. 8245 BOONE BLVD, SUITE 600 VIENNA, VA 22182	38-3916182	501(C)3	82,334.	0.			STRATEGIC INITIATIVE
PENN STATE HERSHEY MEDICAL CENTER DR. ZACHARY SIMMONS DEPT. OF NEUROLOGY EC 037 30 HOPE DRIVE - HERSHEY, PA 17	24-6000376	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PISON TECHNOLOGY INC 258 HARVARD STREET, STE 312 BROOKLINE, MA 02446	81-3603539	501(C)3	100,000.	0.			MANAGING ALS
PORTLAND VA RESEARCH FOUNDATION P.O. BOX 5977 PORTLAND, OR 97228	94-3090170	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - P.O. BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)3	-194.	0.			CLINICAL MANAGEMENT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - HARVARD UNIVERSITY, OFFICE FOR SPONSORED PROGRAMS, 1033 MASSACHUSETTS AVENUE - BOSTON, MA 02241-5649	04-2103580	501(C)3	99,999.	0.			INVESTIGATOR INITIATED STARTER
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PRESIDENT AND FELLOWS OF HARVARD COLLEGE, P.O. BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)3	34,940.	0.			STRATEGIC INITIATIVE
PROVIDENCE HEALTH & SERVICES ATTN: FINANCE, 4805 NE GILSAN STREET, SUITE 5F - PORTLAND, OR 97213	93-0386929	501(C)3	25,659.	0.			STRATEGIC INITIATIVE

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PROVIDENCE HEALTH & SERVICES-OREGON - ST. VINCENT MEDICAL CENTER/BRAIN INSTITUTE FOUNDATION P.O. BOX 5977 -	93-0386929	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
QURALIS CORPORATION 700 MAIN ST NORTH CAMBRIDGE, MA 02139-1902	81-4722156	501(C)3	125,000.	0.			DRUG DEVELOPMENT CONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE - 200 S. MANCHESTER SUITE 110 - ORANGE, CA 92868	95-2226406	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - DEPT OF NEUROSCIENCES 9500 GILMAN DRIVE - LAJOLLA, CA 92093-5004	95-6006144	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON, BOX 223131 - PITTSBURGH, PA 15251-2131	38-6006309	501(C)3	199,927.	0.			INVESTIGATOR INITIATED MULTI-YEAR
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	38-6006309	501(C)3	25,659.	0.			STRATEGIC INITIATIVE
ROCKEFELLER UNIVERSITY ATTN: ROBIN MALONEY - ASST. TREAS., 1230 YORK AVENUE, BOX 259A - NEW YORK, N	13-1624158	501(C)3	50,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
RUTGERS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET - NEW BRU	22-2378007	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
SCRIPPS FLORIDA 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501(C)3	75,000.	0.			POST DOCTORAL FELLOWSHIP

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SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET, NE MAIL CODE 0 GRAND RAPIDS, MI 49503	38-2752328	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - LYNETTE NELSON, SUPERVISOR, GRANT AND CONTRACTS MANAGEMENT OFFICE, 262 DANNY -	62-0646012	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MS 509 - MEMPHIS, TN 38105	62-0646012	501(C)3	167,187.	0.			LOU GEHRIG CHALLENGE ALS
ST. LOUIS UNIVERSITY ALS CENTER 3660 VISTA AVENUE NEUROLOGY CLINIC ROOM 303 - ST. LOUIS, MS 63110	43-0654872	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
STATE UNIVERSITY OF NEW YORK AT STONY BROOK - WEST 5510 MELVILLE LIBRARY - STONY BROOK, NY 11794-3362	14-6013200	501(C)3	100,000.	0.			MANAGING ALS
SUTTER WEST BAY HOSPITAL 2324 SACRAMENTO ST #111 SAN FRANCISCO, CA 94115	94-1156581	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
SWEDISH NEUROSCIENCE INSTITUTE PHYSICIAN DIVISION 550 17TH AVE SUITE SEATTLE, WA 98122	91-2073120	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
SYRACUSE UNIVERSITY BURSARS OFFICE, 102 ARCHBOLD NORTH, SYRACUSE UNIVERSITY - SYRACUSE, NY 13244	15-0532081	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
TACONIC BIOSCIENCES 273 HOVER AVE GERMANTOWN, NY 12526-5320	14-1381104	501(C)3	34,442.	0.			STRATEGIC INITIATIVE

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TARGET ALS FOUNDATION 1740 BROADWAY, 15TH FLOOR NEW YORK, NY 10019	81-0756743	501(C)3	300,000.	0.			STRATEGIC INITIATIVE
THE ALS ASSOCIATION-ALABAMA CHAPTER - C/O NANCY COLIN PO BOX 2888 - HUNTSVILLE, AL 35804	20-2218566	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-ARIZONA CHAPTER - C/O TARYN NORLEY 4643 E THOMAS ROAD SUITE 1 - PHONEIX, AZ 85018	86-0727136	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-ARKANSAS CIO 1200 WEST WALNUT, SUITE 2406-08 ROGERS, AR 72756	20-4863643	501(C)3	7,000.	0.			MT PHARM STIPEND
THE ALS ASSOCIATION-CENTRAL & SOUTHERN OHIO CHAPTER - 1170 OLD HENDERSON RD., STE 221 - COLUMBUS, OH 43220	31-1235704	501(C)3	7,000.	0.			MTPHARMA STIPEND
THE ALS ASSOCIATION-CONNECTICUT CHAPTER - 4 OXFORD ROAD, UNIT E4 - MILFORD, CT 06460	04-3417472	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-DC/MD/VA CHAPTER - ATTN: CHRISTINE KIRKLEY 30 W. GUDE DR. - ROCKVILLE, MD 20850		501(C)3	7,000.	0.			MT PHARM STIPEND
THE ALS ASSOCIATION-EVERGREEN CHAPTER - 6100 SOUTHCENTER BLVD., STE 290, SEATTLE, WA 981882414 - SEATTLE, WA 98188	91-1950869	501(C)3	7,000.	0.			MTPHARMA STIPEND
THE ALS ASSOCIATION-FLORIDA CHAPTER - ATTN: KIM HANNA 3242 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619	94-3124732	501(C)3	7,000.	0.			MT PHARMA STIPEND

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THE ALS ASSOCIATION-GEORGIA CHAPTER - 5881 GLENRIDGE DRIVE SUITE 200 - ATLANTA, GA 30328	58-1943490	501(C)3	10,500.	0.			ROSALYNN-CARTER INSTITUTE CAREGIVING PROGRAM
THE ALS ASSOCIATION-GEORGIA CHAPTER - 1955 CLIFF VALLEY WAY SUITE 116 - ATLANTA, GA 30329	58-1943490	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-GOLDEN WEST CHAPTER - PO BOX 565 - AGOURA HILLS, CA 91376-0565	95-4163338	501(C)3	7,000.	0.			MT PHARM STIPEND
THE ALS ASSOCIATION-GREATER CHICAGO CHAPTER - 220 WEST HURON, STE 4003 - CHICAGO, IL 60654	54-2126575	501(C)3	10,500.	0.			CARE SERVICE BOOT CAMP EXPANSION INITIATIVE
THE ALS ASSOCIATION-GREATER CHICAGO CHAPTER - 220 WEST HURON, SUITE 4003 - CHICAGO, IL 60610	54-2126575	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-GREATER NEW YORK CHAPTER - 116 JOHN STREET SUITE 1304 - NEW YORK, NY 10038	13-3616680	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN RD., SUITE 260 - AMBLER, PA 19002	23-2387205	501(C)3	12,000.	0.			GEISINGER ALS CLINIC TELEHEALTH PROJECT
THE ALS ASSOCIATION-GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN RD., SUITE 260 - AMBLER, PA 19002	23-2387205	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-GREATER SACRAMENTO CHAPTER - 5701 SUNRISE BLVD - CITRUS HEIGHTS, CA 95610	68-0152992	501(C)3	7,000.	0.			MT PHARMA STIPEND

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THE ALS ASSOCIATION- GREATER SAN DIEGO CHAPTER - 7920 SILVERTON, SUITE E - SAN DIEGO, CA 92126-6350	04-3651272	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION- INDIANA CHAPTER - 7202 E. 87TH STREET, SUITE 102 - INDIANAPOLIS, IN 46256	35-3029321	501(C)3	12,500.	0.			CLINIC EXPANSION INITIATIVE
THE ALS ASSOCIATION- INDIANA CHAPTER - 7202 E. 87TH STREET, SUITE 102 - INDIANAPOLIS, IN 46256	35-3029321	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION- LOUISIANA/ MISSISSIPPI CHAPTER - 11725 INDUSTIPLEX BLVD SUITE 3 - BATON ROUGE, LA	20-1742120	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER - C/O LYNN AARONSON 685 CANTON STREET SUITE 103 - NORWOOD, MA 02062	04-3085718	501(C)3	100,000.	0.			ASSISTIVE TECHNOLOGY REGIONAL OUTREACH GRANT 5 OF 6
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER - 685 CANTON STREET SUITE 103 - NORWOOD, MA 02062	04-3085718	501(C)3	55,902.	0.			PETE FRATES HOME HEALTH INITIATIVE
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER - C/O LYNN AARONSON 685 CANTON STREET SUITE 103 - NORWOOD, MA 02062	04-3085718	501(C)3	15,000.	0.			REIMBURSEMENT FOR PORTION OF EXECUTIVE DIRECTOR SEARCH
THE ALS ASSOCIATION- MID AMERICA CHAPTER - 6950 SQUIBB ROAD STE 210 - MISSION, KS 66202	48-1021611	501(C)3	7,000.	0.			MT PHARMA STIPEND
			7,000.	0.			MT PHARM STIPEND

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THE ALS ASSOCIATION-MN/ND/SD CHAPTER - 1919 UNIVERSITY AVE W SUITE 175 - ST. PAUL, MN 55104	41-1756085	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-NEVADA CHAPTER 2101 SOUTH JONES BLVD. SUITE 120 LAS VEGAS, NV 89146	20-1531344	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-NEW MEXICO CHAPTER - 2309 RENARD PLACE STE. 105 - ALBUQUERQUE, NM 87106	85-0473026	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER - 1425-113 ROCK QUARRY ROAD - RALEIGH, NC 27610	56-1609591	501(C)3	20,000.	0.		ATRIUM HEALTH TELEMEDICINE PROGRAM	
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER - 4 N BLOUNT ST 2ND FLOOR - RALEIGH, NC 27601	56-1609591	501(C)3	7,500.	0.			JOE MARTIN'S CHILDREN OUTREACH GRANT - NC 2019
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER - 1425-113 ROCK QUARRY ROAD - RALEIGH, NC 27610	56-1609591	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-NORTHERN OHIO CHAPTER - 2500 E. 22ND STREET, SUITE 102 - CLEVELAND, OH 44115		501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-OREGON & SW WASHINGTON CHAPTER - 700 NE MULTNOMAH ST, SUITE 210 - PORTLAND, OR 97232	68-0516066	501(C)3	7,000.	0.			MT PHARM STIPEND
THE ALS ASSOCIATION-RHODE ISLAND CHAPTER - GATEWAY PLAZA 1637 WARWICK AVENUE - WARWICK, RI 02889-1525	05-0460482	501(C)3	7,000.	0.			MT PHARMA STIPEND

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THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER - 1201 EAST COLFAX AVE, SUITE 202 - DENVER, CO 80218	84-1337868	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-ST. LOUIS REGIONAL CHAPTER - C/O MAUREEN BARBER-HILL 2258 WELDON PARKWAY - SAINT LOUIS, MO 63146-3206	43-1458163	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-TENNESSEE CHAPTER - P.O. BOX 40244 - NASHVILLE, TN 37204-0244	94-3124723	501(C)3	7,000.	0.			MT PHARM STIPEND
THE ALS ASSOCIATION-TEXAS CHAPTER 5830 GRANITE PKWY #100-320 PLANO, TX 75024	74-2678974	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-UPSTATE NEW YORK CHAPTER - 890 SEVENTH NORTH STREET SUITE 108 - LIVERPOOL, NY 13088	37-1667986	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-WESTERN PENNSYLVANIA CHAPTER - LANDMARKS BUILDING, SUITE 550 100 WEST STATION SQUARE DRIVE - PITTSBURGH,	23-7123851	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE ALS ASSOCIATION-WISCONSIN CHAPTER - 2421 N. MAYFAIR RD., STE 212 - WAUWATOSA, WI 53226	39-1600965	501(C)3	7,000.	0.			MT PHARMA STIPEND
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK STREET, SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER

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THE CURATORS OF THE UNIVERSITY OF MISSOURI - UNIVERSITY OF MISSOURI AR, PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(C)3	39,439.	0.			INVESTIGATOR INITIATED STARTER
THE EMORY CLINIC, INC EMORY ALS CENTER 12 EXECUTIVE PARK ATLANTA, GA 30329	58-2030692	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158-2261	23-7203666	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	50,000.	0.			DRUG DEVELOPMENT CONTRACT
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	300,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	98,014.	0.			INVESTIGATOR INITIATED STARTER
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	150,000.	0.			POST DOCTORAL FELLOWSHIP
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	-6,391.	0.			TREAT ALS
THE MEDICAL COLLEGE OF WISCONSIN, INC - DEPT OF NEUROLOGY ATTN: ALS 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE MGH INSTITUTE OF HEALTH PROFESSIONS - 36 1ST AVE, OFFICE OF THE PROVOST - CHARLESTOWN, MA 02129	04-2868893	501(C)3	100,000.	0.			MANAGING ALS
THE PENNSYLVANIA STATE UNIVERSITY, COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE, P.O. BOX 850, MC A470 - HERSHEY, PA 17033-0850	24-6000376	501(C)3	-754.	0.			CLINICAL MANAGEMENT
THE PENNSYLVANIA STATE UNIVERSITY, COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE, P.O. BOX 850, MC A470 - HERSHEY, PA 17033-0850	24-6000376	501(C)3	100,000.	0.			MANAGING ALS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UC SAN DIEGO DEPT. OF NEUROSCIENCES, 9500 GILMAN DRIVE, MC 0662 - LA JOLLA, CA 92093-5004	95-6006144	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 9500 GILMAN DRIVE MC 0009 - LA JOLLA, CA 92093	94-6036493	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF CONTROLLERS OFFICE, CONTRACTS AND GRANTS ACCOUNTING, BOX 0897, 1855	94-6039493	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON, BOX 223131 - PITTSBURGH, PA 15251	38-6006309	501(C)3	50,000.	0.			CLINICAL MANAGEMENT
THE RESEARCH FOUNDATION OF SUNY ATTN: RESEARCH ACCOUNTING 750 EAST ADAMS STREET, ROOM 209 CAB - SYRACUSE, NY	14-1368361	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS STREET, WEISKOTTEN HALL ROOM 1111D - SYRACUSE, NY 13210	14-1368361	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, P O BOX 29789, GENERAL POST OFFICE -	13-5598093	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, P O BOX 29789, GENERAL POST OFFICE -	13-5598093	501(C)3	294,671.	0.			LOU GEHRIG CHALLENGE ALS
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, P O BOX 29789, GENERAL POST OFFICE -	13-5598093	501(C)3	50,000.	0.			POST DOCTORAL FELLOWSHIP
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, P O BOX 29789, GENERAL POST OFFICE -	13-5598093	501(C)3	500,000.	0.			STRATEGIC INITIATIVE
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR - PHILADELPHIA,, PA 19104	23-1352685	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR - PHILADELPHIA,, PA 19104	23-1352685	501(C)3	25,000.	0.			POST DOCTORAL FELLOWSHIP
THE UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE, DEPT. OF NEUROLOGY, MC2030 - CHICAGO, IL 60637	36-2177139	501(C)3	50,000.	0.			DRUG DEVELOPMENT CONTRACT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN ST - HOUSTON, TX 77030	74-1761309	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN ST - HOUSTON, TX 77030	74-1761309	501(C)3	25,000.	0.			STRATEGIC INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERA NEUROPHARMA 538 NEWTOWN ROAD BERWYN, PA 19312	81-2014147	501(C)3	50,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
TRUSTEES OF COLUMBIA UNIVERSITY-CITY OF NEW YORK - C.U. GRANTS & CONTRACTS P. O. BOX 29789 GENERAL POST OFFICE NEW YORK, NY	13-5598093	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UC DAVIS MULTIDISCIPLINARY ALS CLINIC - ONE SHIELDS AVE - DAVIS, CA 95616	94-6036494	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0934 SAN DIEGO, CA 92039	95-6006144	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF CHICAGO MEDICINE C/O RAYMOND ROSS 5841 S MARYLAND AV CHICAGO, IL 60637	36-2177139	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)3	89,925.	0.			CLINICAL MANAGEMENT
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)3	24,764.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)3	20,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)3	50,000.	0.			POST DOCTORAL FELLOWSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL, P.O. BOX 115500 - GAINESVILLE, FL 32611-5500	59-6002052	501(C)3	75,659.	0.			STRATEGIC INITIATIVE
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC - 1801 W TAYLOR ST., SUITE 4E - CHICAGO, IL 60612	37-6000511	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF KENTUCKY DEPT. OF NEUROLOGY 740 SOUTH LIMESTONE SUITE J425 - LEXINGTON, KY 40536-028	61-6001218	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MARYLAND, BALTIMORE DEPARTMENT OF NEUROLOGY 110 SOUTH PACA ST 3RD FLOOR - BALTIMORE, MD 21202	52-6002033	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	50,000.	0.			DRUG DEVELOPMENT CONTRACT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	96,498.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	25,000.	0.			POST DOCTORAL FELLOWSHIP
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	854,509.	0.			STRATEGIC INITIATIVE
UNIVERSITY OF MIAMI DEPT OF NEUROLOGY ALS CENTER FOR EXCELLENCE 1120 NW 14TH STREET - MIAMI, FL	59-2579826	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN ALS CLINIC UNIVERSITY OF MICHIGAN ALS CLINIC 1500 E. MEDICAL CENTER DRIVE - ANN ARBOR,	38-6006309	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MINNESOTA NW 5957, P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)3	67,196.	0.			CLINICAL MANAGEMENT
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - HILL OFFICE OF SPONSORED RESEARCH, IN CARE OF BANK OF AMERICA LOCKBOX SERVIC -	56-6001393	501(C)3	25,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF OREGON C/O SPONSORED PROJECTS SERVICES, 5219 UNIVERSITY OF OREGON - EUGENE, OR 9740	46-4727800	501(C)3	50,000.	0.			POST DOCTORAL FELLOWSHIP
UNIVERSITY OF PITTSBURGH UNIVERSITY OF PITTSBURGH, ATTN: 371220, 500 ROSS STREET 154-0455 - PITTSBURGH	12-5096559	501(C)3	150,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH, 123 UNIVERSITY PITTSBURGH, PA 15213	12-5096559	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF RHODE ISLAND ATTN: SPONSORED & COST ACCOUNTING , 70 LOWER COLLEGE RD - KINGSTON, RI 02881	22-3011455	501(C)3	50,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF ROCHESTER UNIVERSITY OF ROCHESTER MEDICAL CENTER, 601 ELWOOD AVENUE, BOX 673 - ROCHESTER	16-0743209	501(C)3	56,310.	0.			STRATEGIC INITIATIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST 3RD FLOOR LOS ANGELES, CA 90090	95-1642394	501(C)3	125,000.	0.			DRUG DEVELOPMENT CONTRACT
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST 3RD FLOOR LOS ANGELES, CA 90090	95-1642394	501(C)3	-3,217.	0.			INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF UTAH 175 N. MEDICAL DR. B. ROOM 5001 SALT LAKE CITY, UT 84132	87-6000525	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT MEDICAL CENTER - ALS CLINIC 1 SOUTH PROSPECT ST. - BURLINGTON, VT 05401	03-0219309	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT, DEPARTMENT OF NEUROLOGICAL SCIENCES - ATTN: JOANNE STETSON, COLLEGE OF MEDICINE 89 BEAUMONT DR, GIVEN	03-0179440	501(C)3	12,500.	0.			NINE CHAPTER SUPPORT OF VERMONT CLINICAL & RESEARCH
UNIVERSITY OF VIRGINIA DEPT OF NEUROLOGY - PO BOX 800394 - CHARLOTTESVILLE, VA 22908	54-1124769	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VA CONNECTICUT RESEARCH AND EDUCATION FOUNDATION - 950 CAMPBELL AVENUE BLDG. 35A, ROOM 104 - WEST HAVEN, CT 06516	20-2206467	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VA PUGET SOUND HEALTH CARE SYSTEM ATTN: VOLUNTARY SERVICE 1660 SOUTH SEATTLE, WA 98108	74-1612229	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS & CONTRACTS ACCOUNTING, 800 E LEIGH ST STE 3100, 843039 - RICHMOND, V	54-6001758	501(C)3	25,000.	0.			INVESTIGATOR INITIATED STARTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS & CONTRACTS ACCOUNTING, 800 E LEIGH ST STE 3100, 843039 - RICHMOND, V	54-6001758	501(C)3	25,659.	0.			STRATEGIC INITIATIVE
VIRGINIA MASON MEDICAL CENTER ALS CLINIC - NEUROLOGY AND NEUROPHYSIOLOGY 1100 NINTH AVENUE PO BOX 900, M/S X7 NEU - SEATTLE,	91-0565539	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034, 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)3	24,966.	0.			ALSA INITIATED
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR, CAMPUS BOX 1054 ST. LOUIS, MO 63130	43-0653611	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034, 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)3	-193.	0.			LOU GEHRIG CHALLENGE ALS
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034, 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)3	25,000.	0.			STRATEGIC INITIATIVE
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - RESEARCH ACCT C/O MELISSA PARAY, 575 LEXINGTON AVE, 9TH FLOOR - NEW YORK, NY 10022	13-3376695	501(C)3	250,000.	0.			DRUG DEVELOPMENT CONTRACT
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS, P. O. NEW HAVEN, CT 06508	06-0646973	501(C)3	100,000.	0.			INVESTIGATOR INITIATED MULTI-YEAR
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS, P. O. NEW HAVEN, CT 06508	06-0646973	501(C)3	49,969.	0.			STRATEGIC INITIATIVE

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CALANEET BALAS PRESIDENT & CEO	(i) 308,632.	50,000.	0.	41,250.	7,813.	407,695.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) GREG MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATION	(i) 238,594.	18,967.	0.	24,301.	10,892.	292,754.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GO	(i) 217,313.	22,194.	0.	20,646.	16,185.	276,338.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) NEIL THAKUR EXECUTIVE VP, MISSION STRATEGY	(i) 204,545.	24,600.	0.	24,750.	14,984.	268,879.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) TINA ZEFF EXECUTIVE VP, DEVELOPMENT	(i) 189,419.	20,000.	0.	22,770.	18,550.	250,739.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION	(i) 202,019.	24,515.	0.	16,915.	1,537.	244,986.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) KIMBERLY HARDING-MAGINNIS SENIOR VP, CARE SERVICES	(i) 194,734.	0.	0.	5,924.	8,901.	209,559.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	(i) 167,838.	0.	0.	5,271.	12,058.	185,167.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) TERESSA HARRIS VP, FINANCE	(i) 152,058.	0.	0.	3,000.	15,033.	170,091.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) MARY MORGAN ROTH VP, COMMUNICATIONS	(i) 156,688.	0.	0.	4,246.	8,558.	169,492.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) LYLES EDDINS VP, DEVELOPMENT	(i) 156,784.	0.	0.	4,141.	610.	161,535.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEMENT	(i) 148,273.	0.	0.	3,000.	1,229.	152,502.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

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 3:

A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ **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

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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	X	160	111,399.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	314,681.	AVG HIGH/LOW AT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

0

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?

	Yes	No
30a		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?

31	X	
----	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a	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.

33		
----	--	--

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

Schedule M (Form 990) 2019

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

SCHEDULE M, LINE 32B:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION USED THE SERVICES OF A
CAR PROGRAM DONATION PROCESSOR SERVICE, AMERICA'S CAR DONATION CENTER,
TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

PROFESSIONAL EDUCATION PROGRAMS BASED ON ONGOING NEEDS ASSESSMENTS AND
BEST PRACTICE; 2) IMPLEMENTING CERTIFIED CARE CENTER CERTIFICATION AND
RECERTIFICATION PROGRAMS BASED ON NATIONALLY-RECOGNIZED STANDARDS OF
PRACTICE, INCLUDING GRANTS TO SUPPORT CENTERS OF EXCELLENCE; 3)
DEVELOPING STRATEGIES AND ACTUALIZING PLANS TO DELIVER CARE THROUGH
OTHER THAN CERTIFIED CENTERS; 4) PROVIDING CURRENT INFORMATION,
RESOURCES AND REFERRALS TO THE COMMUNITIES WE SERVE; AND 5) DEVELOPING
AND IMPLEMENTING COMPREHENSIVE, CONSISTENT PROGRAMS AND SERVICES THAT
ADDRESS INDIVIDUAL, FAMILY, AND CAREGIVER NEEDS BASED ON 'BEST
PRACTICE' AND AVAILABLE RESOURCES.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CAN BE MADE UP OF UP TO TEN BOARD MEMBERS, WHICH
ARE USUALLY BOARD OFFICERS AND COMMITTEE CHAIRS. THIS COMMITTEE CAN MEET IN
BETWEEN REGULARLY SCHEDULED BOARD OF TRUSTEE MEETINGS AND HAS THE POWERS OF
THE BOARD OF TRUSTEES. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE
REPORTED TO THE FULL BOARD OF TRUSTEES AT THE NEXT REGULARLY SCHEDULED
BOARD OF TRUSTEES MEETING.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS. THE MEMBERS OF THE ASSOCIATION (THE "MEMBERS" AND EACH, A
"MEMBER") SHALL BE CHARTERED CHAPTERS OF THE ASSOCIATION (THE "CHAPTERS"
AND EACH, A "CHAPTER"). CHAPTERS WITHOUT A CHARTER OR OTHER ENTITIES OR
ORGANIZATIONS MAY BE AFFILIATED WITH AND/OR MANAGED BY THE ASSOCIATION, BUT
ARE NOT ENTITLED TO ALL OF THE RIGHTS OF CHAPTERS AS PROVIDED BY THESE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

BYLAWS AND THE CHAPTER CHARTER AGREEMENT. CHAPTERS SHALL BE ADMITTED TO MEMBERSHIP BY THE BOT BASED ON CRITERIA CONSISTENT WITH THESE BYLAWS AS ADOPTED BY THE BOT.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD OF REPRESENTATIVES ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES. BOR IS COMPOSED OF A REPRESENTATIVE FROM EACH MEMBER/CHAPTER.

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

THE CFO OF THE ASSOCIATION WILL REVIEW AND COMMENT ON A DRAFT OF THE RETURN. AFTER ANY CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE. UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE CFO. UPON SATISFACTION OF ANY ISSUES, THE FINAL COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THEN, THE ENTITY WILL FILE THE FINAL COPY WITH THE IRS AND APPROPRIATE STATE AGENCIES.

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

ANNUALLY BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST STATEMENT AS WELL AS ALL STAFF. MANAGEMENT TRACKS THE CONFLICT OF INTEREST STATEMENTS FOR ALL BOARD AND COMMITTEE MEMBERS AS WELL AS STAFF. WHERE IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE RESPONSIBLE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE ON THAT CONTRACT OR TRANSACTION. SUCH RESPONSIBLE PERSON MAY MAKE A STATEMENT OR PRESENTATION REGARDING THE MATTER OR RESPOND TO QUESTIONS, BUT SUCH RESPONSIBLE PERSON (I) SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR ASSOCIATION

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

COMMITTEE'S DISCUSSION OF THE MATTER; (II) SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING; (III) SHALL NOT VOTE ON THE CONTRACT OR TRANSACTION; AND (IV) SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN.

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

A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT/CEO, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT/CEO'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF TRUSTEES WITHOUT THE PARTICIPATION OF THE PRESIDENT/CEO. THIS PROCESS TAKES PLACE ANNUALLY.

THE COMPENSATION FOR OTHER KEY EMPLOYEES IS SET BY THE PRESIDENT/CEO AND REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY. IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA. THIS PROCESS TAKES PLACE ANNUALLY.

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

CA,AL,AK,AR,CO,CT,DE,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NV,NY
NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,WA,WV,WI,NM

FORM 990, PART VI, SECTION C, LINE 19:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION'S FORM 990S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT ITS OFFICE UPON WRITTEN REQUEST. FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AS WELL.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

TELECOMMUNICATIONS, PUBLIC POLICY, OTHER CONSULTING:

PROGRAM SERVICE EXPENSES	2,572,003.
MANAGEMENT AND GENERAL EXPENSES	190,497.
FUNDRAISING EXPENSES	803,414.
TOTAL EXPENSES	3,565,914.

DIRECT MAIL:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,631,663.
TOTAL EXPENSES	1,631,663.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,197,577.

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

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	58,591.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-33,766.
TOTAL TO FORM 990, PART XI, LINE 9	24,825.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue ServiceFor calendar year 2019 or other tax year beginning **FEB 1, 2019**, and ending **JAN 31, 2020**▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMYOTROPHIC LATERAL SCLEROSIS ASSN.		D Employer identification number (Employees' trust, see instructions.) 13-3271855	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WILSON BLVD, NO. 600 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209		E Unrelated business activity code (See instructions.) 900099	
C Book value of all assets at end of year 98,596,195.		F Group exemption number (See instructions.) ▶ 4119 G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ **GREGORY MITCHELL** Telephone number ▶ **202-407-8580**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	0.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	5,109.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations; Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	5,109.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	5,109.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	5,109.

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

CFO & EVP, FINANCE
& ADMN
 Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name MICHAELA J. CROMAR, CPA	Preparer's signature MICHAELA J. CROMAR, CPA	Date 06/18/20	Check <input type="checkbox"/> if self-employed	PTIN P00895728
Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	Phone no. 571-227-9500	

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

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

Enter here and on page 1, Part I, line 6, column (B)

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.	0.

Form 990-T (2019)

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
Totals		0.	0.	

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 25.		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form **990-T** (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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QUALIFIED TRANSPORTATION FRINGE BENEFIT ONLY

TO FORM 990-T, PAGE 1